

2021 Annual Notices



Patient Protection Disclosure – Selecting Your Primary Care Provider

Anthem Blue Cross CaliforniaCare HMO and Kaiser Permanente HMO require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you and/or your family members. Anthem Blue Cross CaliforniaCare HMO will designate one for you based on your home zip code, until you designate one on your own. Kaiser Permanente HMO will not automatically assign a primary care provider but will assist you in selecting one upon your first appointment. For information on how to select a primary care provider, and for a list of participating primary care providers, contact:

Kaiser Permanente
(800) 464-4000
www.kp.org

Anthem Blue Cross
or (800) 227-3641
www.anthem.com/ca

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Anthem Blue Cross CaliforniaCare HMO or Kaiser Permanente 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 or 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, contact the Anthem or Kaiser at the numbers and website above.

Women’s Health & Cancer Rights Act of 1998

The Women’s Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights for coverage to be provided in a manner determined in consultation with the attending Physician 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 edema.

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical procedures provided under this plan. You can contact your health plan’s Member Services for more information.

Newborns’ and Mothers’ Health Protection Act of 1996

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. 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).

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Availability of Summary of Benefits & Coverage (SBC)

The federal healthcare reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC). The SBC is intended to provide easy-to-read important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. Upon your request, electronic or printed copies of current SBCs and applicable revisions and amendments can also be obtained at no cost by contacting your HR department, visiting www.acwajpia.com, or calling the ACWA JPIA benefits team at 1-800-736-2292.

Medical Loss Ratio Rebate

In the event that any of the ACWA JPIA insured plans qualify for and receive a return of premium (Rebate) as a result of an insurance issuer's failure to meet the Medical Loss Ratio requirements under the Affordable Care Act, ACWA JPIA shall reduce annual premiums in the year in which the Rebate is received or in the subsequent year.

The Health Insurance and Portability and Accountability Act of 1996 (HIPAA)

HIPAA places limitations on a group health plan's ability to impose preexisting condition exclusions, provides special enrollment rights for certain individuals and prohibits discrimination in group health plans based on health status. In addition, HIPAA establishes a set of national standards to address the use and disclosure of individuals' health information – called protected health information.

HIPAA Notice of Privacy Practices

To obtain a copy of the Plan's HIPAA Notice of Privacy Practices or for more information on the Plan's privacy policies or your rights under HIPAA, please contact your medical plan's Member Service department at the number listed on the back of your ID card, or visit www.anthem.com/ca, www.medimpact.com/jpia, or www.kp.org.

HIPAA Special Enrollment Rules

HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in our group health plan through ACWA JPIA under "special enrollment provisions" briefly described below.

- Loss of Other Coverage. If you decline enrollment for yourself or for an eligible dependent because you have other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents under our group health plan through ACWA JPIA if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 31 days after your or your dependents' other coverage ends, or after the other employer stops contributing toward the other coverage, and provide supporting documentation.
- New Dependent by Marriage, Birth, Adoption, Placement for Adoption, California Registration of Domestic Partnership, court-appointed custody. If you gain a new dependent as a result these or another recognized qualifying event, you may be able to enroll your new dependents in our group health plan through ACWA JPIA. You must

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request enrollment within 31 days after the marriage, birth, etc., and provide supporting documentation

- Enrollment Due to Medicare/Medicaid/CHIP Events. If you or your eligible dependents are not already enrolled in our group health plan through ACWA JPIA, you may be able to enroll yourself and your eligible dependents if: (i) you or your dependents lose coverage under a state Medicaid (known as Medi-Cal in California) or children's health insurance program (CHIP, known as Health Families in California), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event, and provide supporting documentation.

Please contact your employer's HR department or the ACWA JPIA Benefits Team at 1-800-736-2292 for details, including the effective dates of coverage applicable to each of these special enrollment provisions. Additional information regarding your rights to enroll in group health coverage is found in the applicable group health plan summary plan description or evidence of coverage.

You may contact your employer or call ACWA JPIA at 1-800-736-2292 to have a paper copy of this notice mailed to you at no cost.

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Discrimination is Against the Law

All ACWA JPIA health plans comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. ACWA JPIA health plans do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- ACWA JPIA health plans provide free aids and services to people with disabilities to communicate effectively with us, such as large print, audio, and accessible electronic formats.
- ACWA JPIA health plans provide free language services through qualified interpreters to people whose primary language is not English.

If you need these services, contact the customer service phone number on the back of your health plan ID card.

If you believe that an ACWA JPIA health plan 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 that health plan using the process outlined in the applicable Evidence of Coverage document. Evidence of Coverage documents are posted at www.acwajpia.com.

For assistance, you may contact Sandra Smith, ACWA JPIA Employee Benefits Manager, P.O. Box 619082, Roseville, CA 95661-9082, 800-736-2292, Fax 916-786-0906, or email benefits@acwajpia.com (do not email protected health information).

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>

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If you (and/or your dependents) have Medicare, or will become eligible for Medicare within the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the following notice for more details.

Important Notice from Association of California Water Agencies Joint Powers Insurance Authority (ACWA JPIA) about Creditable Prescription Drug Coverage and Medicare

*The purpose of this notice is to advise you that the prescription drug coverage listed below under the ACWA JPIA medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2021. This is known as “creditable coverage.” Why this is important: if you or your covered dependent(s) are enrolled in any prescription drug coverage during 2021 listed in this notice and are currently or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty—as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. This only applies to employees and spouses covered under the Active plans. Please contact Medicare regarding the Late Enrollment Penalty for delayed enrollment for those covered by retiree plans. You should keep this notice with your important records. **If you or your family members are not currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice does not apply to you.***

Notice of Creditable Coverage

Please read this notice carefully. It has information about prescription drug coverage with ACWA JPIA and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving creditable employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the ACWA JPIA prescription drug plans listed below, you’ll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2021. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan:

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- Anthem Blue Cross Classic PPO
- Anthem Blue Cross Advantage PPO
- Anthem Blue Cross CaliforniaCare HMO
- Anthem Blue Cross Value HMO
- Anthem Blue Cross Consumer Driven Health Plan
- Kaiser Permanente Traditional HMO
- Kaiser Permanente Traditional HMO with Optical
- Kaiser Permanente Value HMO
- Kaiser Permanente Consumer Driven Health Plan
- Kaiser Permanente Senior Advantage Plan

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or a family member of an active employee, you also may continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan.

If you are a retiree or dependent of a retiree enrolled in an ACWA JPIA medical plan and Medicare Parts A and B, ACWA JPIA will enroll you in Medicare Part D as part of your ACWA JPIA coverage, unless you opt out of prescription coverage. Medicare will only allow enrollment in one Part D plan, and enrollment defers to the most recent election. Therefore, if you are enrolled in Part D through ACWA JPIA and elect to enroll in another Part D plan, prescription coverage through ACWA JPIA will terminate.

If you are an active employee and you decide to enroll in a Medicare drug plan and waive or drop your current ACWA JPIA coverage, Medicare will be your only payer. In addition, if you waive or drop your current ACWA JPIA coverage, you and your dependents will be able to re-enroll in the ACWA JPIA plan at Open Enrollment or if you have a Special Open Enrollment event for the ACWA JPIA plan. Retirees who waive or drop ACWA JPIA coverage may not reenroll.

You should know that if you waive or drop coverage with ACWA JPIA and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium may go up by at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium may consistently be at least 19% higher than what most other people pay. You may 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 in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if the ACWA JPIA coverage changes, or upon your request.

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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. Medicare participants will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the 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 a Medicare prescription drug plan is available. For information about this extra help, contact the Social Security Administration (SSA) online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan, you may be required to provide a copy of this notice when you join a Part D plan to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher Part D premium amount.

For more information about this notice or your ACWA JPIA prescription drug coverage, contact your employer's HR department or:

ACWA JPIA
Employee Benefits Team
P.O. Box 619082
Roseville, CA 95661-9082
1-800-736-2292

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 January 31, 2020. Contact your State for more information on eligibility –

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| ALABAMA – Medicaid | COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 |
| ALASKA – Medicaid | FLORIDA – 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 | Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268 |
| ARKANSAS – Medicaid | GEORGIA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131 |
| CALIFORNIA – Medicaid | INDIANA – Medicaid |
| Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCO_nt.aspx Phone: 1-800-541-5555 | 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 |

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| <p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p> | <p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p> |
| <p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p> | <p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p> |
| <p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p> | <p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p> |
| <p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> | <p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p> |
| <p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p> | <p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p> |
| <p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p> | <p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p> |
| <p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739</p> | <p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p> |
| <p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> | <p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p> |
| <p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p> | <p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p> |

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| PENNSYLVANIA – Medicaid | RHODE ISLAND – Medicaid and CHIP |
| Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462 | Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) |
| SOUTH CAROLINA – Medicaid | VIRGINIA – Medicaid and CHIP |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 | Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282 |
| SOUTH DAKOTA - Medicaid | WASHINGTON – Medicaid |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 |
| TEXAS – Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| UTAH – Medicaid and CHIP | WISCONSIN – Medicaid and CHIP |
| Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 | Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002 |
| VERMONT– Medicaid | WYOMING – Medicaid |
| Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 | Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531 |

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
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.

OMB Control Number 1210-0137 (expires 1/31/2023)