

#### **Summary of Benefits and Coverage**

In accordance with the Affordable Care Act, we've included in this packet SBC(s) specific to the Concordia Health Plan option(s) offered to you by your employer.

# **CHIPRA**

In accordance with the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), we've included in this packet the notice that employers are required to provide each year to employees who reside in a state that provides a premium assistance subsidy to low-income children and their families to help pay for employer-sponsored health coverage.

## **HIPAA**

The Health Insurance Portability and Accountability Act of 1996 requires that every three years you are informed of the availability of the HIPAA Notice of Privacy Practices. A copy of the HIPAA Notice of Privacy Practices for Concordia Plans can be found at **ConcordiaPlans.org/legal-notices/hipaa-privacy-notice**. You also may request that a copy be mailed to you by calling 888-927-7526.

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

The CHP provides coverage for mastectomy-related services, including reconstruction of the breast on which a mastectomy is performed; surgery and reconstruction of the other breast for symmetrical appearance; and prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas. (Annual notification is required by the Women's Health and Cancer Rights Act of 1998.) For more information, call Concordia Plans at 800-927-7526.

## **Terms of Special Enrollment**

You and/or your eligible dependents may be able to enroll in the CHP at a later date under the special enrollment provisions if you decline CHP coverage due to coverage in another 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 the CHP 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 as soon as possible but no later than 60 days 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 in writing within 60 days after the marriage, birth, adoption, or placement for adoption. Failure to enroll within the 60-day period may result in enrollment being delayed until the next open enrollment period. To request special enrollment or obtain more information, contact Concordia Plans Customer Care Team at 888-927-7526.



## **Grandfathered Health Plan Notice**

Concordia Plan Services believes the Concordia Health Plan (CHP) Option HDHP is a grandfathered option under a "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 this option may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement to provide an internal and external appeal review process. 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. Questions regarding which protections apply, which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status can be directed to Concordia Plan Services at 888-927-7526. You may also contact the U.S. Department of Health and Human Services at hhs.gov/guidance/document/grandfathered-plans-informational-page.