



Improving your health, one benefit at a time

## 2015 Open Enrollment

Begins on  
October 20, 2014  
and ends on  
November 7, 2014

You will be able to make your elections online through Employee Self Service.



**OPEN ENROLLMENT**

## Information Sessions:

**City Administration Building**

**October 16 - Noon to 1 p.m.**

**October 21 - 2 p.m. to 3 p.m.**

Several Departmental meetings will also be held. Check with your HRC for details.

Information slides and videos available on the B & W website

Congratulations – you and your co-workers became better health care consumers in 2014. We saw an increase in engagement with disease management programs, more utilization at the City Employee Medical Clinic, including lab services, and a higher use of the web tools for price and quality comparisons. Keep up the great work!

What more can you do? Continue to define and be engaged in your health goals. Participate in wellness, get your preventive care, enroll in disease management, purchase generic medications, use the City Employee Pharmacy, continue to use quality and cost comparison tools, select a primary care physician that will help you coordinate your care needs with other specialists, and support your colleagues in encouraging a Culture of Health within our organization.

As predicted, 2013 was a very high claims year. Rates need to be increased to cover the cost of what employees spent and will spend. While we did increase total plan rates in 2014, it was not enough to account for the amount of claims paid during 4<sup>th</sup> quarter in 2013 (after the 2014 rates were finalized). Therefore, based on projected claims utilization for 2015 and to help offset the deficit created from 2013 claims, we will be faced with an 8% increase in total plan costs for both the Advantage Plan and Premier plan. This is significantly better than the 21% and 16% total plan rate increases we faced in 2014 and is a testament to the network savings we are seeing under the Anthem network and your efforts in becoming better health care consumers. We are pleased that employees realize their efforts impact rate increases and that we are all in this together.

As we close out 2014 and start a new chapter in 2015, remember, together we can make change for the better. We are excited to share with you new programs available in 2015 on the medical plan and enhancements to the flex spending, HRA, dental plan, short term disability and voluntary life insurance programs. Many of these improvements were made based on employee feedback you provided in the annual benefits survey. Thank you for being engaged and continually striving to be a better health care consumer. Here's to you and your health! Let's make 2015 the healthiest year yet.

# Open Enrollment Information: 2015 Changes

In the event of a contradiction or discrepancy between the benefit plan changes and the Benefit Plan Documents, the Benefit Plan Documents will prevail.

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## HRA Maximum Increased

Health Reimbursement Account (HRA) Maximum Balance increased to \$8,000.

This will allow Advantage Plan members to accumulate a balance up to the family out-of-pocket maximum (in-network).

## Half-Time Rates

Medical, dental, and vision rates will have the same employer contribution as full-time rates.



## Voluntary Term Life

Employee spouses who both work for the City are now able to cover each other as dependents.



## Waived Co-Pays

If you are actively engaged in Disease Management program through Ameriben Medical Management, generic prescription co-pays for the chronic conditions listed below are waived.\*

Chronic Conditions Include: Asthma, Coronary Artery Disease, COPD, Hypertension, and GERD.

\*Only applicable at the City Employee Pharmacy.

# Open Enrollment Information: 2015 Changes

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## New Vendor - ASI Flex

ASI Flex will process FSA and HRA reimbursements beginning January 1, 2015.

### Debit Cards will be available in 2015\*

Forms to request a debit card will be sent in late December. You will need to complete and return the form to ASI Flex if you would like to receive a debit card for 2015.

\*Documentation will still be required to substantiate claims

### Vision

Exam co-pay for 2015 will be \$20 (previously \$10).



### Short Term Disability

Maximum weekly benefit will be increased from \$750 to \$1,250 for new claims filed on or after January 1, 2015.



## TelaDoc Program

Available 24 hours a day, convenient access through a phone consultation or online video for a \$40 consultation fee.\*

800-Teladoc (835-2362)  
www.Teladoc.com  
Teladoc.com/mobile

\*Must be enrolled in a City Health Plan

# Open Enrollment Information: 2015 Changes

In the event of a contradiction or discrepancy between the benefit plan changes and the Benefit Plan Documents, the Benefit Plan Documents will prevail.

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Medical Plans	Premier		Advantage	
	2014	2015	2014	2015
Benefit Coverage				
Deductible	\$300/\$900	<b>\$500/\$1250</b>	\$1,500/\$3,000	No Change
Out-of-Pocket (OOP) Maximum	\$2,000/\$6,000	<b>\$2,500/\$7,500</b>	\$3,000/\$6,000	<b>\$3,500/\$8,000</b>
Rx & City Employee Medical Clinic Co-pays	Not included in OOP Max	<b>Included in OOP Max</b>	Not included in OOP Max	<b>Included in OOP Max</b>
HRA Maximum Balance	N/A	No Change	\$2,500	<b>\$8,000</b>

## Advantage or Premier?

**Don't guess...**use the Plan Comparison Tool or watch the Advantage or Premier video available on the Benefits and Wellness Open Enrollment website.

Prescription Type	30 Day Supply		90 Day Supply	
	2014	2015	2014	2015
City Employee Pharmacy Co-Pays				
Generic	\$8	<b>\$6</b>	\$20	<b>\$15</b>
Preferred Brand	\$30	<b>\$35</b>	\$60	<b>\$70</b>
Non-Preferred Brand	\$50	<b>\$60</b>	\$100	<b>\$120</b>
Maxor Retail In-Network Pharmacy Co-Pays				
Generic	\$20	<b>\$25</b>	N/A	No Change
Preferred Brand	\$50	<b>\$55</b>	N/A	No Change
Non-Preferred Brand	\$75	No Change	N/A	No Change

# Open Enrollment Information: 2015 Changes

Dental Plans Type of Service	Delta Hi Option				Delta Standard Option			
	2014		2015		2014		2015	
Network	PPO	Non PPO	PPO	Non PPO	PPO	Non PPO	PPO	Non PPO
Deductible	\$50/\$100		\$50/ <b>\$150</b>		\$50/\$150		\$50/\$150	
Annual Max	\$1,500		<b>\$2,000</b>	\$1,500	\$1,500		\$1,500	
Preventive	100%	100%	100%	<b>80%</b>	100%	80%	100%	80%
Basic	80%	80%	<b>90%</b>	<b>50%</b>	70%	50%	<b>80%</b>	50%
Major	50%	50%	<b>60%</b>	50%	50%	50%	50%	50%
Orthodontia	50%	50%	<b>60%</b>	50%	50%	50%	<b>Not covered</b>	
Orthodontia Lifetime Max	\$2,000		\$2,000		\$2,000		<b>Not covered</b>	
Implant Coverage	Modified Restorative		<b>All steps included</b>		Modified Restorative		<b>Not covered</b>	
Prevention First	Not Included		<b>Included</b>		Not Included		<b>Included</b>	
Pre-Molar Sealants	Not Included		<b>Included</b>		Not Included		<b>Included</b>	

## Dental Plan Changes

- **Premolar Sealants:** Covered on both plans.
- **Implants:** Full coverage on Delta Hi Option Plan and no coverage on Standard Option Plan.
- **Orthodontia:** No coverage on Standard Option, but if you are currently in treatment, coverage will continue.

*There are several plan design changes to both dental plans.*

*Please review these changes carefully prior to making your elections for 2015.*



Remember: PPO dental providers offer you a deeper discount on your dental services.

# Open Enrollment Information: 2015 Medical Rates

## Premier Plan Monthly Rates

Level of Coverage	Total Plan Cost	Employer Share	Employee Share
EE Only	\$539	\$408	\$131
EE/Sp	\$1,071	\$724	\$347
EE/Ch	\$1,006	\$699	\$307
EE/Family	\$1,552	\$1,058	\$464



### Medical Cards

All plan members can expect to receive a new medical card in late December.

After December 31, 2014 call Ameriben at 866-955-1482 if you need to request additional cards.

### Learn More

Tools and Advantage Plan FAQs can be found on the Benefits and Wellness Open Enrollment Website on [Springsgov.com](http://Springsgov.com).

### Save Your \$

The Advantage Plan can save you money!  
Pay lower premiums each month and receive up to \$750 per year to help offset your out of pocket costs.

The Premier and Advantage Plans offer the same network and covered services.

## Advantage Plan - with HRA Monthly Rates

Level of Coverage	Total Plan Cost	Employer Share	Employee Share	Annual HRA Funding (Employer Only)
EE Only	\$438	\$408	\$30	\$500
EE/Sp	\$888	\$724	\$164	\$750
EE/Ch	\$844	\$699	\$145	\$750
EE/Family	\$1,280	\$1,058	\$222	\$750

# Open Enrollment Information:

## 2015 Dental and Vision Rates

### Delta Hi-Option Monthly Rates

Level of Coverage	Total Plan Cost	Employer Share	Employee Share
EE Only	\$42	\$30	\$12
EE/Sp	\$95	\$35	\$60
EE/Ch	\$76	\$35	\$41
EE/Family	\$118	\$35	\$83

Dental and Vision rates remain the same for 2015!

### Delta Standard Option Monthly Rates

#### When using your dental benefit:

Use 3 zeros and your 6 digit employee id number in place of your social  
Example: 000-12-3456

Level of Coverage	Total Plan Cost	Employer Share	Employee Share
EE Only	\$30	\$30	\$0
EE/Sp	\$69	\$35	\$34
EE/Ch	\$55	\$35	\$20
EE/Family	\$86	\$35	\$51

### Vision Service Plan Monthly Rates

Level of Coverage	Total Plan Cost	Employer Share	Employee Share
EE Only	\$7.58	\$0	\$7.58
EE/Sp	\$15.16	\$0	\$15.16
EE/Ch	\$16.23	\$0	\$16.23
EE/Family	\$25.93	\$0	\$25.93

When using your vision benefit:  
Use your 6 digit employee id number

# Open Enrollment Information: 2015 Reminders

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## 2015 Considerations

Open Enrollment is a great time to review your current benefits and consider if you would like to enroll in:

- Voluntary Term Life (VTL) for you and/or your dependents
- Short Term Disability (STD)
- Long Term Disability (LTD)
- Long Term Care
- Flexible Spending Accounts - Medical and/or Dependent Care
- Submit your Coordination of Benefits Form to Ameriben or call 866-955-1482

*Some benefits will require you to submit and Evidence of Insurability (EOI) during the Open Enrollment period, so please contact Benefits and Wellness early to ensure the proper forms are submitted in a timely manner.*

## Plan for Your Retirement

This is the perfect time to be thinking long term about what you will need for retirement income. The short answer to that question is – probably more than you think. In addition to the PERA plan for civilians and FPPA for fire and police, the City of Colorado Springs offers its employees the opportunity to invest in an ICMA 457 plan and/or Roth IRA. These are some of the best tools available to you for additional retirement savings. Please consider being proactive about your future and using all the tools available to you.

[Learn More](#)

**PERA:** 1-800-759-7372 [www.copera.org](http://www.copera.org)

**ICMA:** Donald Eschbach at 866-749-5174 or send an email to [deschbach@icmarc.org](mailto:deschbach@icmarc.org)

**FPPA (fire and police only):** 800-332-3772

[www.FPPAco.org](http://www.FPPAco.org)

## Adding Dependents

If a dependent is not currently listed in Employee Self Service, please contact Benefits and Wellness to have your dependent added. Please note you will be required to submit supporting documentation to establish your relationship.

## FSA and Vacation Buy

Remember you must re-enroll in the Flexible Spending Accounts and Vacation Buy every year! Want to learn more about Vacation Buy? Check the short video on how Vacation Buy program works on the Benefits and Wellness Open Enrollment website.

## \$500 FSA Rollover

Beginning in 2013, the IRS now allows a rollover of \$500 for your Flexible Spending Account (FSA) for Health Care. If you are not sure what medical expenses you will have in 2015, err on the side of caution and only contribute a max of \$500 for the year.

## Anthem Enhanced Personal Care Providers

When searching for a primary care physician, be sure to see if they are an Anthem Enhanced Personal Care Provider. These providers offer exceptional quality care and spend more time with their patients to ensure the patient is well informed about their health and doing everything possible to maintain their health appropriately.

# Open Enrollment Information:

## 2015 Reminders

### Health Reimbursement Account (HRA)

A Health Reimbursement Account (HRA) is an account that will allow you to get reimbursed for health care expenses up to a specified dollar amount. The dollar amount you receive will be based on your enrollment selection (refer to rate tables on page 4). ASI Flex will administer the HRA and claims are processed daily.

If you do not use the full HRA amount available, it will carry over to the following plan year if you enroll remain enrolled in the Advantage Plan the following year. The new maximum account balance allowed is \$8,000. You may submit eligible health claims for reimbursement via mobile app, fax, mail, or website. Call ASI Flex at 800-659-3035 or visit [www.asiflex.com](http://www.asiflex.com) for more information.

### New FSA and HRA Vendor

ASI Flex will administer the Flexible Spending Account (FSA) for Health and Dependent Care as well as the Health Reimbursement Account (HRA) claims. Claims are processed daily. You may submit eligible health claims for reimbursement via mobile app, fax, mail, or website.

In 2015, the City is also very excited to be able to offer debit cards for those with a FSA and HRA. Forms to request a debit card will be sent at the end of December 2014. Please remember all claims will still require proper documentation to substantiate your claims.

ASI Flex

Phone: 800-659-3035

Fax: 877-879-9038

[www.asiflex.com](http://www.asiflex.com)

### Resources Available on Benefits and Wellness Website

- View your Explanation of Benefits (EOB), find an in-network provider and much more by visiting [www.myameriben.com](http://www.myameriben.com)
- Visit Anthem website for a cost of service estimator tool or to locate and in-network provider [www.anthem.com](http://www.anthem.com)
- Estimate your healthcare costs by visiting [www.fairhealthconsumer.org](http://www.fairhealthconsumer.org)
- Find fair prices for surgery, hospital stays, doctors visits, medical tests and more by visiting [www.healthcarebluebook.com](http://www.healthcarebluebook.com)
- Learn how the hospital of your choice rates with regard to safety and quality by visiting [www.leapfroggroup.org](http://www.leapfroggroup.org)
- See how your providers are rated by visiting [www.healthgrades.com](http://www.healthgrades.com)
- Health tools and resources are available by visiting [www.healthyroads.com](http://www.healthyroads.com)

# Open Enrollment Information: Manage Your Health

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## Diabetes Management

### Diabetes Ten City Challenge (DTCC)

Receive free diabetic medications and supplies by meeting the program requirements. Talk with the Pharmacist in the City Employee Pharmacy for more information.

719-385-2261



## Depression Care

### AspenPointe

Depression Care Management counseling is available to employees and their dependents on either of the City's Medical Plans. There is also a Sleep Management Program is available. Call 888-845-2881 to learn more and to schedule an appointment.

## Health Management

### Ameriben Medical Management

Personalized care for you and your family. When you enroll in the program, you will have access to a personal health coach, who is also a registered nurse. Your health coach is your advocate who will educate you on how to effectively manage your condition and is available to answer any questions or concerns.

800-388-3193

These Health  
Management  
Programs  
are Free and  
Confidential

## Maternal Health

### Ameriben Medical Management

**BABY STEPS**, Maternal Health Program is provided to you and your eligible family members as part of your healthcare coverage. This program provides education, support, and a personal nurse who will help you and your baby stay healthy and avoid complications—before, during and after your pregnancy.

800-388-3193

## FREE Counseling

### Employee Assistance Program (EAP)

Counseling is available to ALL employees and their dependents. The program offers up to six counseling session per concern.

Call 719-634-1825 or  
800-645-6571 to schedule an  
appointment.

Take advantage of  
these Health  
Management  
Programs!

## Diabetes Management

### Bridges to Excellence (BTE)

Select a provider who must maintain rigorous credentials in order to show they are committed to providing excellent quality care. Look for a list of in-network BTE providers on the Benefits and Wellness website.



Benefits and Wellness



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This 3 Step Wellness Program will begin on November 1, 2014 and runs through October 31, 2015.

### 3 STEPS

- 1) Complete City Health Screening\*
- 2) Complete the online Personal Health Assessment (PHA)
- 3) Earn 20 Health Improvement Program (HIP) Points and enter all points online by 10/31/15 to qualify for your \$300 taxable reward to be paid in December 2015



### NEW for Year 11

- Earn points for your City Health Screening results (up to 14 points max)
- 20 total points must be earned (includes points from City Health Screening)
- Raffle drawings for Fibits throughout the year for participating in the program

### YEAR 11 INFORMATION

- Health Screenings will be offered at various locations throughout the RYP program year.
- The City Employee Medical Clinic (No co-pay required) will offer screenings by appointment only.
- Health Screenings from your personal provider will not be accepted. However, official typed copies of lab results within the past 6 months of your health screening appointment will be accepted in place of a finger stick at the Health Screenings. The results must include: fasting glucose, total cholesterol, HDL and LDL cholesterol, and triglycerides (the rest of the Health Screening is still a requirement).
- The credit for your screening will be tracked by the UCCS Wellness Nurses, and will be entered for you automatically on the Healthyroads Website.
- UCCS Wellness Nurses will be at all Health Screenings to discuss Risk Factors.

\*If you have a Risk Factor(s), you must show improvement from the previous year's results (or within the last 6 months) in at least one Risk Factor and earn all credits by the end of the program year in order to qualify for the reward. **Improvement in a Risk Factor will CONSIST OF A 10% decrease in at least one Risk Factor or moving below the published Risk.\*\***

\*\* The City is committed to helping you work towards your best health. Rewards for participating in a wellness program are available to benefit eligible employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact a UCCS Wellness Nurse and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in the light of your health status.

# Open Enrollment Information:

## FAQs

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### How do I get reimbursed from my Health Reimbursement Account (HRA)?

You can submit claims to ASI Flex via mail, fax, mobile app, or online.

ASI Flex

Phone: 800-659-3035

Fax: 877-879-9038

[www.asiflex.com](http://www.asiflex.com)

### What is an eligible expense for the HRA and health care FSA?

Most allowable medical expenses include co-pays for services or prescriptions, deductible payments, dental work, frames, contact lenses and more. Contact ASI Flex for more information.

### What happens if I do not provide substantiation for debit card transactions?

Your debit card could be turned off. Always remember to submit proper documentation to substantiate your claims via fax, mobile app, mail, or online.

### Is the TelaDoc consultation fee included in the deductible and Out-of-Pocket Max?

No. The TelaDoc consultation fee **does not** apply to your deductible, but **does** apply to your out-of-pocket max for the year.



### How do I find more information about the Transplant Navigator program?

Call Ameriben Medical Management at 866-955-1482 or visit the Benefits and Wellness website for details.

### I am on the Delta Standard plan and my child has braces, do I have to switch to the Hi Option plan in 2015 to continue coverage?

No. If treatment has already begun prior to 1/1/15, then services may still be covered under the Standard plan.

### Are prescription co-pays included in the deductible and out-of-pocket max?

No. Prescription co-pays **do not** apply to your deductible, but **do** apply to your out-of-pocket max for the year.

### Is the City Employee Medical Clinic co-pay included in the deductible & Out-of-Pocket Max?

No. The City Employee Medical Clinic co-pay **does not** apply to your deductible, but **does** apply to your out-of-pocket max for the year.

# Open Enrollment Information:

## FAQs

### How quickly will I receive my FSA or HRA reimbursements?

Claims are processed daily. If you set up a direct deposit with ASI Flex you will receive your money faster than if they need to send you a check in the mail. Call ASI Flex at 800-659-3035 to set up your direct deposit.

### How does the HRA interact with my health care FSA?

If you are enrolled in the health care FSA, claims will be paid from the FSA first, then any remainder paid from the HRA. Note: You cannot change this order of payment.

### Will I have to provide documentation when I use my debit card?

Yes. If documentation is required to substantiate your claim you will need to submit the documentation to ASI Flex as soon as possible to avoid suspension of your debit card.

### When do I start sending claims to ASI Flex?

Beginning January 1, 2015, you will be able to submit your claims to ASI Flex. You should continue to submit claims to Flores and Associates through December 31, 2014.



### How do I find the ASI Flex mobile app?

This mobile app can be found in the iPhone App Store or on the Android App on Google Play. Search for ASI Flex to get started.

### What services are available through Teladoc?

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

### Will I receive a debit card automatically if I have an HRA of health care FSA?

No. You will receive a form to request a debit card in late December. You will need to return the form if you would like to receive a debit card.

### Who is eligible for the HRA?

All employees who enroll in the Advantage Plan will receive a HRA. Each year the employer will contribute \$500 if enrolled in employee only coverage and \$750 if enrolled in any other coverage tier.

# Open Enrollment Information:

## Notices

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### Medicaid and Children's Health Insurance Program (CHIP)

#### Premium Assistance Under Medicaid and the 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. 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](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2014. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529
<b>ARIZONA – CHIP</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437
<b>COLORADO – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
<b>FLORIDA – Medicaid</b>
Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

<b>IDAHO – Medicaid</b>
Medicaid Website: <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx">http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx</a> Medicaid Phone: 1-800-926-2588
<b>INDIANA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
<b>IOWA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884
<b>KENTUCKY – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570
<b>LOUISIANA – Medicaid</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447
<b>MAINE – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741

# Open Enrollment Information: Notices

## Medicaid and Children's Health Insurance Program (CHIP)

Continued

<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120
<b>MINNESOTA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831

<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON – Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="https://www.gethiptexas.com/">https://www.gethiptexas.com/</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>VERMONT – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427

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### Medicaid and Children's Health Insurance Program (CHIP)

Continued

<b>VIRGINIA – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>
Medicaid Phone: 1-800-432-5924
CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>
CHIP Phone: 1-855-242-8282
<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a>
Phone: 1-800-562-3022 ext. 15473
<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a>
Phone: 1-877-598-5820, HMS Third Party Liability

<b>WISCONSIN – Medicaid</b>
Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a>
Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a>
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Admin <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a> 866-444-EBSA (3272)	U.S. Dept of Health & Human Svcs Centers for Medicare & Medicaid Svcs <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a> 877-267-2323, Menu Option 4, Ext. 61565
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OMB Control Number 1210-0137 (expires 10/31/2016)

### The Women's Health and Cancer Rights Act of 1998

Annual Notification

The United States Congress passed the Women's Health and Cancer Rights Act of 1998. This act affects both group and individual health plans that provide medical/surgical coverage for a mastectomy. This act requires these health plans to provide coverage for reconstructive surgery and related services that may follow a mastectomy.

In compliance with the law, City of Colorado Springs medical plans cover the following benefit services for any covered individual electing breast reconstruction surgery:

- All stages of reconstructive surgery of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications for all stages of mastectomy, including lymphedemas.

The plans' deductibles, coinsurance and co-payments that are in effect at the time service is provided will apply to the coverage described above. Please refer to the Medical Benefits Plan for further benefit coverage information. All other terms and conditions of your medical plan will apply to this coverage. If you have any questions about the Plan provisions, please call AmeriBen Solutions, the claims administrator, at (800) 786-7930.

### Notice of Newborn & Mothers Health Protection Act

Under Federal law; Group Health Plans and health insurance issuers offering Group Health insurance coverage generally 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, the minimum lengths of stay. However, the plan or issuer may pay for a shorter stay if the attending provider, which is an individual licensed under applicable state law to provide maternity or pediatric care to a mother or newborn child and who is directly responsible for providing such care, after consultation with the mother, discharges the mother or newborn earlier. Maternity care and nursery care at birth are not subject to pre-certification for the minimum lengths of stay. If the length of stay for the mother or newborn is in excess of the minimum length of stay, a Pre-certification is required. Also, under Federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

# Open Enrollment Information: Notices

## HIPAA Special Enrollment Notice

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 (of if the employer stops contributing towards your or your dependent's other coverage). However, you must request enrollment within 30 days after you 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.

To request special enrollment or obtain more information, contact Benefits and Wellness at 385-5125.

## Medicare Coverage Disclosure Notice

**This notice includes information about your current prescription drug coverage with the City and prescription drug coverage available to people with Medicare.**

The prescription drug coverage the City offers is, on average, expected to pay out as much as standard Medicare prescription drug coverage and is considered creditable coverage.

You can keep your City coverage and you will not pay extra if you later decide to enroll in Medicare coverage.

- If you drop or lose your coverage with the City and don't enroll in a credible prescription drug plan or Medicare coverage, you may pay more to enroll in Medicare later.
- If you decide to enroll in a Medicare prescription drug plan and drop your City coverage, you may not be able to get this coverage back.
- You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare and each year from Oct. 15th to Dec. 7th.
- If you leave the City's coverage, you may be eligible for a special enrollment period to sign up for a Medicare prescription drug plan.
- If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's, your monthly premium will go up at least one percent per month for every uncovered month. For example, 20 months without coverage results in a premium at least 20 percent higher for as long as you have Medicare coverage, and you may have to wait until the following November to enroll.

Please refer to the Medical Summary Plan Description (SPD) for information about how our plan pays benefits for participants also enrolled in Medicare. Our prescription plan is the primary payer.

COBRA beneficiaries and dependents who are also covered by Medicare receive the same coverage as active employees and elect coverage during open enrollment. For more information, refer to your COBRA notice. When COBRA ends, or absent a coverage election, coverage under the City plan ends.

Please contact the Benefits and Wellness office at 385-5125 for further information. You will receive this notice annually and as necessary.

### **For More Information:**

- Visit [www.medicare.gov](http://www.medicare.gov) or call 800-633-4227, or 877-486-2048 for TTY.
- Call your State Health Insurance Assistance Program (Number listed in the *Medicare & You Handbook*.)

### **Please keep this notice.**

You may need to present a copy of this notice when you join a Medicare Part D Plan to show that you are not required to pay a higher Medicare Part D premium.

# Open Enrollment Information:

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### Notice of Privacy Practices for Protected Health Information

This Notice applies only if you are enrolled in the medical, dental, vision or medical spending account plans.

**Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by the City of Colorado Springs health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: The City of Colorado Springs Health Plans. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

#### **The Plan's duties with respect to health information about you**

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not City of Colorado Springs as an employer — that's the way the HIPAA rules work. Different policies may apply to other City of Colorado Springs programs or to data unrelated to the Plan.

#### **How the Plan may use or disclose your health information**

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing "behind the scenes" plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities,

customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

#### **How the Plan may share your health information with the City of Colorado Springs**

The Plan, or its health insurer, may disclose your health information without your written authorization to the City of Colorado Springs for plan administration purposes. The City of Colorado Springs may need your health information to administer benefits under the Plan. The City of Colorado Springs agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources and Finance are the only City of Colorado Springs employees who will have access to your health information for plan administration functions.

#### **Here's how additional information may be shared between the Plan and the City of Colorado Springs, as allowed under the HIPAA rules:**

- The Plan, or its insurer, may disclose "summary health information" to City of Colorado Springs, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer, may disclose to the City of Colorado Springs information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option offered by the Plan.

In addition, you should know that the City of Colorado Springs cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by the City of Colorado Springs from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

#### **Other allowable uses or disclosures of your health information**

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private

# Open Enrollment Information:

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### Notice of Privacy Practices for Protected Health Information

Continued

entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your

authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

#### Your individual rights

You have the following rights with respect to your health information the Plan

# Open Enrollment Information:

## Notices

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### Notice of Privacy Practices for Protected Health Information

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maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

#### **Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse**

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

#### **Right to receive confidential communications of your health information**

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

#### **Right to inspect and copy your health information**

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or

administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

#### **Right to amend your health information that is inaccurate or incomplete**

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

# Open Enrollment Information:

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### Notice of Privacy Practices for Protected Health Information

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#### Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a "limited data set" (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

#### Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

#### Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on September 23, 2013. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice emailed to you or mailed to your home address.

#### Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, you may send a written complaint to the Plan's Privacy Officer, 30 South Nevada Avenue, Suite 702, Colorado Springs, CO 80903; or you may file a complaint with the Secretary of the Department of Health Human Services, Huber H. Humphrey Building, 2000 Independence Avenue SW., Washington, DC 20201

#### Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact Privacy Officer, 30 South Nevada Avenue, Suite 702, Colorado Springs, CO 80903.

# Open Enrollment Information:

## 2015 Vendor List

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Benefit Plan	Vendor Name	Contact Information
<b>Medical Insurance</b> Group Number: 000COG834 Name: Premier Plan Name: Advantage Plan	<b>Ameriben/Anthem</b> Contracted Providers, Prior Authorization, Claims, and Benefits	<a href="http://www.myameriben.com">www.myameriben.com</a> (866) 955-1482
	<b>Ameriben Medical Management</b> Disease Management, Case Management, and Prior Authorization	<a href="http://www.myameriben.com">www.myameriben.com</a> (800) 388-3193
	<b>MaxorPlus</b> Pharmacy Benefit Manager, Pharmacy ID Cards, and Contracted Providers	<a href="http://www.maxor.com">www.maxor.com</a> (800) 687-0707 Auto refill line: (800) 573-6214
	<b>City Employee Pharmacy</b> Pharmacy	<a href="http://www.cityemployeepharmacy.com">www.cityemployeepharmacy.com</a> (719) 385-2261 Auto refill line: (800) 573-6214
	<b>City Employee Medical Clinic</b> Medical Services	For appointments: (719) 385-5841 Fax: (719) 385-5842
<b>Dental Insurance</b>	<b>Delta Dental Plans</b> <b>Hi-Option</b> (Premier) Plan # 1512 <b>Standard Option</b> (Preferred) Plan #1844	<a href="http://www.deltadentalco.com">www.deltadentalco.com</a> (800) 610-0201
<b>Vision Insurance</b>	<b>Vision Service Plan (VSP)</b> Policy # 12-061804-00-36-0036	<a href="http://www.vsp.com">www.vsp.com</a> (800) 877-7195
<b>Employee Assistance Program (EAP)</b>	<b>Profile EAP: Centura Health</b>	<a href="http://www.ProfileEAP.org">www.ProfileEAP.org</a> (800) 645-6571 Username: city Password: 2000



# Open Enrollment Information:

## 2015 Vendor List

Benefit Plan	Vendor Name	Contact Information
Life Insurance	<b>AETNA U.S. HealthCare</b> Policy / Control: 721111 10 001	<a href="http://www.aetna.com">www.aetna.com</a> (800) 523-5065
Disability Insurance	<b>CIGNA</b> Short Term Disability Policy #LK7822 Long Term Disability Policy #LK7823	<a href="http://www.cigna.com">www.cigna.com</a> (800) 362-4462 Claims: 800-781-2006
Long Term Care	<b>UNUM Life Insurance Company of America</b> Policy # 220508-001 (elections prior to 2008) Policy # 127251 (elections 2008 and forward)	<a href="http://www.unum.com">www.unum.com</a> (800) 227-4165
Flexible Spending Accounts (FSA) and Health Reimbursement Accounts (HRA)	<b>ASI Flex</b> Health Care Spending Accounts Dependent Care Spending Accounts HRA - available to active employees enrolled in Advantage Plan	<a href="http://www.asiflex.com">www.asiflex.com</a> Phone: (800) 659-3035 Fax: (877) 879-9038
AspenPointe – Depression Management Program	<b>AspenPointe</b>	<a href="http://www.aspenpointe.org">www.aspenpointe.org</a> (888) 845-2881
Retirement	<b>Public Employees Retirement Assoc. (PERA)</b>	<a href="http://www.copera.org">www.copera.org</a> (800) 759-7372
	<b>Fire &amp; Police Protective Assoc. (FPPA)</b>	<a href="http://www.fppaco.org">www.fppaco.org</a> (800) 332-3772
	<b>ICMA-RC Services, LLC - Don Eschbach</b>	<a href="mailto:deschbach@icmarc.org">deschbach@icmarc.org</a> (866) 749-5174



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