

**IMPORTANT INFORMATION REGARDING THE STATE OF COLORADO'S MEDICAL/PRESCRIPTION DRUG BENEFITS**  
**October 2012**

Dear State of Colorado Employee:

This publication contains required notices regarding your medical insurance coverage under the State of Colorado's medical insurance options. Please read these notices thoroughly to help you understand your rights, as well as any limitations or deadlines.

The summary plan document (SPD) for your option, also called evidence of coverage (EOC), which is the booklet detailing your coverage and exclusions to that coverage, also contains these notices. The SPD will NOT be mailed to you, and is only available online. Find the SPD for your option at the Employee Benefits Web site – [www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits), click on "Medical Insurance."

Employee Benefits Unit  
Division of Human Resources  
Department of Personnel & Administration  
303-866-3434 / 1-800-719-3434 / [benefits@state.co.us](mailto:benefits@state.co.us)

**WOMEN'S HEALTH AND CANCER RIGHTS ACT REQUIRED ANNUAL NOTICE**

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to cover reconstructive surgery and prostheses following mastectomies. This applies to mastectomies for medical reasons other than cancer. All medical plans provide this coverage.

If you receive benefits for a medically necessary mastectomy, and if you elect breast reconstruction after the mastectomy, you will also be covered for the following services. Services are determined in consultation between you and the attending physician.

- 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 all stages of mastectomy including lymphedema.

Contact the plan administrator for more information about benefits for mastectomy-related services – UnitedHealthcare: 1-877-283-5424; Kaiser Permanente: 303-338-3800 (Denver/Boulder), 1-888-681-7878 (Southern Colorado).

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**HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION**

**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.**

The Department of Personnel and Administration (DPA) of the State of Colorado (State), is committed to protecting the privacy of health information maintained by the group health plans sponsored by the State. This is your Health Information Privacy Notice from the State of Colorado's medical insurance plan (referred to as We or Us). This notice is solely for your information. You do not need to take any action. In this notice, the terms your "medical information" or your "health information" or your "Personal Health Information" (PHI) mean personal information that identifies you and that relates to your past, present, or future physical or mental health; the provisions of health care services to you; or the payment of health care services provided to you.

This notice provides you with information about the way in which We protect PHI that We have about you. The Health Insurance Portability and Accountability Act ("HIPAA") requires Us to: keep PHI about you private; provide you this notice of our legal duties and privacy notices with respect to your PHI; and follow the terms of the notice that are currently in effect.

The group health plans are administered by select State Employees and third party administrators. For a more detailed explanation of the limited ways that State employees provide plan administration functions, please see the section below on Plan Sponsor.

This notice explains how we use your health information and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights. We are required to follow the terms of this notice until the notice is replaced. We reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide you with a copy of the new notice.

**How We May Use Or Disclose Your Health Information**

We obtain PHI in the course of providing and/or administering health insurance benefits for you. In administering your benefits, We may use and/or disclose PHI about you and your dependents. The following are some examples, however, not every use or disclosure in a category will be listed.

**Treatment.** We may use and disclose information when communicating with your Physicians to help them provide medical care to you. For example, we might suggest to your Physician a disease management or wellness program that could improve your health.

**Payment.** We may use and disclose information about you so that the medical services you receive can be properly billed and paid. For example, we may need to give your insurance information to health care providers so they can bill us for treating you.

**Operations.** We may use and disclose information about you for our business operations. For example, we may disclose information about you to consultants who provide legal, actuarial, or auditing services. We will not disclose your health information to outside groups unless they agree in writing to keep it protected.

**Data Aggregation.** For example, We may combine PHI about many insured participants to make plan benefit decisions, and the appropriate premium rate to charge.

**Research.** We may use or disclose information to conduct research as permitted by the HIPAA privacy rule.

**To You About Dependents.** For example, We may use and disclose PHI about your dependents for any purpose identified herein. We may provide an explanation of benefits for you or any of your dependents to you.

**To Business Associates.** For example, We may disclose PHI to administrators who are contracted with us who may use the PHI to administer health insurance benefits on our behalf and such administrators may further disclose PHI to their contractors or vendors as necessary for the administration of health insurance benefits.

We may also use or disclose your health information for other health-related Benefits and services. For example, we may send you appointment reminders or information about programs that may be of interest to you, such as smoking cessation or weight loss.

There are also state and federal laws that may require or allow us to use or disclose your health information without your authorization. The examples below are provided to describe generally the ways in which we may use or disclose your information.

- To state and federal regulatory agencies;
- For public health activities;
- To public health agencies if we believe there is a serious health or safety threat;
- With a health oversight agency for certain activities such as audits and examinations;
- To a court or administrative agency pursuant to a court order or search warrant;
- For law enforcement purposes;
- To a government authority regarding child abuse, neglect, or domestic violence;
- With a coroner or medical examiner, or with a funeral director;
- For procurement, banking or transplantation of organs, eyes, or tissue;
- For specialized government functions, such as military activities and national security;
- Due to the requirements of state worker compensation laws.

#### **Plan Sponsor**

Health information may be disclosed to or used by the State, as plan sponsor. For example, We may disclose to the State, information on whether you are participating in, enrolled in, or dis-enrolled from a group health plan. We may also disclose to the State, as plan sponsor, health information necessary to administer the group health plans. For example, the State may need your health information to review denied claims, to audit or monitor the business operations of the group health Plans, or to ensure that the group health Plans are operating effectively and efficiently. We will not use or disclose your health information to the State for any employment-related functions. State employees who perform services to administer the group health plans are primarily, but not exclusively, in DPA's Division of Human Resources, Employee Benefits Unit. When State employees are conducting plan administration functions, they are acting as an administrator of the group health plans. Group health plan administrators will keep your health information separate from employment information and will not share it with anyone not involved in plan administration. For us to use or disclose your health information for any reason other than those identified in this section ("How We May Use or Disclose Your Health Information"), we must get written authorization from you. You may revoke the authorization at any time, but your revocation must also be in writing. The revocation will not affect any uses or disclosures consistent with the authorization made prior to receipt of the revocation by DPA's HIPAA Compliance Officer.

#### **Your Rights Regarding PHI That We Maintain About You**

You have various rights as a consumer under HIPAA concerning your PHI. You may exercise any of these rights by writing to Us in care of:

**HIPAA Privacy Officer,**  
State of Colorado  
DPA, Division of Human Resources  
Employee Benefits  
1313 Sherman, First Floor  
Denver, Colorado 80203

The following are your rights with respect to your health information,

***You have the right to ask us to restrict*** how we use or disclose your information for treatment, payment, or health care operations. All requests must be made in writing and state the specific restriction requested. We will try to honor your request, but we are not required to agree to a restriction.

***You have the right to ask to receive confidential communications*** of information. For example, if you believe you would be harmed if we send information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by telephone) or to an alternative address. We will accommodate a reasonable request if the normal method or disclosure could endanger you and you state that in your request. Any such request must be made in writing.

***You have the right to inspect and obtain a copy*** of information that we maintain about you in your designated record set. A "designated record set" is a group of records that may include enrollment, payment, claims adjudication, and case or medical management records. *However, you do not have the right to access certain types of information* such as psychotherapy notes and information compiled for legal proceedings. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

***You have the right to ask us to amend*** the information we maintain about you in your designated record set (as defined above). Your request must be made in writing and you must provide a reason for the request. If we agree to your request, we will amend our records accordingly. We will also

provide the amendment to any person that we know has received your health information from us, and to other persons identified by you. If we deny your request, we will notify you in writing of the reason for the denial. Reasons may include that the information was not created by us, is not part of the designated record set, is not information that is available for inspection, or that the information is accurate and complete.

**You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request, but no earlier than July 1, 2005. We are not required to account for certain disclosures, such as disclosures made for purposes of treatment, payment, or health care operations, and disclosures made to you or authorized by you. Your request must be made in writing. Your first accounting in a 12-month period will be free. We may charge you a fee for additional accountings made within 12 months of the free accounting. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

**You have a right to receive a copy of this notice** upon request at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request. You may request a paper copy of this notice any of the above described by submitting the request to: **HIPAA Privacy Officer**, State of Colorado, DPA, Division of Human Resources, Employee Benefits, 1313 Sherman First Floor, Denver, Colorado 80203.

#### **Contacts**

For further information, to receive a copy of this notice, or if you believe your privacy rights may have been violated and you want to file a complaint, please contact Department of Personnel and Administration's HIPAA Compliance Officer by U.S. mail or by e-mail, as follows:

**U.S. Mail:** HIPAA Compliance Officer  
Colorado Department of Personnel and Administration  
Division of Human Resources  
1313 Sherman Street  
Denver, CO 80203

**E-mail:** [dpahipaacompliance@state.co.us](mailto:dpahipaacompliance@state.co.us)

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. No action will be taken against you for exercising your rights or for filing a complaint.

#### **Changes To This Notice**

We reserve the right to modify this Privacy Notice and our privacy policies at any time. If We make any modifications, the new terms and policies will apply to all PHI before and after the effective date of the modifications that We maintain. If We make material changes, We will send a new notice to the insured/subscribers.

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### **THE GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008 (GINA)**

The Genetic Information Nondiscrimination Act prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. Genetic information as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. In general, this notice revises the HIPAA privacy regulation so it is consistent with the following:

- (1) Genetic information shall be treated as health information described in Section 1171 (4) (B) of the regulation;
- (2) The use or disclosure, by a covered entity that is a group health plan, health insurance issuer, or issuer of a supplemental policy, of protected health information that is genetic information about an individual for underwriting purposes under the group health plan, health insurance coverage, or supplemental policy shall not be a permitted use or disclosure; and
- (3) Employer-sponsored group health plans are prohibited from collecting genetic information prior to an individual's enrollment in a health plan (i.e., first day of coverage).

This does not include any requirements for genetic information imposed by plans for medical case management and claim adjudication. Plans may request only the minimum information necessary (for example, the plan may need to know that a participant underwent a specific genetic test – but may not need to know the actual test results in order to adjudicate a claim or progress to the next intervention in medical management).

Additional exceptions where plans or other covered entities or business associates can collect or require genetic information include:

- For purposes of certifying leave under the Family and Medical Leave Act (FMLA);
  - To monitor workplace safety in appropriate industries;
  - Under certain other circumstances presumably predicated on workplace safety or fitness-for-duty requirements specific to an occupational environment; and
  - While conducting clinical research projects when health plans follow specific guidelines and notify the Secretary of Health and Human Services.
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## STATE OF COLORADO NOTICE OF APPEAL RIGHTS EFFECTIVE JULY 1, 2011

*For appeal rights information specific to your medical and dental options, please review the plan details and exclusions, also called a benefits booklet or summary plan description (SPD) for your medical and dental coverage – available at the Employee Benefits website, [www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits).*

**You have a right to appeal any decision your health carrier (UnitedHealthcare, Kaiser Permanente, Delta Dental) makes that denies payment on your claim or your request for coverage of a health care service or treatment.**

**You may request more explanation when your claim or request for coverage of a health care service or treatment is denied or the health care service or treatment you received was not fully covered. Contact the health carrier (UnitedHealthcare, Kaiser Permanente, or Delta Dental) when you:**

- Do not understand the reason for the denial;
- Do not understand why the health care service or treatment was not fully covered;
- Do not understand why a request for coverage of a health care service or treatment was denied;
- Cannot find the applicable provision in your benefit documents;
- Would like a copy (free of charge) of the guideline, criteria or clinical rationale that was used to make the decision; or
- Disagree with the denial or the amount not covered and you want to appeal.

If your claim was denied due to missing or incomplete information, you or your health care provider may resubmit the claim to the health carrier with the necessary information to complete the claim.

**Appeals:** *Find specific instructions on filing appeals for claim denials, such as mailing addresses and deadlines, in the benefits booklet of plan details for your medical or dental option at [www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits).*

All appeals for claim denials (or any decision that does not cover expenses you believe should have been covered) must be sent to the designated appeals address for your health carrier (UnitedHealthcare, Kaiser Permanente, or Delta Dental) within **180 days** of the date you receive the denial. You will be provided a full and fair review of your claim by individuals associated with the health carrier, but who were not involved in making the initial denial of your claim. You may provide the health carrier with additional information that relates to your claim and you may request copies of information that the health carrier has that pertain to your claims. The health carrier will notify you of its decision in writing within **60 days** of receiving your appeal. If you do not receive a decision within **60 days** of receipt of your appeal, you may be entitled to file a request for external review.

**External Review:** *Refer to the specific instructions for external reviews in the benefits booklet of plan details for your medical or dental option at [www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits).*

If the health carrier has denied your request for the provision of or payment for a health care service or course of treatment, you may have a right to have the health carrier's decision reviewed by independent health care professionals who have no association with the health carrier if the health carrier's decision involved making a judgment as to the medical necessity, appropriateness, health care setting, level of care or effectiveness of the health care service or treatment you requested by submitting a request for external review within a specified time period after receiving an adverse determination in denial of your appeal: UnitedHealthcare - **4 months**; Kaiser Permanente – **60 days**; Delta Dental – **60 days**. For standard external review, a decision will be made within **45 days** of receiving your request. If you have a medical condition that would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function if treatment is delayed, you may be entitled to request an **expedited external review** of the health carrier's denial. If the health carrier's denial to provide or pay for health care service or course of treatment is based on a determination that the service or treatment is experimental or investigational, you also may be entitled to file a request for external review of the health carrier's denial. For details, please review your plan's booklet of plan details and exclusions, also called a summary plan description (SPD) – available at [www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits), or contact the health carrier, or the State of Colorado employee benefits unit. Kaiser members may also contact the State of Colorado Division of Insurance.

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### IMPORTANT NOTICE FROM THE STATE OF COLORADO'S MEDICAL INSURANCE PLAN 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 State of Colorado medical insurance plans and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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 State of Colorado has determined that the prescription drug coverage offered by your state medical option, is on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

**Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.**

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from **October 15th through 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 (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you do decide to enroll in a Medicare prescription drug plan and drop your drug coverage offered by your state plan, be aware that you and your dependents may not be able to get this coverage back. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your prescription drug coverage with your state plan and do not enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

**For more information about this notice or your current prescription drug coverage...**

Contact the State of Colorado, DPA, Employee Benefits office for further information. You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this prescription drug coverage through your state plan changes. You also may request a copy.

**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 prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see 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.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: October 2012

Name of Entity/Sender: State of Colorado Medical Insurance Plan

Address: DPA, Division of Human Resources Employee Benefits 1313 Sherman, First Floor Denver, Colorado 80203

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**NOTE: THIS NOTICE DESCRIBES HOW YOUR GROUP HEALTH COVERAGE MAY BE CONTINUED FOLLOWING THE OCCURRENCE OF CERTAIN QUALIFYING EVENTS. PLEASE REVIEW IT CAREFULLY. THIS LETTER IS TO ADVISE YOU OF YOUR RIGHTS, ONLY. THIS IS NOT A LETTER OF TERMINATION. NO ACTION IS NECESSARY ON YOUR PART.**

**INTRODUCTION**

It is important that all covered individuals (employee, spouse, and dependent children) take the time to read this notice carefully and be familiar with its contents.

**You are receiving this notice because you have recently become covered under your employer's group health plan.** This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may be available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**WHAT IS COBRA CONTINUATION COVERAGE?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

**If you are an employee,** you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

**If you are the spouse of an employee,** you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes enrolled in Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

**Your dependent children** will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

**If the Plan provides health care coverage to retired employees, the following applies:** Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

#### **WHEN IS COBRA COVERAGE AVAILABLE?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, in the event of retired employee health coverage, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

#### **YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS**

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. Contact your employer and/or COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

#### **HOW IS COBRA COVERAGE PROVIDED?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

#### **DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Contact your employer and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

#### **SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE**

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

#### **IF YOU HAVE QUESTIONS**

Questions concerning your Plan or your COBRA continuation coverage rights, should be addressed to the State's COBRA Administrator, Businessolver – 1-877-725-4545. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U. S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

**KEEP YOUR EMPLOYER INFORMED OF ADDRESS CHANGES**

In order to protect your family’s rights, you should keep COBRA Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the COBRA Administrator.

**PLAN CONTACT INFORMATION**

If you do not understand any part of this summary notice or have questions regarding the information or your obligations, please contact us by phone at 303-866-3434 or 1-800-719-3434, or submit a written request to

State of Colorado  
DPA, Division of Human Resources  
Employee Benefits  
1313 Sherman, First Floor  
Denver, Colorado 80203

**NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT**

The Plan may not under this 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 normal vaginal delivery or less than 96 hours following a cesarean section, or require that a provider obtain authorization from the Plan for prescribing a length of stay not in excess of these periods.

**USERRA RIGHTS AND RESPONSIBILITIES**

**Uniformed Services Employment and Reemployment Rights Act**

The federal Uniformed Services Employment and Reemployment Rights Act (USERRA), establishes requirements for Employers and certain Employees who terminate Service with the Employer for the purpose of Uniformed Service. This includes the right to continue the medical and prescription drug coverage that You (the Employee) had in effect for Yourself and Your Dependents.

“Uniformed Service” means the performance of active duty in the Uniformed Services under competent authority which includes training, full-time National Guard duty and the time necessary for a person to be absent from employment for an examination to determine the fitness of the person to perform any of the assigned duties.

You must notify Your Employer verbally or in writing of Your intent to leave employment and terminate Your Service with the Employer for the purpose of Uniformed Service. The notice must be provided at least 30 days prior to the start of Your leave, unless it is unreasonable or impossible for You to provide advance notice due to reasons such as military necessity.

***Continued Medical and Prescription Drug Coverage***

Under USERRA, You are eligible to elect continued medical and prescription drug coverage for Yourself and Your Dependents when You stop Active Work with the Employer for the purpose of Uniformed Service.

The Employer should establish reasonable procedures for electing continued medical and prescription drug coverage and for payment of Contributions. See the Plan Administrator for details.

**If You do not provide advance notice of Your leave and You do not elect continued coverage prior to Your leave**

Coverage for You and Your Dependents will terminate on the date that coverage would otherwise terminate because You stop Active Work.

However, if You are excused from giving advance notice because it was unreasonable or impossible for You to provide advance notice due to reasons such as military necessity, then coverage will be retroactively reinstated if You elect coverage for Yourself and Your Dependents and pay all unpaid Contributions within the period specified in the Employer’s reasonable procedures.

**If You provide advance notice of Your leave but You do not elect continued coverage prior to Your leave**

Coverage for You and Your Dependents will terminate on the date that coverage would otherwise terminate because You stop Active Work, when the duration of Uniformed Service is at least 30 days.

However, coverage will be retroactively reinstated if the Employer has established reasonable procedures for election of continued coverage after the period of Uniformed Service begins, and You elect coverage for Yourself and Your Dependents and pay all unpaid Contributions within the time period specified in the procedures.

If the Employer has not established reasonable procedures, then the Employer must permit You to elect continued coverage for Yourself and Your Dependents and pay all required Contributions at any time during the period of continued coverage, and the Employer must retroactively reinstate coverage.

**If You elect continued coverage but do not make timely payments for the cost of coverage**

If the Employer has established reasonable payment procedures and You do not make payments according to the procedures, then coverage for You and Your covered Dependents will terminate as described in the procedures.

**Period of Continued Coverage**

During a leave for Uniformed Service, the period of continued coverage begins immediately following the date You and Your covered Dependents lose coverage under the Plan, and it continues for a maximum period of up to 24 months.

**Cost of Continued Coverage**

If the period of Uniformed Service is less than 31 days, You are not required to pay more than the amount that You paid as an active Employee for that coverage for continued coverage.

If the period of Uniformed Service is 31 days or longer, then You will be required to pay up to 102% of the applicable group rate for continued coverage.

**COBRA Coverage**

If You are entitled to COBRA continuation coverage, then the COBRA coverage period runs concurrently with the USERRA coverage period. In some instances, COBRA coverage may continue longer than USERRA coverage.

**Reinstatement of Coverage**

Coverage for an Employee who returns to Active Work with the Employer following Uniformed Service will be reinstated upon request from the Employee and in accordance with USERRA.

Reinstated coverage will not be subject to any exclusion or waiting period, if such exclusion and/or waiting period would not have been imposed had coverage not terminated as a result of Uniformed Service.

For medical coverage, a Pre-Existing Condition Limitation may be imposed on an Illness that is determined by the Secretary of Veterans Affairs to have been incurred in, or aggravated during, Uniformed Service. See the Plan Administrator for details.

**MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)  
OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**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 January 31, 2011. You should contact your State for further information on eligibility –**

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-800-362-1504	Website: <a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-866-298-8443

<b>ALASKA – Medicaid</b>	<b>COLORADO – Medicaid and CHIP</b>
<p>Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a></p> <p>Phone (Outside of Anchorage): 1-888-318-8890</p> <p>Phone (Anchorage): 907-269-6529</p>	<p>Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a></p> <p>Medicaid Phone (In state): 1-800-866-3513</p> <p>Medicaid Phone (Out of state): 1-800-221-3943</p> <p>CHIP Website: <a href="http://www.CHPplus.org">http:// www.CHPplus.org</a></p>
<b>ARIZONA – CHIP</b>	
<p>Website: <a href="http://www.azahcccs.gov/applicants/default.aspx">http://www.azahcccs.gov/applicants/default.aspx</a></p> <p>Phone (Outside of Maricopa County): 1-877-764-5437</p> <p>Phone (Maricopa County): 602-417-5437</p>	<p>CHIP Phone: 303-866-3243</p>
<b>ARKANSAS – CHIP</b>	<b>FLORIDA – Medicaid</b>
<p>Website: <a href="http://www.arkidsfirst.com/">http://www.arkidsfirst.com/</a></p> <p>Phone: 1-888-474-8275</p>	<p>Website: <a href="http://www.fdhc.state.fl.us/Medicaid/index.shtml">http://www.fdhc.state.fl.us/Medicaid/index.shtml</a></p> <p>Phone: 1-877-357-3268</p>
<b>GEORGIA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
<p>Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a></p> <p>Click on Programs, then Medicaid</p> <p>Phone: 1-800-869-1150</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>
<b>IDAHO – Medicaid and CHIP</b>	<b>MONTANA – Medicaid</b>
<p>Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a></p> <p>Medicaid Phone: 1-800-926-2588</p> <p>CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a></p> <p>CHIP Phone: 1-800-926-2588</p>	<p>Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a></p> <p>Phone: 1-800-694-3084</p>
<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a></p> <p>Phone: 1-800-889-9948</p>	<p>Website: <a href="http://www.dhhs.ne.gov/med/medindex.htm">http://www.dhhs.ne.gov/med/medindex.htm</a></p> <p>Phone: 1-877-255-3092</p>
<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid and CHIP</b>
<p>Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a></p> <p>Phone: 1-888-346-9562</p>	<p>Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a></p> <p>Medicaid Phone: 1-800-992-0900</p>
<b>KANSAS – Medicaid</b>	
<p>Website: <a href="https://www.khpa.ks.gov">https://www.khpa.ks.gov</a></p> <p>Phone: 1-800-792-4884</p>	<p>CHIP Website: <a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a></p> <p>CHIP Phone: 1-877-543-7669</p>
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></p> <p>Phone: 1-800-635-2570</p>	<p>Website: <a href="http://www.dhhs.nh.gov/ombp/index.htm">www.dhhs.nh.gov/ombp/index.htm</a></p> <p>Phone: 603-271-4238</p>

<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a>  Phone: 1-888-342-6207</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 1-800-356-1561</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/OIAS/public-assistance/index.html">http://www.maine.gov/dhhs/OIAS/public-assistance/index.html</a>  Phone: 1-800-321-5557</p>	<p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Medicaid &amp; CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a>  Medicaid &amp; CHIP Phone: 1-800-462-1120</p>	<p align="center"><b>NEW MEXICO – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a>  Medicaid Phone: 1-888-997-2583</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a>  Click on Health Care, then Medical Assistance  Phone (Outside of Twin City area): 800-657-3739  Phone (Twin City area): 651-431-2670</p>	<p>CHIP Website:  <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a>  Click on Insure New Mexico  CHIP Phone: 1-888-997-2583</p>
<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>	<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a>  Phone: 1-800-440-0493</p>
<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.nc.gov">http://www.nc.gov</a>  Phone: 919-855-4100</p>	<p align="center"><b>UTAH – Medicaid</b></p> <p>Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a>  Phone: 1-866-435-7414</p>
<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-800-755-2604</p>	<p align="center"><b>VERMONT – Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>
<p align="center"><b>OKLAHOMA – Medicaid</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a>  Medicaid Phone: 1-800-432-5924  CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a>  CHIP Phone: 1-866-873-2647</p>
<p align="center"><b>OREGON – Medicaid and CHIP</b></p> <p>Medicaid &amp; CHIP Website:  <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a>  Medicaid &amp; CHIP Phone: 1-877-314-5678</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a>  Phone: 1-800-562-3022 ext. 15473</p>

<b>PENNSYLVANIA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm  Phone: 1-800-644-7730	Website: http://www.wvrecovery.com/hipp.htm  Phone: 304-342-1604
<b>RHODE ISLAND – Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: www.dhs.ri.gov  Phone: 401-462-5300	Website: http://www.badgercareplus.org/pubs/p-10095.htm  Phone: 1-800-362-3002
<b>SOUTH CAROLINA – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: http://www.scdhhs.gov  Phone: 1-888-549-0820	Website: http://www.health.wyo.gov/healthcarefin/index.html  Phone: 307-777-7531

To see if any more states have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/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, Ext. 61565

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Department of Human Resources  
Employee Benefits Unit  
1313 Sherman Street, First Floor  
Denver, Colorado 80203