



This packet includes the following important notices:

- Grandfathered Health Plan Status
- HIPAA Special Enrollment Rights
- CHIPRA Notice
- Notice of Privacy Practices
- Women's' Health & Cancer Rights
- Newborns' and Mothers' Health Protection Act
- Medicare Creditable Coverage Disclosure Notice



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Employee Benefit Services

## NOTICE

### **“GRANDFATHERED PLAN STATUS”**

#### **A PROVISION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT**

The Patient Protection and Affordable Care Act (PPACA), which was passed on March 23, 2010, as part of Health Care Reform, contains a provision that permits a health plan that was in effect on the date of passage to deem itself “grandfathered” and preserve certain basic health care coverage. This notice is being furnished to you in compliance with the requirements of the law.

- The group health plan offered by Headway Corporate Resources believes it is a “grandfathered health plan” under PPACA.
- As permitted by PPACA, 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 PPACA that apply to other plans; for example, the requirement for the provision of certain preventive health services without any cost sharing.
- Grandfathered health plans must, however, comply with certain other consumer protections in PPACA; for example, the elimination of lifetime limits on benefits.
- Questions regarding which protections apply and 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 your plan administrator. Contact Human Resources.
- The following website contains answers to frequently asked questions about grandfathered plan status: <http://healthreform.gov/about/grandfathering.html>

#### **Optional:**

- Since your plan is an ERISA plan, you may also contact:

Employee Benefits Security Administration  
U.S. Department of Labor  
1-866-444-3272  
<http://www.dol.gov/ebsa/healthreform/>

*The following provides a link to a table summarizing which protections do and do not apply to grandfathered health plans.*

<http://www.dol.gov/ebsa/pdf/grandfatherregtable.pdf>

**NOTICE CONCERNING SPECIAL ENROLLMENT PERIODS UNDER THE HEALTH INSURANCE  
PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

Special enrollment periods are allowed due to certain losses of other coverage and changes in family status. A special enrollment period is allowed due to loss of other coverage if you:

- declined coverage when you first became eligible for it and, if required by the Plan Administrator, stated in writing that coverage was declined due to the existence of other coverage;
- have now lost the other coverage; and
- request enrollment within 31 days after losing the other coverage (other than Medicaid or SCHIP);
- request enrollment within 60 days after losing eligibility for Medicaid or SCHIP; or
- request enrollment within 60 days after being determined to be eligible for *premium assistance* (under Medicaid or the CHIP program).

**NOTE:** Loss of other coverage as the result of failure to pay required contributions, or for cause (such as making a fraudulent claim) does not entitle a person to special enrollment rights under HIPAA.

A special enrollment period is allowed due to a change in family status if you are an eligible employee who has gained a dependent through marriage, birth, adoption, or placement for adoption. In this situation, the special enrollment period is allowed for you and your eligible dependents. The special enrollment period will be 31 days beginning on the date you gain at least one eligible dependent for one of the reasons listed.

“Other coverage” for the purposes of determining if a special enrollment period will be allowed is defined as:

- group health coverage which ended because the employer ceased paying the contribution for it; or
- group health coverage which ended due to a loss of eligibility caused by legal separation, divorce, death, termination of employment, or reduction in work hours; or COBRA continuation coverage which has been exhausted.

For persons enrolled during a special enrollment period due to a change in family status, coverage will begin:

- on the date of marriage, if the special enrollment period is due to marriage;
- on the new dependent’s date of birth, if the special enrollment period is due to the birth of a child;
- on the date the new dependent is adopted or placed for adoption if the special enrollment period is due to adoption or placement for adoption.

A special enrollment period is allowed due to a court or administrative order if the order requires a parent to provide health benefit plan coverage for a child, and the parent is eligible for dependent’s coverage under the Plan.

If the eligible parent fails to enroll the child, he or she may be enrolled by the other parent or by the Department of Human Resources of the state in which the child resides. Dependent’s coverage for the child will begin on the date he or she is enrolled under the terms of the order; or on the date specified in the order, if later.

A newborn is covered from the moment of birth if dependents’ coverage is already in effect on the date the child is born, or if you enroll for dependents’ coverage during a special enrollment period due to the child’s birth. An adopted child is covered from the date of placement or adoption if your dependents’ coverage is already in effect on that date, or if you enroll for dependents’ coverage during a special enrollment period due to the placement or adoption.

## 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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 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, 2012. You should contact your State for further information on eligibility –**

ALABAMA – Medicaid	COLORADO – Medicaid
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	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
ALASKA – Medicaid	
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	
ARIZONA – CHIP	FLORIDA – Medicaid
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	Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268
	GEORGIA – Medicaid
	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

<p align="center"><b>IDAHO – Medicaid and CHIP</b></p> <p>Medicaid Website: www.accesstohealthinsurance.idaho.gov</p> <p>Medicaid Phone: 1-800-926-2588</p> <p>CHIP Website: www.medicaid.idaho.gov</p> <p>CHIP Phone: 1-800-926-2588</p>	<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</p> <p>Phone: 1-800-694-3084</p>
<p align="center"><b>INDIANA – Medicaid</b></p> <p>Website: http://www.in.gov/fssa</p> <p>Phone: 1-800-889-9949</p>	<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-800-383-4278</p>
<p align="center"><b>IOWA – Medicaid</b></p> <p>Website: www.dhs.state.ia.us/hipp/</p> <p>Phone: 1-888-346-9562</p>	<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: http://dwss.nv.gov/</p> <p>Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: http://www.kdheks.gov/hcf/</p> <p>Phone: 1-800-792-4884</p>	
<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Website: http://chfs.ky.gov/dms/default.htm</p> <p>Phone: 1-800-635-2570</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</p> <p>Phone: 603-271-5218</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: http://www.lahipp.dhh.louisiana.gov</p> <p>Phone: 1-888-695-2447</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 1-800-356-1561</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html</p> <p>Phone: 1-800-977-6740 TTY 1-800-977-6741</p>	
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: http://www.mass.gov/MassHealth</p> <p>Phone: 1-800-462-1120</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: http://www.nyhealth.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>

<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>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</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a>  Phone: 919-855-4100</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>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</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>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</p>
<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a>  Phone: 1-866-435-7414</p>
<p align="center"><b>OREGON – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a>  <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a>  Phone: 1-877-314-5678</p>	<p align="center"><b>VERMONT – Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>
<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a>  Phone: 1-800-692-7462</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a>  Medicaid Phone: 1-800-432-5924  CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a>  CHIP Phone: 1-866-873-2647</p>
<p align="center"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a>  Phone: 401-462-5300</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website:  <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a>  Phone: 1-800-562-3022 ext. 15473</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p align="center"><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a>  Phone: 1-877-598-5820, HMS Third Party Liability</p>

<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	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>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a>  Phone: 1-800-440-0493	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a>  Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)

## **NOTICE OF PRIVACY PRACTICES**

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

This Notice of Privacy Practices describes how protected health information may be used or disclosed by the employee group health and welfare plan sponsored by your employer (the PLAN) to carry out payment, health care operations, and for other purposes that are permitted or required by law. This Notice also sets out the Plan's legal obligations concerning your protected health information, and describes your rights to access and control your protected health information.

Protected health information (or "PHI") is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer (when functioning on behalf of the group health plan), or a health care clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you.

This Notice of Privacy Practices has been drafted to be consistent with what is known as the "HIPAA Privacy Rule," and any of the terms not defined in this Notice should have the same meaning as they have in the HIPAA Privacy Rule.

### **EFFECTIVE DATE**

This Notice of Privacy Practices requirement became effective on April 14, 2003 as a provision under the Health Insurance Portability and Accountability Act (HIPAA).

### **OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of your protected health information. We are obligated to provide you with a copy of this Notice of our legal duties and of our privacy practices with respect to protected health information, and we must abide by the terms of this Notice.

### **PRIMARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The following is a description of how we are most likely to use and/or disclose your protected health information.

- **Payment and Health Care Operations**

We have the right to use and disclose your protected health information for all activities that are included within the definitions of "payment" and "health care operations" as set out in 45 C.F.R. § 164.501 (this provision is a part of the HIPAA Privacy Rule). We have not listed in this Notice all of the activities included within these definitions, so please refer to 45 C.F.R. § 164.501 for a complete list.

**Business Associates** - We contract with individuals and entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, our Business Associates will receive, create, maintain, use, or disclose protected health information, but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your protected health information to a Business Associate to provide member service support, utilization management, subrogation or pharmacy benefit management services. An example of a business associate is the third party administrator that provides administrative services to our PLAN.

**Payment** – We, or a Business Associate will use or disclose your PHI to pay claims for services provided to you and to obtain stop-loss reimbursements or to otherwise fulfill our responsibilities



for coverage and providing benefits. For example, your protected health information may be disclosed when a provider requests information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment that you received was medically necessary.

**Health Care Operations** – We, or a Business Associate will use or disclose your protected health information to support our business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, stop-loss underwriting, business planning, and business development. Your protected health information may be disclosed: (i) to provide you with information about one of our disease management programs; (ii) to respond to a customer service inquiry from you; or (iii) in connection with fraud and abuse detection and compliance programs.

**Other Covered Entities** – We, or a Business Associate, may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with payment activities and certain health care operations. For example, your protected health information may be disclosed to a health care provider when needed by the provider to render treatment to you, your protected health information may be disclosed to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing. This also means that your protected health information may be disclosed or shared with other insurance carriers in order to coordinate benefits, if you or your family members have coverage through another carrier.

**Plan Sponsors** – We, or a Business Associate may disclose your protected health information to the plan sponsor of the PLAN for purposes of plan administration or pursuant to an authorization request signed by you.

- **Other Possible Uses and Disclosures of Protected Health Information**

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your protected health information.

**Required by Law** – We, or a Business Associate may use or disclose your protected health information to the extent that federal law requires the use or disclosure. When used in this Notice, "required by law" is defined as it is in the HIPAA Privacy Rule. For example, your protected health information may be disclosed when required by national security laws or public health disclosure laws.

**Public Health Activities** – We, or a Business Associate may use or disclose your protected health information for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or we may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. Your protected health information may be disclosed, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

**Health Oversight Activities** – We, or a Business Associate may disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

**Abuse or Neglect** – We, or a Business Associate may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect or domestic violence. Additionally, as required by law, your protected health information may be disclosed to a governmental entity authorized to receive such information if we believe that you have been a victim of abuse, neglect, or domestic violence.

**Legal Proceedings** - We or a Business Associate may disclose your protected health information: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Rule. For example, your protected health information may be disclosed in response to a subpoena for such information, but only after we first meet certain conditions required by the HIPAA Privacy Rule.

**Law Enforcement** - Under certain conditions, we, or a Business Associate, also may disclose your protected health information to law enforcement officials. For example, some of the reasons for such a disclosure may include, but not be limited to: (1) it is required by law or some other legal process; (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person; and (3) it is necessary to provide evidence of a crime that occurred on our premises.

**Coroners, Medical Examiners, Funeral Directors, and Organ Donation** – We, or a Business Associate may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. Your protected health information may be disclosed, as authorized by law, to funeral directors so that they may carry out their duties. Further, your protected health information may be disclosed to organizations that handle organ, eye, or tissue donation and transplantation.

**Research** – We, or a Business Associate may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

**To Prevent a Serious Threat to Health or Safety** - Consistent with applicable federal and state laws, we or a Business Associate may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Your protected health information may also be disclosed if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security, Protective Services** - Under certain conditions, we or a Business Associate may disclose your protected health information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. Your protected health information may also be disclosed to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

**Inmates** - If you are an inmate of a correctional institution, we or a Business Associate may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

**Workers' Compensation** – We, or a Business Associate may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Others Involved in Your Health Care** - Using our best judgment, we or a Business Associate may make your protected health information known to a family member, other relative, close personal friend or other personal representative that you identify. Such a use will be based on how involved the person is in your care, or payment that relates to your care. Your protected health information may be released to parents or guardians, if allowed by law.

We, or a Business Associate also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

If you are not present or able to agree to these disclosures of your protected health information, then, using our professional judgment, we may determine whether the disclosure is in your best interest.

- **Required Disclosures of Protected Health Information**

The following is a description of disclosures that we are required by law to make.

**Disclosures to the Secretary of the U.S. Department of Health and Human Services** - We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

**Disclosures to You** - We are required to disclose to you most of your protected health information in a "designated record set" when you request access to this information. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. We also are required to provide, upon your request, an accounting of most disclosures of your protected health information that are for reasons other than payment and health care operations and are not disclosed through a signed authorization.

We, or a Business Associate will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant state law. However, before we will disclose protected health information to such a person, you must submit a written notice of his/her designation, along with the documentation that supports his/her qualification (such as a power of attorney).

Even if you designate a personal representative, the HIPAA Privacy Rule permits us to elect not to treat the person as your personal representative if we have a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; (ii) treating such person as your personal representative could endanger you; or (iii) we determine, in the exercise of our professional judgment, that it is not in your best interest to treat the person as your personal representative.

- **Other Uses and Disclosures of Protected Health Information**

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

## **YOUR RIGHTS**

The following is a description of your rights with respect to your protected health information.

- **Right to Request a Restriction**

You have the right to request a restriction on the protected health information we use or disclose about you for payment or health care operations.

We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

You may request a restriction by writing to the Plan Administrator. The Plan Administrator is your employer. It is important that you direct your request for restriction to the Plan Administrator so that we can begin to process your request. Requests sent to persons or offices other than the address indicated might delay processing the request.

In your request, please tell us: (1) the information whose disclosure you want to limit; and (2) how you want to limit our use and/or disclosure of the information.

- **Right to Request Confidential Communications**

If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you may ask that we only contact you at your work address or via your work e-mail.

You may request a restriction by writing the Plan Administrator. The Plan Administrator is your employer. It is important that you direct your request for confidential communications to your employer so that we can begin to process your request. Requests sent to persons or offices other than the one indicated might delay processing the request.

In your request, please tell us: (1) that you want us to communicate your protected health information with you in an alternative manner or at an alternative location; and (2) that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger.

We will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your protected health information could endanger you. As permitted by the HIPAA Privacy Rule, "reasonableness" will (and is permitted to) include, when appropriate, making alternate arrangements regarding payment.

Accordingly, as a condition of granting your request, you will be required to provide us information concerning how payment will be handled. For example, if you submit a claim for payment, state or federal law (or our own contractual obligations) may require that we disclose certain financial claim information to the plan participant (e.g., an Explanation of Benefits or EOB). Unless you have made other payment arrangements, the EOB (in which your protected health information might be included) will be released to the plan participant.

Once we receive all of the information for such a request (along with the instructions for handling future communications), the request will be processed usually within 30 days of receiving the written request.

Prior to receiving the information necessary for this request, or during the time it takes to process it, protected health information may be disclosed (such as through an EOB). Therefore, it is extremely important that you contact the Plan Administrator as soon as you determine that you need to restrict disclosures of your protected health information.

If you terminate your request for confidential communications, the restriction will be removed for all your protected health information that we hold, including protected health information that was previously protected. Therefore, you should not terminate a request for confidential communications if you remain concerned that disclosure of your protected health information will endanger you.

- **Right to Inspect and Copy**

You have the right to inspect and copy your protected health information that is contained in a "designated record set." Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect and copy your protected health information that is contained in a designated record set, you must submit your request by calling the Plan Administrator. It is important that you call the Plan Administrator to request an inspection and copying so that we can begin to process your request. Requests sent to persons, offices, other than the one indicated might delay processing

the request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. To request a review, you must contact the Plan Administrator. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

- **Right to Amend**

If you believe that your protected health information is incorrect or incomplete, you may request that we amend your information. You may request that we amend your information by writing to the Plan Administrator. Additionally, your request should include the reason the amendment is necessary. It is important that you direct your request for amendment to the Plan Administrator so that we can begin to process your request. Requests sent to persons or offices, other than the Plan Administrator might delay processing the request.

In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information you want to amend is not maintained by us, but by another entity. If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

- **Right of an Accounting**

You have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment, or health care operations. No accounting of disclosures is required for disclosures made pursuant to a signed authorization by you or your personal representative. You should know that most disclosures of protected health information will be for purposes of payment or health care operations, and, therefore, will not be subject to your right to an accounting. There also are other exceptions to this right.

An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed and the purpose for the disclosure.

You may request an accounting by submitting your request in writing to the Plan Administrator. It is important that you direct your request for an accounting to the Plan Administrator so that we can begin to process your request. Requests sent to persons or offices other than the Plan Administrator might delay processing the request.

Your request may be for disclosures made up to 6 years before the date of your request, but not for disclosures made before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

- **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically.

- **Complaints**

You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by calling the Plan Administrator. A copy of a complaint form is available from the Plan Administrator's office.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us.

### **TERMINATION OF COVERAGE**

Please note that we do not destroy personal information about you when you terminate your coverage. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

### **POTENTIAL IMPACT OF STATE LAWS**

The HIPAA Privacy Regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

### **THIS NOTICE IS SUBJECT TO CHANGE**

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

### **WHO TO CONTACT FOR MORE INFORMATION**

If you have any questions or want additional information about this Notice or the policies and procedures described in the Notice, please contact the Plan Administrator, the Plan's Privacy Officer, or your employer's human resources department.

The Plan Sponsor and Plan Administrator is your employer. Employer information, Plan Administrator information, Named Fiduciary information, and Agent for Service of Legal Process information are all listed in the Summary Plan Description.

**Please include your name, address, and telephone number with all written correspondence.**

## **NOTICE CONCERNING WOMEN'S HEALTH AND CANCER RIGHTS ACT**

Federal law requires that all plan participants be notified at enrollment and annually of their rights under the "Women's Health And Cancer Rights Act." This notice is being furnished to you in compliance with the requirements of the law.

The law requires that all group health plans that provide coverage for a surgically removed breast must also:

- Provide coverage for reconstruction of the surgically removed breast;
- Provide coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Provide coverage for prostheses and any physical complications that may occur in any stage of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes.)

Coverage for breast reconstruction and any related services will be subject to any Plan deductibles and covered percentage amounts that apply to other covered medical benefits of the Plan.

The provisions of this law are also detailed in your Summary Plan Description.

**NOTICE CONCERNING**  
**THE NEWBORNS' AND 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. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

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.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.



## **Important Notice from Headway Corporate Resources, Inc. About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Headway Corporate Resources, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Aetna Life Insurance Company has determined that the prescription drug coverage offered by the Headway Corporate Resources, Inc. Group Medical, Dental and Vision Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

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### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**CMS Form 10182-CC**

**Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage with Headway Corporate Resources, Inc. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. For more information regarding your prescription drug coverage plan provisions/options under the Headway Corporate Resources, Inc. Group Medical, Dental and Vision Plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D, please refer to your Aetna Life Insurance Company Certificate of Coverage.

If you waive or drop your coverage with Headway Corporate Resources, Inc. Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event under the **Headway Corporate Resources, Inc. Group Medical, Dental and Vision Plan**.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Headway Corporate Resources, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

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## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	10/31/12
Name of Entity/Sender:	Headway Corporate Resources, Inc.
Contact--Position/Office:	Human Resource Department
Address:	421 Fayetteville Street, Suite 1020 Raleigh, NC 27601-1792
Phone Number:	(919) 424-1071