



## IMPORTANT INFORMATION YOU SHOULD KNOW

### **Introduction**

This brochure provides important information about federal health plan rights and protections available to you and your dependents. A digital copy of this brochure can be found on our website at [www.netcarelifeandhealth.com](http://www.netcarelifeandhealth.com).

**Please review this document carefully.**

If you have any questions or need further assistance, contact the benefits department using the information provided at the end of this brochure.

### **Non-Grandfathered Health Plan**

This group health plan believes this plan is a non-grandfathered health plan under the Patient Protection and Affordable Care Act (The Affordable Care Act). Being a non-grandfathered health plan means that your policy includes certain consumer protections of the Affordable Care Act. Questions regarding which protections apply to a non-grandfathered health plan and what might cause a plan to change from grandfathered health plan to non-grandfathered health plan status can be directed to the plan administrator.

### **Children's 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. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Medicare Part D Notice**

If you or any of your dependents are eligible for Medicare, you should know that your current Group Health Plan prescription drug coverage is considered **creditable coverage**. This means that the coverage is expected to pay, on average, as much as the standard Medicare prescription drug coverage. For more information about Medicare Part D, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227).

### **Michelle's Law**

This law prohibits a group health plan from terminating coverage of a dependent child due to a medically necessary leave of absence from, or any other change in enrollment at, a postsecondary education institution that commences while such child is suffering from a serious illness or injury and that causes such child to lose student status for purposes of coverage under the plan, before the earlier of: (1) one year after the first day of the medically necessary leave of absence; or (2) the date on which such coverage would otherwise terminate under the terms of the plan.

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### **Newborn and Mothers Health Protection Act**

Your Group Health Plan coverage in accordance with the Newborn and Mothers Health Protection Act. This Act may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section.

### **Special Enrollment Notice Under Your Group Health Plan**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days or any longer period that applies under the plan after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### **Wellness Program**

Your health plan is committed to helping you achieve your best health. Participation in these programs are voluntary, and rewards are available. For more information about available wellness programs, incentives, and alternatives, visit <https://www.netcarelifeandhealth.com/wellness/healthandwellness.php> or contact NetCare.

### **Women's Health and Cancer Rights**

As required by the Women's Health and Cancer Rights Act of 1998, your group health plan provides benefits for mastectomy related services. If you have had or are going to have a mastectomy, you may be entitled to certain reconstructive surgery and other related benefits, including:

- All stages of reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Treatment of physical complications at all stages of the mastectomy, including Lymphedema & wigs

### **Genetic Information Nondiscrimination Act Of 2008**

This Act prohibits your group health plan from using genetic information to adjust premiums or contribution, request or require an individual to undergo a genetic test or purchase genetic information for underwriting purposes for health coverage;

### **Mental Health Parity Act (MHPA)**

This Act may not restrict annual or lifetime dollar limits on mental health benefits to be no lower than any such dollar limits for medical and surgical benefits. This Act does not apply to benefits for substance abuse or chemical dependency.

### **If You Have Questions**

Questions concerning your Plan or notices listed above should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

**Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan Contact Information**

NetCare Life & Health Insurance Company

424 W. O'Brien Drive, Ste. 200

Hagatna, Gu 96910

Telephone: (671) 472-3610

Facsimile: (671) 472-3615

Website: [www.netcarelifeandhealth.com](http://www.netcarelifeandhealth.com)