

# Required Notices

**The following are required notices regarding your rights under the City-sponsored health plans**

**The City of Dallas is required to provide this information to you**

# CITY OF DALLAS

## Notice of Privacy Practices – City of Dallas Health Plans

Effective date: April 14, 2003 Revised: September 10, 2014

**This notice describes how medical information about you may be used and disclosed and how you may obtain access to this information. This notice addresses the changes set forth in the Final HIPAA Omnibus Rule. Please review carefully.**

### OUR PRIVACY PRINCIPLES

We are required by law to maintain the privacy of your protected health information and to inform you about

- the Plan’s practices regarding the use and disclosure of your protected health information
- your rights with respect to your protected health information
- the Plan’s duties with respect to your protected health information
- your right to file a complaint about the use of your protected health information
- whom you may contact for additional information about the Plan’s privacy practices and
- any breach of your unsecured PHI

This notice explains how we may use and disclose your health information to provide benefits to you and our promise to protect your health information. We understand the importance of maintaining the privacy of this information. We are guided by your rights to make inquiries about how we use or disclose your health information. This notices describes rights according to your under the Privacy Rule and our legal obligations regarding them. We shall abide by the terms of this notice for all health or medical information we retain.

In this notice the terms “we,” “our,” and “health plans” are used interchangeably to refer to the health plans listed below. The term “health plans” describes the medical plans offered by the City of Dallas and listed below. The term “health information” refers to the information about you or a secondary subscriber to your plan that is used or disclosed to the health plans concerning your physical or mental health or the medical services you received, or your health insurance benefits and payments. Health information includes all identifying information you provide to the health plans to enroll for coverage or health benefits.

**This notice applies to the following City of Dallas Health Plans:**

UnitedHealthcare 75/25 Health Reimbursement Account Plan  
 UnitedHealthcare 70/30 Exclusive Provider Organization Plan (with \$3,000 deductible)  
 Caremark Pharmacy Services plan  
 UnitedHealthcare Flexible Spending Plans

**If you have any questions regarding this notice, please contact the Privacy Officer:**

Privacy Officer  
 Call Compliance Hotline: (855) 345-4022  
 Email: [hipaacompliance@dallascityhall.com](mailto:hipaacompliance@dallascityhall.com)

### HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED OR DISCLOSED

We may access your health information at various times depending on the action required to be completed to your account to maintain your health benefits. We may also document your conversations with the Benefits Division. Employees and business associates will have access to view your health information to perform certain activities for the health plans. They will be given access to your information to help you with your inquiries related to your plan. They may also access your information to perform business or administrative functions for the health plans. At all times, we take steps to ensure that no use or disclosure is inconsistent with the Privacy Rule. Your health records pertaining to your mental health (e.g. psychotherapy notes), substance or drug abuse, and alcohol abuse histories and information relating to HIV test results are subject to stricter disclosure rules under Texas law. We require your written authorization or that of your authorized representative to release this information when requested.

## Required Notices (Continued)

The City has certified that your health information will not be used for any employment-related actions or decisions or activities that deviate from managing the health plans. Violations of these rules are subject to disciplinary action. Below, we describe the different ways we may use and disclose your health information and provide examples for the different disclosures.

### **Treatment**

By itself, the health plans do not provide treatment services (but your health care provider or physician does). We (or the third-party plan administrator) may confirm your health benefits to a health care provider. For example, if your physician wishes to determine whether the plan covers a prospective treatment or medication, they may contact the health plan (or its third-party administrator) for this information.

We may also share your personal information (name, DOB, social security, address or other identifying information) with UnitedHealthcare, or Caremark Pharmacy Services, or other business associates who update the information we have on file for you in the health plans database(s). For example, a business associate may have access to the health plans' database(s) to add new or additional subscribers to your plan, to make changes to your benefits elections, or to update your profile information – in an effort to provide the most up-to-date information to facilitate the treatment activities of your health care provider.

### **To Pay Your Health Insurance Premiums or Benefits**

The health plans may use and disclose your health information to obtain premiums for the health insurance, to pay for the health care services you receive (claims paid by third-party administrator), to subrogate a claim. For example, we may need to provide your health information to a different insurance company to obtain reimbursement for health care benefits provided under the health plans to you or a secondary subscriber. The health plans may also provide your health information to business associates (e.g. billing companies, claims processing companies) that engage in health care claims processing.

### **Plan Operations**

We may use and disclose your protected health information for our health care operations activities. This interaction is needed to run the plans more efficiently and provide effective coverage. Health care operation activities could include: administering and reviewing the health plans, underwriting health plan benefits, determining coverage policies, performing business planning, arranging for legal and auditing services, customer service related training activities, or determining plan eligibility criteria, etc. Your information may be shared with business associates that perform a service for the health plans. Note, however, the health plans will never use genetic PHI for underwriting purposes.

The health plans will only disclose the minimum information necessary with respect to the amount of health information used or disclosed for these purposes. In other words, only information relating to the task being performed will be used or disclosed. Information not required for the task will not be used or disclosed.

The health plans may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **To Business Associates**

We may share your health information with third-party business associates who perform certain business activities for the health plans. Examples include consultants, billing or claims processing companies, interpreters, and auditors. Business associates are required through contract with us and by law to appropriately safeguard your PHI.

The health plans are also allowed to use or disclose your health information without your written authorization as required by law.

### **Disposal of Protected Health Information**

Once we no longer need your protected health information we will either destroy it, return it, or if neither is feasible, we will store it securely and prohibit further uses and disclosures except to the extent use or disclosure is unavoidable.

### **Other Uses and Disclosures Requiring Your Authorization**

We are prohibited from using or disclosing your health information if the use or disclosure is not covered by a situation above. We will ask for your written authorization for other uses or disclosures. If you give us your written authorization to use or disclose your protected health information, you may revoke that permission, in writing, at any time, but not for any actions we have already taken. If you revoke your permission, you must be specific about which entity's permission is being revoked.

## **RIGHTS YOU HAVE REGARDING YOUR HEALTH INFORMATION**

### **Right to Inspect and Copy**

You have the right to inspect and copy your health information that the Health Plan maintains for enrollment, payment, claims determination, or case or medical management activities, or that the Plan uses to make enrollment, coverage or payment decisions (the "designated record set"). 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 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. You must submit your request in writing to the Benefits Division. You may be charged a fee for the related costs, such as copying and mailing. If your request to inspect or copy your health information has been denied, you will be notified in writing of your rights of appeal at that time.

## Required Notices (Continued)

### Right to access electronic records

You may request access to your electronic health records (usually compiled by health care providers) or electronic copies of your PHI held in a designated record set, or you may request in writing or electronically that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.

### Right to Amend

If you feel that protected health information held in the Health Plan's official file is incorrect or incomplete, you must submit a written request that the information be amended; you must support the basis for your request. We are not required to grant your request if we do not maintain or did not create the information, or if it is correct. We must respond to your request within 60 days, unless a written notice of a 30-day extension is provided.

### Right to an Accounting of Disclosures

You may seek an accounting of certain disclosures by requesting a list of the times we have shared your health information. Your request must be in writing. Your request should indicate in what form you want the list (for example, paper or electronically). The first list you request within a 12-month period will be free. For additional lists, you may be charged for the costs of providing the list. You will receive a response no later than 60 days from when we receive your request, unless a written notice of a 30-day extension is provided.

### Right to Request Restrictions

You may request that we limit the way we use or share your health information. You should submit your request in writing. We will consider your request and respond accordingly. We are not required to agree to the request.

### Right to Request Confidential Communications

You may request that we contact you in a certain way or at a certain location, for example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. Due to procedural or system limitations, in some instances, it may not be reasonable to send confidential communications to multiple addresses for persons who reside in the same household or derive coverage through the same individual participant. However, the health plans must accommodate your reasonable request to receive communication of PHI by alternative means or at alternative locations, if you clearly state that the disclosure of all or part of the information through normal processes could endanger you in some way. The Privacy Officer will monitor and manage this process according to protections afforded under applicable law.

### Right to Receive Notice of A Breach

You may receive a notice from us regarding the breach of your unsecured health information if you are affected. We will inform you of the action we will take and how you can protect yourself from potential harm.

### Receive a Copy of This Notice

You may ask for a paper copy of this notice by calling the Benefits Division at (855) 656-9114. You may also view this notice at the health plans website at [www.cityofdallasbenefits.org](http://www.cityofdallasbenefits.org).

### Changes To This Notice

We reserve the right to change this notice and will distribute as required. We reserve the right to make the revised notice effective for health information we already have about you as well as any information we receive in the future. We will post the revised copy on the health plans' websites and distribute information about the update as required by the regulations.

### Complaints and Questions

If you have questions regarding your privacy rights, please call the City of Dallas Privacy Officer at (214) 670-7953. If you believe your privacy rights have been violated, you may file a complaint by contacting the City of Dallas Privacy Officer at (214) 670-7953, by calling the Confidential Hotline at (855)-345-4022, by email at [hipaacompliance@dallascityhall.com](mailto:hipaacompliance@dallascityhall.com) or with the Department of Health and Human Services. You will not be penalized for filing a complaint.

<b>Human Resources Department</b>	ATTN: Benefits Service Center 1500 Marilla Street, Room 1D South Dallas, TX 75201-6390 Phone: (855) 656-9114 Fax: (214) 659-7098
<b>Health Plan Representatives</b>	<b>United Healthcare (UHC) EPO Plans (75/25/HRA &amp; 70/30)</b> Phone: (800) 736-1364  <b>Caremark (CVS) - Prescription Services</b> Phone: (855) 465-0023

## Required Notices (Continued)

### COBRA

#### What is COBRA?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires most employers with group health benefit plans to offer employees the opportunity to continue temporarily their group health care coverage under their employer's plan if their coverage otherwise would cease due to termination, layoff or other change in employment status (referred to as "qualifying events").

#### How long must COBRA continuation coverage be available?

- Up to 18 months for termination or reduction of hours
- Up to 29 months to employees who are determined to have been disabled at any time during the first 60 days of COBRA coverage and to the disabled employee's nondisabled beneficiaries
- Up to 36 months for spouses and dependents due to an employee's death, divorce or legal separation

#### What plans are subject to COBRA?

Group health, vision, dental and health care spending account (EMSP) plans are subject to COBRA.

#### What specific events can be qualifying events?

- Death of employee
- Voluntary or involuntary termination of employment (other than by reason of gross misconduct)
- Retirement
- Reduction in hours
- Divorce or legal separation
- Dependent child ceasing to be a dependent

#### How much does COBRA cost for City sponsored plans?

<b>COBRA 70/30/\$3,000 EPO</b> (100% Employee Contribution. Includes 2% admin)	
Coverage Level	Monthly Rates
Employee Only	\$348
Employee + Spouse	\$754
Employee + Child(ren)	\$651
Employee + Family	\$984

<b>COBRA 75/25/HRA EPO</b> (100% Employee Contribution. Includes 2% admin)	
Coverage Level	Monthly Rates
Employee Only	\$506
Employee + Spouse	\$1,009
Employee + Child(ren)	\$925
Employee + Family	\$1,309

<b>COBRA Monthly Vision Plan Rates</b>		
Coverage Level	Standard Plan	Buy-up Plan
Employee Only	\$4.89	\$5.88
Employee + Spouse	\$8.93	\$10.73
Employee + Child(ren)	\$9.37	\$11.26
Employee + Family	\$14.42	\$17.35

<b>COBRA Monthly Dental Plan Rates</b>			
Coverage Level	Dental PPO	Dental HMO	Dental EPO
Employee Only	\$24.61	\$7.92	\$18.38
Employee + Spouse	\$49.24	\$14.58	\$33.81
Employee + Child(ren)	\$50.21	\$14.65	\$33.99
Employee + Family	\$74.86	\$20.60	\$47.80

#### How do I enroll in COBRA?

You are required to notify the COBRA call center within 60 days of a qualifying event. The COBRA call center can be reached at (866) 747-0048. If you desire to extend your COBRA coverage through a disability extension, you must notify the plan of the disability. Once coverage is elected, payment must be made within 45 days from the date that the enrollment was received. Eligibility will not be updated until payment is made. COBRA participants can review and make changes to plan elections during the annual open enrollment period.

## Required Notices (Continued)

### WOMEN'S HEALTH CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

If you have had or plan to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and
- Treatment of physical complications of the mastectomy, including lymphedema

The benefits provided are subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like additional information on WHCRA benefits, call your plan administrator at (800) 736-1364.

### CONTINUATION OF HEALTH COVERAGE DURING FAMILY AND MEDICAL LEAVE (FMLA)

The Family and Medical Leave Act of 1993 (FMLA) requires employers to provide up to a total of 12 weeks of unpaid, job-protected leave during any 12-month period to eligible employees for certain family and medical reasons. This provision is intended to comply with the laws and any pertinent regulations, and its interpretation is governed by them. See the City of Dallas Personnel Rules to find out how this continuation applies to you.

For the duration of FMLA leave, the employer must maintain the employee's health coverage. The employee may continue the plan benefits for himself or herself and his or her dependents on the same terms as if they employee had continued to work. The employee must pay the same contributions toward the cost of the coverage that he or she made while working. If the employee fails to make the payments on a timely basis, the employer, after giving the employee written notice, can end the coverage during the leave if payment is more than 30 days late. Upon return from a FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms. The use of a FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### NEWBORNS' ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, 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 cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider—after consulting with the mother—from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not—under Federal law—require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & 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 the City of Dallas 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. The City of Dallas has determined that the prescription drug coverage offered by United MedicareRx offered by United Healthcare 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.

#### 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 15th to December 7th. 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.

## Required Notices (Continued)

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

If you are enrolled in the City's Active employee or Pre-65 retiree EPO health plan; that coverage pays for medical expenses in addition to prescription drug expenses which are included the plan's design. As a retiree, if you decide to join a non-City of Dallas sponsored Medicare drug plan, your current City of Dallas coverage will be affected as you cannot be enrolled in two plans. If you decide to join a Medicare drug plan as a retiree that is not sponsored by the City of Dallas and drop your current City of Dallas coverage, be aware that you and your dependents will not be able to get this coverage back. See pages seven through nine of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

### **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 the City of Dallas 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**

Please contact the Benefits Service Center at (855) 656-9114 or send written correspondence to the address listed at the end of this notice.

NOTE: This notice will be provided in each annual enrollment guide and if this coverage through the City of Dallas changes. You also may request a copy of this notice at any time.

### **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 800-MEDICARE (800-633-4227). TTY users should call (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 (800) 772-1213 (TTY: (800) 325-0778).

**Remember: 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). To receive a copy of this notice, please use the contact information listed below.**

City of Dallas  
Benefits Service Center  
1500 Marilla Street, 1D-South,  
Dallas, TX 75201  
Phone: (855) 656-9114



## Required Notices (Continued)

### SPECIAL ENROLLMENT NOTICE

If you decline 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 your other coverage (or if the employer stops contributing toward your or your dependents' 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 place for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days following the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact the Benefits Service Center at (855) 656-9114.

### WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult for you to achieve the standards for a reward under the wellness program due to a medical condition, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call the Benefits Service Center at (855) 656-9114, and we will work with you to develop another way to qualify for the reward.

### 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 (866) 444-EBSA (3272).

Texas Residents

Website: <http://www.gethipptexas.com>

Phone: (800) 440-0493.

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 Administration

Website: [www.dol.gov/ebsa](http://www.dol.gov/ebsa)

Phone: (866) 444-EBSA (3272)

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U. S. Department of Health and Human Services

Centers for Medicare and Medicaid Services

Website: [www.cms.hhs.gov](http://www.cms.hhs.gov)

Phone: (877) 267-2323, Ext. 61565