

Benefit Reminders

THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT YOUR BENEFITS. SAVE IT FOR YOUR RECORDS.

Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance carriers that offer group health coverage generally cannot restrict benefits for a mother or newborn's hospital stay related to childbirth to:

- Less than 48 hours following a vaginal delivery or
- Less than 96 hours following a delivery by cesarean section.

Health plans may pay for a shorter hospital stay if the attending provider (physician, nurse, midwife or physician assistant) consults with the mother and discharges the mother or newborn sooner.

Plans cannot set the level of benefits or out-of-pocket costs so that any later portion of the 48- or 96-hour stay is treated in a less favorable manner for the mother or newborn than any earlier part.

In addition, a plan cannot require a physician or other healthcare provider to get prior approval for prescribing a length of stay up to 48 or 96 hours. However, a mother may be required to receive prior approval to use certain providers or facilities, or to reduce out-of-pocket costs.

If your plan contains a precertification requirement, you or your provider must still get prior approval for the stay to avoid any additional out-of-pocket expenses. However, your stay will automatically be approved for 48 or 96 hours, as specified by this law.

HIPAA Privacy Policy

Want to receive a copy of the Group Health Plan's Notice of Privacy Practices? Contact your employer's privacy or benefits department.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide medical and surgical benefits related to a mastectomy to provide the following coverage for participants who elect breast reconstruction resulting from a mastectomy:

1. 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. Coverage for prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas, as determined during a consultation with the attending physician and patient.

This coverage may be subject to annual deductibles and coinsurance provisions as appropriate and consistent with those established for other benefits under the health plan.

COBRA

If you receive a COBRA notice, be sure to read it carefully and contact your employer's benefits department if you have any questions. A complete copy of the COBRA provisions can be found in your Summary Plan Description or by contacting your employer's benefits department.

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 [Healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state offering premium assistance, contact your State Medicaid or CHIP office to find out if premium assistance is available to you. More information is available at [Medicaid.gov](https://www.Medicaid.gov) under the CHIP tab.

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 [InsureKidsNow.gov](https://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 [AskEBSA.DOL.gov](https://www.AskEBSA.DOL.gov) or call 1-866-444-EBSA (3272).

It's important to keep your information up-to-date when you have a change in status, such as a birth, marriage, divorce, death or even a change of address. Contact your employer's benefits department to make sure your information is accurate.

Michelle's Law

Michelle's Law prevents a group health plan from terminating your dependent child's coverage if he or she is no longer a full-time student due to a medically necessary leave of absence. A medically necessary leave of absence is a leave of absence from a post-secondary educational institution resulting from a serious illness or injury that causes your child to lose eligibility under your health plan. To qualify for this protection, your child must:

- Be qualified as a dependent under the terms of your health plan;
- Be enrolled in your health plan as a student attending a post-secondary educational institution as of the day before the medically necessary leave of absence started; and
- Have written certification by a treating physician indicating he or she is suffering from a serious illness or injury and the leave of absence is medically necessary.

Keep in mind, your children can be covered to age 26, regardless of student status.

Genetic Information Nondiscrimination Act (GINA)

GINA, along with the Health Insurance Portability and Accountability Act (HIPAA), prohibits discrimination in group health plan coverage based on genetic information. GINA also prohibits a health plan from requesting or requiring you or your dependents to take a genetic test, requesting or requiring genetic information (including family medical history) or imposing a pre-existing condition exclusion provision based solely on genetic information.

Notice of Availability of Language Assistance and Auxiliary Aids and Services



English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-367-3762 (TTY: 711) or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-367-3762 (TTY: 711) o hable con su proveedor.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-367-3762 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Italian

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il 1-800-367-3762 (TTY: 711) o parla con il tuo fornitore.

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-367-3762 (TTY: 1-711) или обратитесь к своему поставщику услуг.

French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-367-3762 (TTY: 711) ou parlez à votre fournisseur.

Chinese

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-367-3762 (文本电话: 711) 或咨询您的服务提供商。

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-367-3762 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

Arabic

،ةيبرعلا ةغللا ثدحتت تنك اذ: هي بنت ةيبرعلا امك .ةيناجملا ةيوغللا ةدعاسملا تامدخ كل رفوتت سف تامولعمل ريفوتل ةبسانم تامدخو ةدعاسم لئاسو رفوتت مقرلا يلعل لصتا .اناجم اهليل لوصول انكم مي تاقيسنتب 1-800-367-3762 (TTY: 711)

Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-367-3762 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Cushite/Oromo

HUBACHIISA: Yoo Afaan Oromoo dubbattu ta'e, tajaajiloonni gargaarsa afaanii bilisaa isiniif ni argamu. Deeggarsi dabalataa fi tajaajilootni mijaa'oo ta'an odeeffannoo bifa dhaqqabamaa ta'een kennuuf gargaaranis kaffaltii malee ni argamu. Gara 1-800-367-3762 (TTY: 711) tti bilbilaa ykn dhiyeessaa keessan haasofsiiisaa.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-367-3762 (TTY: 711) o makipag-usap sa iyong provider.

Romanian

ATENȚIE: Dacă vorbiți Română, aveți la dispoziție servicii de asistență lingvistică gratuite. De asemenea, sunt disponibile gratuit materiale și servicii auxiliare adecvate pentru furnizarea de informații în formate accesibile. Sunați la 1-800-367-3762 (TTY: 711) sau contactați-vă furnizorul.

Japanese

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-367-3762 (TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。

Dutch

LET OP: als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-367-3762 (TTY: 711) of spreek met je provider.

Pennsylvania Dutch

WICHDICH: Wann du Deitsch schwetzscht un hoscht Druwwel fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 1-800-367-3762 (TTY: 711) uff odder schwetz mit dei Provider.

Ukrainian

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-367-3762 (TTY: 711) або зверніться до свого постачальника.

Navajo

BAA'ÁKONÍNÍZIN: Diné bizaad bíyáti' nílt'íí', t'áá jíík'ehgo saad bee áká anilyeedígíí t'áá hóló. T'áá jíík'ehgo áká anilyeedígíí dóó bee haz'ánígíí t'áá hóló. t'áá íiyisí bee t'áá ájík'ehgo. 1-800-367-3762 (TTY: 711) bich'í' hodíilnih dóó provider ní'doolníí.

Notice of Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

Mutual Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Mutual Health Services does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Mutual Health Services:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator at CivilRightsCoordinator@MedMutual.com.

If you believe that Mutual Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

100 American Road
Cleveland, OH 44144

Call: 1-800-367-3762 (TTY: 711)
Email: CivilRightsCoordinator@MedMutual.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, our Civil Rights Coordinator (who is also our Section 1557 Coordinator) is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 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, 800-537-7697 (TDD)

- Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>
- This notice is available at Mutual Health Services' website: www.MutualHealthServices.com

Questions about your benefits or other inquiries about your health insurance should be directed to Mutual Health Services' Customer Care Department at 1-800-367-3762.

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or MedMutual Life Insurance Company.