



**Notice to Enrollees in a  
Self-Funded Nonfederal Governmental Group Health Plan**

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The Boards of Education Self-funded Trust (BEST) has elected to exempt BEST Health Plan from the following requirements:

Parity in the application of certain limits to mental health benefits. Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

Coverage of dependent students on medically necessary leave of absence. Group health plans are required to continue coverage for up to one year for a dependent child, covered as a dependent under the plan based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution.

The exemption from these Federal requirements will be in effect for the plan year beginning July 1, 2011 and ending June 30, 2012. The election may be renewed for subsequent plan years.

You continue to have mental health benefits and eligible dependent coverage as described in the Plan Document. This notice is issued solely to comply with Federal regulations.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.



## CREDITABLE COVERAGE DISCLOSURE NOTICE

### Important Notice from BEST 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 BEST 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. BEST has determined that the prescription drug coverage offered by the BEST Health 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 November 15<sup>th</sup> through December 31<sup>st</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 month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current BEST Health Plan coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current BEST Health Plan coverage, be aware that you and your dependents will not be able to get this coverage back.

## 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 [Insert Name of Entity] 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 November 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 will also get it before the next period you can join a Medicare drug plan, and if this coverage through BEST 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 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:	November, 2011
Name of Entity/Sender:	BEST Health Plan
Contact--Position/Office:	Health Plan
Address:	1200 Grant St. Denver CO 80203
Phone Number:	877 832 2848



## **SPECIAL ENROLLMENT NOTICE**

The BEST Health Plan is in compliance with health care laws that are included in Part 7 of the Employee Retirement Income Security Act (ERISA).

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) places certain limitations on a Group Health Plan's ability to impose pre-existing condition exclusions, provides special enrollment rights for certain individuals and prohibits discrimination in group health plans based on health status.

### **PLEASE BE ADVISED**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this Plan if you qualify under special enrollment, provided that you request enrollment within 30 days after your other coverage ends.

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

For special enrollment upon birth, adoption or placement for adoption coverage can be made effective the date of the event, provided you request and complete the required enrollment materials within 30 days of the event.

For special enrollment upon the loss of eligibility for other coverage, (including legal separation, divorce, death, termination of employment, exhaustion of Continuation Coverage, reduction in hours, and "aging out" under the other parent's coverage), upon the loss of employer contributions toward other coverage, or upon marriage, coverage can be made effective the first day of the month following the date of the event provided you request and complete the required enrollment materials within 30 days of the event.



## WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

### PLEASE BE ADVISED

If you have had or are going 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;
- Prostheses; and
- Treatment of physical complications of the mastectomy including lymph edemas.

These benefits will be provided subject to the same terms and conditions applicable to other medical and surgical benefits provided under this Plan.

If you would like more information on WHCRA and applicable benefits, please call The BEST Health Plan at (888) 385-9014 or (303) 302-2713.

BEST Health Plan  
Contact Information

**MEDICAL NETWORK**

**1.888.385.9014**

**[www.mymednet.com](http://www.mymednet.com)**

- General Medical Coverage
- Medical Pre-Authorization
- Eligibility
- Medical Claims

**MEDCO**

**1.800.903.8276**

- General Prescription Drug (Rx) Coverage
- Rx Claims

**NETWORK PROVIDER DIRECTORIES**

**(as applicable)**

- Cofinity – General Network
  - [www.cofinity.net](http://www.cofinity.net)
- Centura – Neurology, Oncology, Cardiology, Bariatric
  - [www.centura.org](http://www.centura.org)
- Medco – Prescription Drug
  - [www.medcohealth.com](http://www.medcohealth.com)

**CINDY DOWNEY**

**303.302.2713**

- Medical and Prescription Drug situations requiring additional assistance from a resource other than Medical Network or Medco

**LORI PHILLIPS**

**303.302.2714**

- Monthly Contribution Invoices
- Financials