

# IMPORTANT

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# Legal Notices

Beth Israel Lahey Health is required to provide employees with the following regulatory information annually. Not all of the information may pertain to you at this time or to benefits for which you are eligible. Within this document, you will find information on:

- [Notice of Privacy Practices](#)
- [Notice of Special Enrollment Rights](#)
- [Women's Health and Cancer Rights Act of 1998 \(WHCRA\)](#)
- [Newborns and Mothers Health Protection](#)
- [Massachusetts Minimum Creditable Coverage](#)
- [Patient Protection and Affordable Care Act of 2010 \(PPACA\)](#)
- [Patient Protection Disclosure](#)
- [Health Insurance Marketplace Coverage Options](#)
- [Massachusetts Pregnant Workers Fairness Act Notice](#)
- [Section 1557 Non-Discrimination Notice and Taglines](#)
- [Medicaid and The Children's Health Insurance Program \(CHIP\)](#)
- [Medicare Part D Creditable Coverage Notice](#)

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**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see [page 7](#) for more details.**

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## 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 is effective as of January 1, 2024.** The Beth Israel Lahey Health Employee Benefits Plan (the "Plan") provides some group health plan benefits that are self-insured (for example, health and health care flexible spending account plans). All fully insured plans (for example dental and vision plans) are covered by the carrier's Notice of Privacy Practices. The Plan may use your Protected Health Information ("PHI") obtained through such group health benefits as described below. PHI is information, including demographic information, that may identify you and that relates to: (1) your physical or mental health or condition, in the past, present, or future, (2) health care services provided to you, or (3) the payment of health care services provided to you.

### How Your Health Information May Be Used or Disclosed

The Plan is required by law to protect the PHI of each of its members. The Plan may use and disclose your PHI without your authorization for the following purposes, and as otherwise permitted or required by law:

**For Treatment:** Your Plan may use your PHI to provide you with medical treatment or services. For example, PHI obtained by a healthcare provider (such as a physician, nurse, or other person providing health services to you) will be recorded as it relates to your treatment. Health care providers need PHI to determine what treatment you should receive.

**For Payment:** Your Plan may use and disclose your PHI to others for purposes of receiving payment for services that you receive (for example, to manage enrollment records, make coverage determinations, administer claims, and coordinate benefits with other coverage you may have).

**For Health Care Operations:** Your Plan may use and disclose your PHI to Beth Israel Lahey Health, business associates of the Plan, and others for operational procedures. However, the Plan will not use genetic information for underwriting purposes. For example, your PHI may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of third party administrators;
- Assess the quality of care and outcomes in your case and similar cases;
- Determine how to improve the quality and effectiveness of the provided health care; and
- Provide treatment alternatives or other health-related benefits and services that may be of interest.

**To Business Associates:** The Plan may contract with individuals or entities known as Business Associates to perform various functions on behalf of the Plan or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing to implement appropriate safeguards regarding your protected health information.

**Required by Law:** Your Plan may use and disclose group health plan information about you, as required by law. For example, your Plan may disclose group health plan information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their official duties.

**Public Health:** Your PHI may be used or disclosed for public health activities, such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Decedents:** PHI may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation:** Your PHI may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** Your Plan may use your PHI for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Health and Safety:** Your PHI may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**Government Functions:** Specialized government functions, such as protection of public officials or reporting to various branches of the armed services, may require use or disclosure of your PHI.

**Workers' Compensation:** Your PHI may be used or disclosed in order to comply with laws and regulations related to workers' compensation.

**Personal Representatives:** Your personal representative has the same rights concerning your PHI as you. The Plan will automatically recognize as a personal representative, a parent or guardian of an unemancipated minor, or a treating physician with respect to an urgent care claim.

We use physical, electronic and procedural safeguards to protect your PHI. Even when allowed, use and disclosure is limited to the minimum necessary to accomplish a given task.

### Other Uses and Disclosures With Written Authorization

Other uses and disclosures of your PHI may only be made upon receiving your written authorization. For example, the Health Plan generally needs your authorization to disclose psychiatric notes about you; to use or disclose protected health information for marketing; or to sell protected health information.

You may revoke an authorization at any time by providing written notice to the Privacy Contact. The Plan will honor a request to revoke as of the day it is received and to the extent that it has not already used or disclosed your PHI in good faith with the authorization.

### Your Rights regarding PHI

You have the right to:

- Request a restriction on certain uses and disclosures of your PHI; however, your Plan is not required to agree to a requested restriction;
- Obtain a paper copy of this Notice upon request;
- Inspect and obtain a copy of your health records;
- Amend your health records;
- Request communications of your PHI by alternative means or to alternative locations;
- Authorize release of your PHI purposes not otherwise permitted by law; and
- Receive an accounting of disclosures made of your PHI.

### Complaints

You may make a formal complaint with the Privacy Contact listed in this Notice if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Additional information and online complaint forms for filing a complaint with the Secretary of Health and Human Services may be found here: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

### Obligations of the Plan

Your Plan is required to:

- Maintain the privacy of PHI;
- Provide you with this notice of its legal duties and privacy practices with respect to your PHI;
- Abide by the terms of this notice;
- Notify you if the Plan is unable to agree to a requested restriction on how your PHI is used or disclosed;
- Accommodate reasonable requests you make to communicate PHI by alternative means or to alternative locations;
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law; and
- Notify individuals if their unsecured PHI is breached.

Each Plan reserves the right to change its information practices and to make the new provisions effective for all Protected Health Information it maintains. Revised notices will be made available to you by e-mail and/or in hard copy within sixty (60) days of any change.

### Privacy Contact Information

If you have any questions or complaints, please contact:

Duarte Garcia, Vice President, Benefits & Retirement,  
Beth Israel Lahey Health, Benefits Department, 529 Main Street,  
5th Floor, Charlestown, MA 02129, **1.617.667.5000**.

### NOTICE OF SPECIAL ENROLLMENT RIGHTS

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a group medical insurance plan is required to provide special enrollment periods during which time certain individuals, who previously declined coverage, are allowed to enroll without having to wait until the next annual open enrollment period.

Consequently, if at this time you are declining enrollment in one of the Beth Israel Lahey Health medical plans on behalf of yourself or on behalf of your dependents because of other medical coverage, you may, in the future be able to enroll yourself or your dependents in the medical plan, provided that you request enrollment within 30 days after the other medical coverage ends.

In addition, if you gain a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself or your dependents in the medical plan, provided that you request enrollment within 30 days after the date of the marriage, birth, adoption or placement for adoption.

Finally, if you or your dependent children are eligible for, but not enrolled in, one of the medical plans and you or your dependent children either: (i) lose coverage under Medicaid or a state child health plan (CHIP), or (ii) become eligible for a premium assistance subsidy through Medicaid or CHIP, you and your dependent children may enroll in the medical plan, as long as you request enrollment on or before the date that is 60 days after the loss of coverage or the date you or your dependent children became eligible for the premium subsidy.

To request special enrollment or obtain more information, contact the BILH HR Service Center at **1.617.667.5000** or **BILHbenefits@sentinelgroup.com**.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of mastectomy, including lymphedemas in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and co-insurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage will be delivered to the participant upon enrollment and annually thereafter. Contact Harvard Pilgrim Health Care for more information.

## NEWBORNS AND MOTHERS HEALTH PROTECTION

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 or require that a provider obtain authorization from the Plan or insurer for prescribing a length of stay equal to or less than the above hours.

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## MASSACHUSETTS MINIMUM CREDITABLE COVERAGE

Most Massachusetts residents age 18 or older must have affordable health coverage that meets Minimum Creditable Coverage (MCC) standards. Although employers are not required to provide health coverage to their Massachusetts employees or meet MCC standards, the Massachusetts Connector agency has requested that employers help their employees meet MCC requirements.

While there appears to be no requirements that carriers or employers notify individuals in advance as to whether or not the coverage available for election meets MCC, Massachusetts employees should know this information before signing up for employer-sponsored coverage and be aware if their Plan meets MCC standards. In addition, reporting obligations apply to those whose employee health benefits do meet MCC standards. All employers or their vendors that provide "creditable coverage" as of any December 31 to an employee who resides in Massachusetts must send the employee Form 1099-HC no later than January 31 of the next calendar year.

## PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 (PPACA)

Reminder, you will see the total cost of your 2023 health insurance benefits reported on your Form W-2 that you will receive in January 2024. This reporting is intended to help you understand and better appreciate the cost of your company-provided benefits. It is for reporting purposes only; there is no tax liability.

## PATIENT PROTECTION DISCLOSURE

The Domestic & Community, HMO Plus and Tiered POS Plans require you to name a primary care provider (PCP). You have the right to designate any participating primary care provider who is available to accept patients. Until you make this designation, the Plan will designate one for you. For children, you may designate a pediatrician as the primary care provider. For information on how to select a Primary Care Provider, and for a list of participating primary care providers, call HPHC at **1.888.333.4742**.

You do not need prior authorization from Harvard Pilgrim Health Care (HPHC) or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, call HPHC at **1.888.333.4742**.

## HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

There is a way to buy health insurance: the Health Insurance Marketplace ("Marketplace" or "Exchange"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered.

### What Is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open enrollment for health insurance through the Marketplace begins Tuesday, November 1, 2023 and ends Thursday, December 15, 2023 for coverage starting January 1, 2024. Please visit [healthcare.gov](https://healthcare.gov) or call **1.800.318.2596** for more information, including contact information for a Marketplace in your area.

### Can I Save Money on my Health Insurance Premium in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.86% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## Health Coverage Offered by The Plan

The health coverage offered under the Plan meets the “minimum value” standard described above.

If you are eligible to enroll in the health coverage under the Plan, and the cost of employee-only coverage under the Plan is less than 9.86% of your household income, you will not be eligible for the tax credit or subsidies. The Domestic & Community Plan annual cost for full-time employee-only coverage is \$755.04, so your annual salary (and household income) would have to be less than \$7,658 in order to qualify for the tax credit or subsidy through the Marketplace.

## Advantages of The Plan’s Health Coverage

If you are eligible for and elect health coverage under the Plan, Beth Israel Lahey Health pays a portion of the cost for the health coverage and you pay a portion of the cost for health coverage.

You are not taxed on the portion BILH pays for health coverage under the Plan (i.e., it is not treated as taxable wages).

Likewise, the portion you pay for health coverage under the Plan comes out of your paycheck before taxes.

If you choose to purchase health coverage through the Marketplace instead of choosing The Plan’s health coverage, you will not receive BILH’s contribution, BILH does not pay a portion of your Marketplace health insurance premium, and you will need to pay for the Marketplace health coverage with after-tax dollars.

## How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the BILH HR Service Center at **1.617.667.5000** or **BILHbenefits@sentinelgroup.com**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [www.healthcare.gov](http://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## Information About Health Coverage Offered by The Plan

If you decide to complete an application for coverage in the Marketplace, you will be asked to provide the information below. This information is numbered to correspond to the Marketplace application.

1. Employer Name: Beth Israel Lahey Health, Inc.
2. Employer Identification Number (EIN): 83-2671600
3. Employer Address: 20 University Road, Suite 700
4. City: Cambridge
5. State: MA
6. Employer Phone Number: **1.617.667.5000**
7. Who can we contact about employee health coverage at this job? Benefits
8. Phone number (if different from above): same as above
9. Email address: **BILHbenefits@sentinelgroup.com**

Most employees may enroll in BILH medical coverage if they are regularly scheduled to work at least 20 hours a week. Check with your employer for more detailed information about eligibility for medical coverage. In general, an employee may enroll in BILH medical coverage on their date of hire. Depending on your employer, you may be required to wait until the first day of the month following your date of hire.

Medical coverage is offered to employees’ eligible dependents, including spouses and eligible dependent children up to the end of the month in which they turn age 26.

This notice is for informational purposes only. There is a plan document and summary plan description that explains the benefits under the Plan and these Plan documents control the operation of the Plan. Beth Israel Lahey Health has the right to amend or terminate the Plan or any benefits offered under the Plan at any time. The Plan and your eligibility for benefits under the Plan are not an employment contract nor do they guarantee your right to continued employment by BILH.

## MASSACHUSETTS PREGNANT WORKERS FAIRNESS ACT

The Pregnant Workers Fairness Act (“the Act”) prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes BILH’s obligations to our employees who are pregnant or lactating and the protections these employees are entitled to receive. This notice is intended to inform you of your rights and our obligations under the Act, so that we can ensure that your needs with respect to pregnancy and any pregnancy-related conditions are reasonably accommodated.

### Under the Act:

- If you need or would benefit from an accommodation because of pregnancy or a pregnancy-related condition, please bring that request to the attention of your supervisor or our human resources department. We will then work with you to determine a reasonable accommodation for the pregnancy or pregnancy-related condition. This is called an “interactive process,” and it must be done in good faith. A reasonable accommodation is a modification or adjustment that allows you to perform the essential functions of your job while pregnant or experiencing a pregnancy-related condition, without undue hardship to BILH.
- BILH has an obligation to accommodate reasonable conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless doing so would pose an undue hardship. “Undue hardship” means that providing the accommodation would cause BILH significant difficulty or expense.
- BILH cannot require a qualifying employee to accept a particular accommodation that the employee chooses not to accept, if the accommodation is unnecessary to enable the employee to perform the essential functions of the job, or require a qualifying employee to begin disability or parental leave if another reasonable accommodation may be provided without undue hardship.
- BILH cannot refuse to hire a pregnant applicant or applicant with a pregnancy-related condition because of her pregnancy or a pregnancy-related condition, if an applicant is capable of performing the essential functions of the position with or without a reasonable accommodation.
- BILH cannot deny an employment opportunity or take adverse action against an employee because of a request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition.
- BILH cannot request medical documentation about the need for an accommodation if the accommodation request is for: (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds; and (iv) private, non-bathroom space for expressing breast milk. BILH may, however, request medical documentation for other accommodations.

- BILH must provide employees with a written notice of their rights under the Act in the following circumstances: (1) to new employees at or before they start employment and (2) to an employee who notifies the employer of a pregnancy or pregnancy-related condition, no later than 10 days after such notification.

The foregoing is a synopsis of the Act's requirements, and you are encouraged to read the full text of the law available here: <https://malegislature.gov/Laws/SessionLaws/Acts/2017/Chapter54>.

If you believe you have been discriminated against on the basis of pregnancy or a pregnancy-related condition, you may file a formal complaint with the Massachusetts Commission Against Discrimination. You may also have the right to file a complaint with the Equal Employment Opportunity Commission if the conduct violates the Pregnancy Discrimination Act, which amended Title VII of the Civil Rights Act of 1964. Both agencies require the formal complaint to be filed within 300 days of the discriminatory act.

## SECTION 1557 NONDISCRIMINATION NOTICE AND TAGLINES

Beth Israel Lahey Health (BILH) complies with applicable federal and state civil rights laws and does not discriminate in its health programs and activities on the basis of race, color, national origin, age, disability, sex, or any other status protected by applicable laws.

BILH provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. BILH also provides free language assistance services, including oral interpretation and translated materials, to people whose primary language is not English and who have limited ability to read, write, speak, or understand English. If you need these services, contact **1.617.667.5000**.

If you believe that BILH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or any other status protected by applicable laws, you can file a grievance through the BILH Speak Up Hotline at **1.888.753.6533**. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. Complaints may be filed electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue  
SW Room 509F HHH Building  
Washington, D.C. 20201  
**1.800.368.1019, 1.800.537.7697** (TDD).

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.617.667.5000**. [Spanish]
- ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1.617.667.5000**. [Portuguese]
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1.617.667.5000**. [Chinese]
- ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1.617.667.5000**. [French Creole]
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1.617.667.5000**. [Vietnamese]
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1.617.667.5000**. [Russian]
- مقبر لي صتا. ان اجملاد كذا رفاوتت تيوغلا دوعاسملا **1.617.667.5000** (مقر) تامادخ نإف، تمقللا ركذا شاحتت تنك اذ: بتطوخلم. مكبلوا مصلا فتاه [Arabic]

- ប្រសិនបើអ្នកនិយាយភាសាខ្មែរអ្នកមានសេវាកម្មជំនួយភាសាកម្មតិចថ្លៃ។ ហៅទៅ **1.617.667.5000** [Mon-Khmer, Cambodian]
- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1.617.667.5000**. [French]
- ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1.617.667.5000**. [Italian]
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1.617.667.5000** 번으로 전화해 주십시오. [Korean]
- ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1.617.667.5000**. [Greek]
- UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1.617.667.5000**. [Polish]
- यदि आप हिंदी बोलते हैं, तो आपके पास मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं पु का र ना. **1.617.667.5000**. [Hindi]
- જો તમે ગુજરાતી બોલતા હો, તો તમારી પાસે મફત ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે. કોલ કરો **1.617.667.5000**. [Gujarati]

## 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, 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)**. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

**ALABAMA - Medicaid**  
Website: <http://myalhipp.com/>  
Phone: 1.855.692.5447

**ALASKA - Medicaid**  
Website: <http://myakhipp.com/>  
Phone: 1.866.251.4861

**ARKANSAS - Medicaid**  
Website: <http://myarhipp.com/>  
Phone: 1.855.692.7447

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**CALIFORNIA – Medicaid**

Website: [https://www.dhcs.ca.gov/services/Pages/TPLRD\\_CAU\\_cont.aspx](https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx)  
Phone: 1.916.440.5676

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**COLORADO – Health First Colorado (Colorado’s Medicaid Program) and Child Health Plan Plus (CHP+)**

Health First Colorado Website: <http://www.healthfirstcolorado.com/>  
Health First Colorado Phone: 1.800.221.3943  
CHP+ Website: <http://www.colorado.gov/pacific/hcpf/child-health-plan-plus>  
CHP+ Phone: 1.800.359.1991

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**FLORIDA – Medicaid**

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>  
Phone: 1.877.357.3268

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**GEORGIA – Medicaid**

Website: <http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 1.678.564.1162, ext. 2131

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**INDIANA – Medicaid**

Website: <http://www.in.gov/fssa/hip> & <http://www.in.gov/medicaid>  
Phone: 1.877.438.4479 & 1.800.457.4584

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**IOWA – Medicaid and CHIP**

Medicaid Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
Medicaid Phone: 1.800.338.8366  
CHIP Website: <http://dhs.iowa.gov/hawki>  
CHIP Phone: 1.888.346.9562

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**KANSAS – Medicaid**

Website: <http://www.kancare.ks.gov>  
Phone: 1.800.792.4884

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**KENTUCKY – Medicaid**

Website: <https://chfs.ky.gov/agencies/dms/member/pages/kihipp.aspx>  
Phone: 1.855.459.6328

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**LOUISIANA – Medicaid**

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) & [www.ldh.la.gov/la hipp](http://www.ldh.la.gov/la hipp)  
Phone: 1.888.342.6207 & 1.855.618.5488

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**MAINE – Medicaid**

Website: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1.800.442.6003  
TTY: Maine relay 711

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**MASSACHUSETTS – Medicaid and CHIP**

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>  
Phone: 1.800.862.4840

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**MINNESOTA – Medicaid**

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other/insurance.jsp>  
Phone: 1.800.657.3739

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**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 1.573.751.2005

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**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/montanahealthcareprograms/hipp>  
Phone: 1.800.694.3084

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**NEBRASKA – Medicaid**

Website: <http://www.accessnebraska.ne.gov>  
Phone: 1.855.632.7633

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**NEVADA – Medicaid**

Website: <http://dhcfp.nv.gov>  
Phone: 1.800.992.0900

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**NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/oij/hipp.htm>  
Phone: 1.800.852.3345, ext. 5218 or 1.603.271.5218

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**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 1.609.631.2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1.800.701.0710

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**NEW YORK – Medicaid**

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
Phone: 1.800.541.2831

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**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov>  
Phone: 1.919.855.4100

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**NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid>  
Phone: 1.844.854.4825

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**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>  
Phone: 1.888.365.3742

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**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/pages/index.aspx> & <http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1.800.699.9075

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**PENNSYLVANIA – Medicaid**

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>  
Phone: 1.800.692.7462

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**RHODE ISLAND – Medicaid**

Website: <http://www.eohhs.ri.gov/>  
Phone: 1.855.697.4347 or 1.401.462.0311

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**SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>  
Phone: 1.888.549.0820

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**SOUTH DAKOTA – Medicaid**

Website: <http://dss.sd.gov>  
Phone: 1.888.828.0059

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**TEXAS – Medicaid**

Website: <http://gethipptexas.com>  
Phone: 1.800.440.0493

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**UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1.877.543.7669

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**VERMONT – Medicaid**

Website: <http://www.greenmountaincare.org/>  
Phone: 1.800.250.8427

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**VIRGINIA – Medicaid and CHIP**

Website: <https://www.coverva.org/en/famis-select> & <https://www.coverva.org/en/hipp>  
Medicaid & CHIP Phone: 1.800.432.5924

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**WASHINGTON – Medicaid**

Website: <https://www.hca.wa.gov>  
Phone: 1.800.562.3022

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**WEST VIRGINIA – Medicaid**

Website: <http://mywvhipp.com>  
Phone: 1.855.699.8447

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**WISCONSIN – Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1.800.362.3002

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**WYOMING – Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility>  
Phone: 1.800.251.1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration

**[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/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**, Menu Option 4, Ext. 61565

## MEDICARE PART D CREDITABLE COVERAGE NOTICE

If you or a dependent is eligible for Medicare, 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. BILH determined that the prescription drug coverage offered under the Domestic & Community Plan, HMO Plus Plan, Tiered POS Plan and PPO 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.

### 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 the Plan 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

### Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began.

For more information you should contact Medicare at the telephone number or web address listed on the following page.

### Late Enrollment and the Late Enrollment Penalty

If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But, as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go 63 continuous days or longer without "creditable" prescription drug coverage (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1% of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go nineteen months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. However, there are some important exceptions to the late enrollment penalty.

### Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

### Compare Coverage

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.

See the Plan's Summary Plan Description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting us at the telephone number or address listed on the next page.

### Coordinating Other Coverage with Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's Summary Plan Description or contact Medicare at the telephone number or web address listed here.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

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. It is important to know that you may be assessed a late enrollment penalty if you choose to drop coverage, or lose coverage, and do not promptly take advantage of the resulting SEP. If you go without any creditable coverage for a continuous period of 63 days or longer, you may be subject to a late enrollment penalty.

If you do decide to join a Medicare drug plan and drop your employer's plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's Summary Plan Description to determine if and when you are allowed to add coverage.

**Note:** This is your annual Medicare Part D notification. You will also receive this notice if this coverage through BILH changes. You may also request a copy of this notice anytime.

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

Contact the person listed here for further information. Note: you'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through BILH changes. You also may request a copy.

**Benefits Department**

529 Main Street  
5th Floor  
Charlestown, MA 02129

**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.

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.medicare.gov](http://www.medicare.gov), or call them at [www.medicare.gov](http://www.medicare.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 whether or not you are required to pay a higher premium (a penalty).

Date: **October 15, 2023**

Name of Entity/Sender: **Beth Israel Lahey Health, Inc.**

Contact Position/Office: **Benefits Department**

Address: **529 Main Street, 5th Floor, Charlestown, MA 02129**

Phone Number: **1.617.667.5000**

**Disclaimer:** If these notices conflict in any way with the Summary Plan Description (SPD), the SPD prevails.

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents) right to coverage under the Plan is determined solely under the terms of the Plan.

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## WHERE CAN I FIND MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE?

- Visit [www.medicare.gov](http://www.medicare.gov).
  - Call your State Health Insurance Assistant 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**.
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