Summary of Required Health Coverage Notices

The following are summaries of required notices for new and/or existing enrollees in the Jefferson City School District's (JC Schools) Health Plan (the "Plan"). Please visit www.jcschools.bswift.com to access the full version of each notice and the Summary Plan Description (SPD) of the Jefferson City School District Health Plan.

Grandfathered Plan

The JEFFERSON CITY SCHOOL DISTRICT Health Benefit Plan believes the BuyUp Plan and Base Plan are "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Medicare Part D

JC Schools prescription plan through OptumRx is creditable. Because our existing prescription coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a 60-day special enrollment period to join a Medicare Part D plan.

Health Care Reform Exchange Notice

Starting on January 1, 2014, the Affordable Care Act (ACA) requires you to have health coverage or pay a penalty. All JC Schools medical plans offered to benefits-eligible employees meet the standards set by the ACA for value and affordability. If you are not eligible for JC Schools medical plan coverage or otherwise decline this coverage, the public Health Insurance Marketplace is available to obtain health coverage. Please refer to the full notice at www.jcschools.bswift.com for more information or visit www.healthcare.gov.

Women's Health and Cancer Rights Act

If you are covered under one of the Plan's medical options, you have certain rights to benefits provided under the Plan in connection with a mastectomy. In situations where a covered subscriber is eligible to receive mastectomy benefits under a group health insurance plan and the subscriber elects breast reconstruction in connection with the mastectomy, this coverage must include:

- Surgical services for reconstruction of the breast on which the mastectomy was performed
- Surgical services for reconstruction of the non-diseased breast to produce symmetrical appearance
- Postoperative breast prostheses
- Mastectomy bras and external prosthetics (limited to the lowest cost alternative available that meets external prosthetic placement needs)

During all stages of a mastectomy, treatment of physical complications, including lymphedema therapy, are covered. Such coverage may be subject to plan deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

Child Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov

Notice of Availability of Privacy Practices

The privacy rule under the Health Insurance Portability and Accountability Act (HIPAA) requires this Plan to provide to participants the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. You can obtain a copy of the full notice at www.jcschools.bswift.com

Special Enrollment Rights under the Health Insurance Portability and Accountability Act (HIPAA)

If you decline medical coverage under the Plan for you or your dependents, you have special enrollment rights to join the Plan in the middle of a year in certain circumstances, including the loss of other employer-sponsored coverage and the addition of new dependent(s) due to marriage, birth, adoption, or placement of adoption. Timing requirements and information regarding how to make these requests is posted on the benefits enrollment site at www.jcschools.bswift.com.

Continuation Coverage Rights under COBRA

As a participant in the Plan, you have a right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. These rights apply to the medical, dental, vision and health FSA benefits offered under the Plan. The full notice posted at www.jcschools.bswift.com explains when it may become available to you and your family, and what you need to do to protect the right to receive it.

Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth. In general, group health plans and health insurance issuers that are subject to NMHPA may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

Mental Health and Substance Use Disorder Parity

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires group health plans and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder (MH/ SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/ surgical benefits.

ADA Wellness Notice

The Americans with Disabilities Act of 1990 (ADA) requires employers that offer wellness programs that collect employee health information to provide a notice to employees informing them of the information that will be collected, how it will be used, who will receive it and what will be done to keep it confidential.

GINA Notice

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits discrimination in group health plan coverage based on genetic information. Health-Contingent Notice If a wellness program requires individuals to meet a standard related to a health factor in order to obtain a reward, the HIPAA nondiscrimination rules require the program to comply with five conditions involving frequency of opportunity to qualify, size of reward, availability to similarly situated individuals and reasonable alternative standards, and reasonable design (to promote health or prevent disease), including a disclosure requirement.

Surprise Billing

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. Federal law requires group health plans and health insurance issuers offering group or individual health insurance coverage to make publicly available, post on a public website of the plan or issuer, and include on each explanation of benefits for an item or service with respect to which the requirements under section 9816 of the Internal Revenue Code (the Code), section 716 of the Employee Retirement Income Security Act (ERISA), and section 2799A-1 of the Public Health Service Act (PHS Act) apply, information in plain language on:

- the restrictions on balance billing in certain circumstances,
- any applicable state law protections against balance billing,
- the requirements under Code section 9816, ERISA section 716, and PHS Act section 2799A-1, and
- information on contacting appropriate state and federal agencies in the case that an individual believes that a provider or facility has violated the restrictions against balance billing

Revised February, 2022