

2025 Annual Notices

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# Women’s Health and Cancer Rights Act

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 lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

* Aetna PPO (in-network Tier 1) – a $1,000 / $2,000 (Individual / Family) deductible with 80% coinsurance
* Aetna PPO (in-network Tier 2) – a $2,000 / $4,000 (Individual / Family) deductible with 60% coinsurance
* Aetna HDHP (in-network Tier 1) – a $1,750 / $3,500 (Individual / Family) deductible with 80% coinsurance
* Aetna HDHP (in-network Tier 2) – a $2,500 / $5,000 (Individual / Family) deductible with 60% coinsurance
* Kaiser HMO (in-network only) – a $0 / $0 (Individual / Family) deductible with 100% coinsurance
* HMSA HMO (in-network) – a $350 / $1,050 (Individual / Family) deductible with 80% coinsurance

If you would like more information on WHCRA benefits, **contact BAYADA Home Health Care, Inc. at 877-291-3000.**

# Newborns’ and Mothers’ Health Protection Act

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, **contact BAYADA Home Health Care, Inc. at 877-291-3000**.

# HIPAA Notice of Special Enrollment Rights

If you decline enrollment in BAYADA Home Health Care’s health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in BAYADA Home Health Care’s health plan without waiting for the next open enrollment period if you:

* Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
* Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
* Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in BAYADA Home Health Care, Inc.’s health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 31 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law. To request special enrollment or obtain more information, **contact** **BAYADA Home Health Care, Inc. at 877-291-3000**.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

# Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for BAYADA Home Health Care, Inc.’s Health Plan describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the Plan Administrator, **BAYADA Home Health Care, Inc. at 877-291-3000.**

Michelle’s Law

The BAYADA plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child’s eligibility would end earlier for another reason.

Extended coverage is available if a child’s leave of absence from school—or change in school enrollment status (for example, switching from full-time to part-time status)—starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child’s physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, **notify the** **BAYADA Benefits Office** in writing as soon as the need for the leave is recognized. In addition, contact your child’s health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

# 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](http://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](http://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](http://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, 2024. Contact your State for more information on eligibility—

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| ALABAMA – Medicaid |
| Website: <http://myalhipp.com/> | Phone: 1-855-692-5447 |
| ALASKA – Medicaid |
| The AK Health Insurance Premium Payment Program | Website: <http://myakhipp.com/> | Phone: 1-866-251-4861 Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com) | Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx> |
| ARKANSAS – Medicaid |
| Website: <http://myarhipp.com/> | Phone: 1-855-MyARHIPP (855-692-7447) |
| CALIFORNIA – Medicaid |
| Health Insurance Premium Payment (HIPP) Program website: <http://dhcs.ca.gov/hipp> Phone: 916-445-8322 | Fax: 916-440-5676 | Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov) |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) |
| Health First Colorado Website: <https://www.healthfirstcolorado.com/> Health First Colorado Member Contact Center: 1-800-221-3943 | State Relay 711 CHP+: <https://hcpf.colorado.gov/child-health-plan-plus> CHP+ Customer Service: 1-800-359-1991 | State Relay 711 Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/> | HIBI Customer Service: 1-855-692-6442 |
| FLORIDA – Medicaid |
| Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html> Phone: 1-877-357-3268 |
| GEORGIA – Medicaid |
| GA HIPP Website: [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedicaid.georgia.gov%2Fhealth-insurance-premium-payment-program-hipp&data=02%7C01%7Cstashlaw%40dch.ga.gov%7C98b18a96ce1b49d087f708d709449652%7C512da10d071b4b948abc9ec4044d1516%7C0%7C0%7C636988062560854968&sdata=7rziGawQfBKcW1N2%2Bdi2j8cyHpaCYURGdtF8Hk%2By6FM%3D&reserved=0) Phone: 678-564-1162, press 1 GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra> | Phone: 678-564-1162, press 2 |
| INDIANA – Medicaid |
| Health Insurance Premium Payment Program All other Medicaid Website: <https://www.in.gov/medicaid/> | <http://www.in.gov/fssa/dfr/> | Family and Social Services Administration Phone: (800) 403-0864 | Member Services Phone: (800) 457-4584 |
| IOWA – Medicaid and CHIP (Hawki) |
| Medicaid Website: [Iowa Medicaid | Health & Human Services](https://hhs.iowa.gov/programs/welcome-iowa-medicaid) | Medicaid Phone: 1-800-338-8366 Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki) | Hawki Phone: 1-800-257-8563 HIPP Website: [Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)](https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp)  HIPP Phone: 1-888-346-9562 |
| KANSAS – Medicaid |
| Website: <https://www.kancare.ks.gov/> | Phone: 1-800-792-4884 | HIPP Phone: 1-800-967-4660 |
| KENTUCKY – Medicaid |
| 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](mailto:KIHIPP.PROGRAM@ky.gov) KCHIP Website: <https://kynect.ky.gov> | Phone: 1-877-524-4718 Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms> |
| LOUISIANA – Medicaid |
| Website: [www.medicaid.la.gov](http://dhh.louisiana.gov/index.cfm/subhome/1/n/331) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) |
| MAINE – Medicaid |
| Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en \_US](https://www.mymaineconnection.gov/benefits/s/?language=en%20_US)  Phone: 1-800-442-6003 | TTY: Maine relay 711 Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  Phone: 800-977-6740 | TTY: Maine relay 711 |
| MASSACHUSETTS – Medicaid and CHIP |
| Website: <https://www.mass.gov/masshealth/pa> | Phone: 1-800-862-4840 | TTY: 711 Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com) |
| MINNESOTA – Medicaid |
| Website: <https://mn.gov/dhs/health-care-coverage/> | Phone: 1-800-657-3672 |
| MISSOURI – Medicaid |
| Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> | Phone: 573-751-2005 |
| MONTANA – Medicaid |
| Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP> Phone: 1-800-694-3084 | email: [HHSHIPPProgram@mt.gov](mailto:HHSHIPPProgram@mt.gov) |
| NEBRASKA – Medicaid |
| Website: [http://www.ACCESSNebraska.ne.gov](http://www.accessnebraska.ne.gov/)  Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178 |
| NEVADA – Medicaid |
| Medicaid Website: [http://dhcfp.nv.gov](http://dhcfp.nv.gov/) | Medicaid Phone: 1-800-992-0900 |
| NEW HAMPSHIRE – Medicaid |
| Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  Phone: 603-271-5218 | Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov) |
| NEW JERSEY – Medicaid and CHIP |
| Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 | CHIP Website: <http://www.njfamilycare.org/index.html> CHIP Phone: 1-800-701-0710 (TTY: 711) |
| NEW YORK – Medicaid |
| Website: <https://www.health.ny.gov/health_care/medicaid/> | Phone: 1-800-541-2831 |
| NORTH CAROLINA – Medicaid |
| Website: <https://medicaid.ncdhhs.gov/> | Phone: 919-855-4100 |
| NORTH DAKOTA – Medicaid |
| Website: <https://www.hhs.nd.gov/healthcare> | Phone: 1-844-854-4825 |
| OKLAHOMA – Medicaid and CHIP |
| Website: [http://www.insureoklahoma.org](http://www.insureoklahoma.org/) | Phone: 1-888-365-3742 |
| OREGON – Medicaid and CHIP |
| Website: <http://healthcare.oregon.gov/Pages/index.aspx> | Phone: 1-800-699-9075 |
| PENNSYLVANIA – Medicaid and CHIP |
| Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html> | Phone: 1-800-692-7462 CHIP Website: [Children's Health Insurance Program (CHIP) (pa.gov)](https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx) | CHIP Phone: 1-800-986-KIDS (5437) |
| RHODE ISLAND – Medicaid and CHIP |
| Website: <http://www.eohhs.ri.gov/> | Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line) |
| SOUTH CAROLINA – Medicaid |
| Website: <https://www.scdhhs.gov> | Phone: 1-888-549-0820 |
| SOUTH DAKOTA – Medicaid |
| Website: <http://dss.sd.gov> | Phone: 1-888-828-0059 |
| TEXAS – Medicaid |
| Website: [Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services](https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program) Phone: 1-800-440-0493 |
| UTAH – Medicaid and CHIP |
| Utah’s Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/> Email: [upp@utah.gov](mailto:upp@utah.gov) | Phone: 1-888-222-2542 |  Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/> CHIP Website: <https://chip.utah.gov/> |
| VERMONT – Medicaid |
| Website: [Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access](https://dvha.vermont.gov/members/medicaid/hipp-program) Phone: 1-800-250-8427 |
| VIRGINIA – Medicaid and CHIP |
| Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select> or <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  Medicaid/CHIP Phone: 1-800-432-5924 |
| WASHINGTON – Medicaid |
| Website: <https://www.hca.wa.gov/> | Phone: 1-800-562-3022 |
| WEST VIRGINIA – Medicaid and CHIP |
| Website: <https://dhhr.wv.gov/bms/> or <http://mywvhipp.com/> Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| WISCONSIN – Medicaid and CHIP |
| Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> | Phone: 1-800-362-3002 |
| WYOMING – Medicaid |
| Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> | Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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| --- | --- |
| U.S. Department of Labor  Employee Benefits Security Administration  [www.dol.gov/agencies/ebsa](https://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](http://www.cms.hhs.gov/)  1-877-267-2323, Menu Option 4, Ext. 61565 |

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# ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 of your modified adjusted household income.

# The ‘No Surprises’ Rules

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](https://www.cms.gov/files/document/notice-and-consent-form-example.pdf) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

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