

Welfare & Pension Administration Service, Inc.

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October 8, 2019

TO: All Participants

APEA-AFT Health & Welfare Trust

RE: IMPORTANT INFORMATION ABOUT YOUR HEALTH PLAN

Eligibility for Dependent Children and Domestic Dependent Children

Effective January 1, 2011, Dependent Children may be eligible for coverage under the plan up to age 26.

The age limitation may not apply for a mentally or physically Disabled Dependent Child. Mentally or Physically Disabled Children must meet the following criteria:

- The disability existed prior to the Dependent child's 19th birthday.
- The child must be chiefly dependent on you for support and maintenance.
- The child has been continuously not capable of self-sustaining employment due to a physical or mental disability.
- The child is unmarried.
- The child is 19 years old or greater.

In order to obtain extended eligibility for a disabled child, you must complete an application. The application form and instructions may be obtained from the Claims Office by calling (800-331-6158, option 8). The completed application must be received by the Claims Office no later than 31 days before the child's 19th birthday.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits 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 lymphedema.

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

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.

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 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 or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/	Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-855-692-5447	Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx X	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/	Website: https://www.dhhs.nh.gov/ombp/nhhpp/
Phone: 1-785-296-3512	Phone: 603-271-5218
	Hotline: NH Medicaid Service Center at 1-888-901-
	4999
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov	Medicaid Website:
Phone: 1-800-635-2570	http://www.state.nj.us/humanservices/
33 31	dmahs/clients/medicaid/
	Medicaid Phone: 609-631-2392
	CHIP Website:
	http://www.njfamilycare.org/index.html
	CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website:	Website:
http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	https://www.health.ny.gov/health_care/medicaid/
Phone: 1-888-695-2447	Phone: 1-800-541-2831
22 117	
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-	Website: https://dma.ncdhhs.gov/
assistance/index.html	Phone: 919-855-4100
Phone: 1-800-442-6003	Filotic. 919-055-4100
TTY: Maine relay 711	
111. Manie relay /II	
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website:	Website:
http://www.mass.gov/eohhs/gov/departments/masshe	http://www.nd.gov/dhs/services/medicalserv/medicaid
alth/	L
Phone: 1-800-862-4840	Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website:	Website: http://www.insureoklahoma.org
https://mn.gov/dhs/people-we-serve/seniors/health-	Phone: 1-888-365-3742
care/health-care-programs/programs-and-	
services/other-insurance.jsp	
Phone: 1-800-657-3739	
MISSOURI – Medicaid	OREGON – Medicaid
Website:	Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.	http://healthcare.oregon.gov/Pages/index.aspx
<u>htm</u>	http://www.oregonhealthcare.gov/index-es.html
Phone: 573-751-2005	Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website:	Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HI	http://www.dhs.pa.gov/provider/medicalassistance/he
PP	althinsurancepremiumpaymenthippprogram/index.ht
Phone: 1-800-694-3084	m
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NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov	Website: http://www.eohhs.ri.gov/
Phone: (855) 632-7633	Phone: 855-697-4347
Lincoln: (402) 473-7000	
Lincoln: (402) 473-7000 Omaha: (402) 505-1178	
Omaha: (402) 473-7000 Omaha: (402) 595-1178 NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Omaha: (402) 595-1178 NEVADA – Medicaid	
Omaha: (402) 595-1178	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov	Website: http://www.hca.wa.gov/free-or-low-cost-
Phone: 1-888-828-0059	health-care/program-administration/premium-payment-
	program
	Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/	Website: http://mywvhipp.com/
Phone: 1-800-440-0493	Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/	Website:
CHIP Website: http://health.utah.gov/chip	https://www.dhs.wisconsin.gov/publications/p1/p10095.p
Phone: 1-877-543-7669	<u>df</u>
	Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/	Website: https://wyequalitycare.acs-inc.com/
Phone: 1-800-250-8427	Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website:	
http://www.coverva.org/programs premium assistance.	
<u>cfm</u>	
Medicaid Phone: 1-800-432-5924	
CHIP Website:	
http://www.coverva.org/programs premium assistance.	
<u>cfm</u>	
CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Employee Benefits Security Administration Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.