



Important Health Care Notices

- ▶ Family and Medical Leave Act (FMLA)
- ▶ Children's Health Insurance Program (CHIP)
- ▶ Your COBRA Rights
- ▶ HIPAA (Notice of Privacy Practices and Notice of Special Enrollment)
- ▶ Health Insurance Marketplace Coverage Options
- ▶ Women's Health and Cancer Rights Act of 1998
- ▶ Newborns' and Mothers' Health Protection Act
- ▶ Notice of Non-Discrimination in Health Programs and Activities, HHS Section 1557

Employee Rights (Under the Family and Medical Leave Act)

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS AND PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave. Employees may be required to continue to pay their share of any benefits continued during FMLA leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



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)**.

Please see the following pages for a list of State programs.

To see if any other states have added a premium assistance program since July 31, 2018, 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.



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, 2018. Contact your State for more information on eligibility:

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@MyAKHIPPI.com

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

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+: Colorado.gov/HCPF/Child-Health-Plan-Plus

CHP+ Customer Service: 1-800-359-1991/State Relay 711

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/hipp/>

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>

Click on Health Insurance Premium Payment (HIPP)

Phone: 404-656-4507

INDIANA – Medicaid

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

IOWA – Medicaid

Website: <http://dhs.iowa.gov/hawk-i>

Phone: 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov>

Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>

Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/ombp/nhhpp/>

Phone: 1-603-271-5218

Hotline: NH Medicaid Service Center at 1-888-901-4999

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 1-609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>

Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://www.gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website:

http://www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>

Toll-Free Phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>

Phone: 1-307-777-7531

Your COBRA Rights

When you or your covered dependents are no longer eligible for coverage under your Partners medical, dental, vision or health care account under the various Partners Benefit Plans listed at the end of this notice, you or your covered dependents may be eligible to continue this coverage as provided by the Consolidated Omnibus Budget Reconciliation Act (COBRA). You may also have other alternatives available to you, such as coverage through the Health Insurance Marketplace, or qualifying for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

If you choose to continue coverage, you are generally entitled to be offered coverage identical to the coverage being provided under the plan to you and your family members on the day before the day you would otherwise lose coverage.

This law applies if you or your covered spouse or dependent children (referred to as "qualified beneficiaries") are no longer eligible for coverage due to any of the following qualifying events:

- Termination of employment (for reasons other than gross misconduct)
- Reduction of work hours
- Divorce or legal separation
- Your death
- You enroll in Medicare (Part A, Part B, or both) or
- Your child no longer qualifies as an eligible dependent

A newborn infant, adopted child, or a child placed in your home for adoption will be entitled to receive COBRA continuation coverage as a qualified beneficiary if you have elected and are then receiving COBRA coverage. To cover your newborn or adopted child under COBRA, you must elect coverage within 31 days of the child's birth, adoption, or placement for adoption.

The period of COBRA coverage begins with the date of your qualifying event and continues for up to 18 months from that qualifying event, if you reduce your hours. If you continue your coverage under COBRA due to divorce, death, or loss of status as an eligible dependent under the plan, however, COBRA coverage is available for 36 months. You may continue your health care FSA participation only through the end of the calendar year in which the qualifying event occurred, and only if you have a positive account balance in your health care FSA immediately before your qualifying event.

There are circumstances under which the coverage periods (excluding the FSA coverage period) may be extended:

- Coverage may be available for 29 months if at any time during the first 60 days of COBRA continuation coverage you or another covered family member is determined to be disabled by the Social Security Administration and you notify HR Shared Services within 60 days of such determination and before the end of the 18-month continuation coverage period. The disability extension is available only for as long as you or your family member remains disabled.
- In the case of a retiree or an individual who was a covered surviving spouse or dependent child of a retiree on the day before a Chapter 11 filing, coverage may continue until death and, in the case of the spouse or the dependent child of a retiree, for 36 months after the date of the death of the retiree.
- Additional qualifying events can occur while the continuation coverage is in effect. Such events may extend an 18-month continuation coverage period to 36 months, but in no event will coverage extend beyond 36 months after the initial qualifying event. The extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare, or gets divorced or legally separated. The extension is also available to a dependent child when the child stops being eligible under the Plan as a dependent child.

NOTIFICATION RULES

Under the law, you or a family member must inform HR Shared Services of a divorce, legal separation, or a child's loss of dependent status under the plan. The notice must be provided within 60 days of the date of the event. If you fail to provide the notice within the applicable 60 day notice period the right to elect COBRA coverage will be lost.

You must also notify HR Shared Services if a second qualifying event occurs, or of the Social Security Administration's determination that a qualified beneficiary is disabled as explained above. You must provide this notice within 60 days following the second qualifying event or the Social Security's determination, and before the end of the 18-month coverage period in order to be eligible for the extended coverage period. If you fail to provide the notice within the 60 day notice period, the COBRA coverage period will not be extended.

You must notify HR Shared Services if you (or a covered dependent) are determined by Social Security to no longer be disabled before the 29 months run out. This notice must be provided within 30 days of the determination.

You must provide these notices by calling the HR Support Center at 1-833-AskmyHR (1-833-275-6947). You will need to provide the following information:

- Your name
- The name of the qualified beneficiary
- The nature of the qualifying event and
- The date the qualifying event occurred

In the case of disability, a copy of the Social Security's determination of disability must be provided.

HOW TO ENROLL FOR COBRA CONTINUATION COVERAGE

To enroll for continuation coverage under COBRA, complete a COBRA election form which will be mailed to you. Return your completed election form to the address on the form within 60 days from your date of termination of coverage or your notification of COBRA eligibility, whichever is later. If you do not return your completed form within the 60 day period, the right to elect continuation coverage will be lost, and you will not be allowed to continue your coverage in the plan. (The 60 days will be counted from the date of the COBRA eligibility notice to the postmarked date of your mailed election form.)

You may have to pay the full cost of COBRA continuation coverage. Generally, the amount of the premium for COBRA continuation coverage will not exceed 102 percent of the cost to the group health plan for coverage of a similarly situated plan participant or beneficiary who is not receiving COBRA continuation coverage. In the case of an extension of COBRA continuation coverage due to a disability, the amount of the premium will not exceed 150 percent of the cost of coverage. Your first payment must be made within 45 days of the date that the COBRA election was made. If payment is not received within this 45-day period, the Plan Administrator will terminate coverage retroactively to the beginning of the maximum coverage period.

After the initial premium payment is made, all other premiums are due on the first day of the month to which such premium will apply, subject to a 30-day grace period. A premium payment that is mailed will be deemed made on the date of mailing. If the full amount of the premium is not paid by the due date or within the 30-day grace period, COBRA continuation coverage will be canceled retroactively to the first day of the month with no possibility of reinstatement.

There may be other coverage options available to you and your family. Under the Affordable Care Act, you may be able to buy coverage through the Health Insurance Marketplace (Commonwealth Connector in Massachusetts). In the Marketplace, you might be eligible for tax credits that could lower your monthly premiums, and you can see what your costs and benefits would be under those plans, compared to the COBRA premium. Your COBRA eligibility does not affect your eligibility for Marketplace coverage or tax credits. You also might be eligible to enroll in a spouse's plan if you contact that plan within 30 days of your loss of employer coverage.

WHEN YOUR COBRA COVERAGE ENDS

Your COBRA coverage will end when:

- You reach the maximum length of time allowed for your COBRA coverage (for example, 18 months or 29 months or 36 months from your qualifying event). (If you are continuing your coverage beyond 18 months due to disability, your coverage will end when you are no longer disabled.)
- Partners no longer provides group health coverage to any of its employees
- The premium for coverage is not paid in a timely manner
- After electing COBRA, the qualified beneficiary becomes covered under another group health plan that does not contain an exclusion or limitation for any preexisting condition that the individual may have (such exclusions are generally prohibited under the Affordable Care Act).
- After electing COBRA, the qualified beneficiary enrolls in Medicare

MORE INFORMATION

This notice applies to the Health Plans of Partners HealthCare System; Massachusetts General Hospital; Brigham and Women's Hospital; McLean Hospital; North Shore Medical Center: The Spaulding Rehabilitation Hospital Corporation, D/B/A Spaulding Rehabilitation Hospital – Boston; Spaulding Hospital-Cambridge, Inc., D/B/A Spaulding Hospital for Continuing Medical Care – Cambridge; FRC, Inc., D/B/A Spaulding Nursing & Therapy Center – Brighton; Shaughnessy-Kaplan Rehabilitation Hospital, Inc., D/B/A Spaulding Hospital for Continuing Medical Care – North Shore; Rehabilitation Hospital of the Cape and Islands Corporation, D/B/A Spaulding Rehabilitation Hospital – Cape Cod; Partners Home Care, Inc., D/B/A Partners HealthCare at Home; Brigham and Women's Faulkner Hospital; Newton-Wellesley Hospital; Martha's Vineyard Hospital; Windemere Nursing & Rehabilitation Center; Nantucket Cottage Hospital; Cooley Dickinson Hospital; Partners Community Physicians Organization, Inc.; Partners HealthCare Insurance Holding Company, D/B/A AllWays Health Partners; Massachusetts Eye and Ear; and Wentworth-Douglass Hospital. If you have any questions about COBRA or if you would like more information about your COBRA coverage rights, you may contact the HR Support Center at:

Human Resources
399 Revolution Drive, 2nd Floor
Somerville, MA 02145
1-833-AskmyHR (1-833-275-6947)

The Plan Administrator administers COBRA continuation coverage through HR Shared Services. In order to protect your family's COBRA rights, you must notify the Plan Administrator in writing of any address change for you or any covered family member.

USE AND DISCLOSURE OF PROTECTED 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.

Dear Employee:

We at Partners recognize the importance of protecting your privacy. We are required by law to protect the privacy of your individual health information, such as information about your health condition, health care services you have received or payment for such services (referred to in this notice as “Protected Health Information”). We are also required to provide you with this notice regarding our legal duties and our policies and procedures regarding your Protected Health Information, and to abide by the terms of this notice, as it may be updated from time to time.

Under applicable law, we are permitted to make certain types of uses and disclosures of your Protected Health Information, without your authorization, for *treatment, payment, and health care operations purposes*.

For treatment purposes, such use and disclosure may take place in providing, coordinating, or managing health care and its related services by one or more of your providers. For example, the Plans might disclose information about medications you are currently taking to a pharmacist so that the pharmacist may determine whether there may be an interaction with a new prescription.

For payment purposes, such use and disclosure may take place to determine responsibility for coverage and benefits, such as when we confer with other health plans to resolve a coordination of benefits issue. We also may use your Protected Health Information for other payment-related purposes, such as to assist in making plan eligibility and coverage determinations, or for billing, claims management and utilization or pre-certification review activities.

Note: “We” refers to Partners HealthCare System, Inc. (“Partners”) on behalf of any self-funded employee group health, dental and vision benefit plans established by Partners and its affiliates, including The General Hospital Corporation, D/B/A Massachusetts General Hospital; The Brigham and Women’s Hospital, Inc.; Massachusetts General Physicians Organization, Inc.; Brigham and Women’s Physician Organization, Inc.; The McLean Hospital Corporation; the institutions comprising The North Shore Medical Center; The Spaulding Rehabilitation Hospital Corporation, D/B/A Spaulding Rehabilitation Hospital – Boston; Spaulding Hospital-Cambridge, Inc., D/B/A Spaulding Hospital for Continuing Medical Care – Cambridge; FRC, Inc., D/B/A Spaulding Nursing & Therapy Center – Brighton; Shaughnessy-Kaplan Rehabilitation Hospital, Inc., D/B/A Spaulding Hospital for Continuing Medical Care – North Shore; Rehabilitation Hospital of the Cape and Islands Corporation, D/B/A Spaulding Rehabilitation Hospital – Cape Cod; Partners Home Care, Inc., D/B/A Partners HealthCare at Home; Brigham and Women’s Faulkner Hospital; Newton-Wellesley Hospital; Martha’s Vineyard Hospital; Windemere Nursing & Rehabilitation Center; Nantucket Cottage Hospital; Cooley Dickinson Hospital; Partners Community Physicians Organization, Inc.; Partners HealthCare Insurance Holding Company, D/B/A AllWays Health Partners; Massachusetts Eye and Ear; and Wentworth-Douglass Hospital (which employee benefit plans are hereinafter collectively called the “Plans” or individually referred to as the “Plan”). The Plans are shown on the Partners HealthCare System Employer Sponsored Health Plans chart, which is attached for your reference. “You” or “yours” refers to individual participants in each of the Plans. The attached Health Plans chart also lists plans which are not self-funded, but which are insured. If you are covered by an insured health option under one or more of the Plans you will receive a separate notice from the insurer or HMO.

For health care operations purposes, such use and disclosure may take place in a number of ways involving plan administration, including for quality assessment and improvement, vendor review, underwriting activities, disease management, case management and to conduct or arrange for medical review, legal service and audits. Your Protected Health Information could be used, for example, to assist in the evaluation of one or more vendors who support us. We may use your Protected Health Information to contact you to provide reminders or information about treatment alternatives or other health-related benefits and services available under the Plans for health conditions for which you or your family members may be receiving treatment.

We may disclose your Protected Health Information to your employer as a plan sponsor in connection with these activities. If you are covered under an insured health plan, the insurer also may disclose Protected Health Information to your employer as a plan sponsor in connection with payment, treatment or health care operations. The Plans, however, will restrict the employer's uses of your Protected Health Information to purposes related only to the Plan's administration. The Plans prohibit the employer from using your Protected Health Information for uses unrelated to plan administration, such as for employment-related decisions.

In addition, we may use or disclose your Protected Health Information without your authorization under conditions specified in federal regulations, including:

- as required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law;
- for public health activities;
- disclosures to an appropriate government authority regarding victims of abuse, neglect or domestic violence;
- to a health oversight agency for oversight activities authorized by law;
- in connection with judicial and administrative proceedings;
- to a law enforcement official for law enforcement purposes;
- to a coroner, medical examiner or funeral director;
- to cadaveric organ, eye or tissue donation programs;
- for research purposes, as long as certain privacy-related standards are satisfied;
- to avert a serious threat to health or safety;
- for specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations); and
- for workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition, we may use or disclose the Protected Health Information to notify a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your health care.



A Plan may disclose your Protected Health Information to another health plan sponsored by Partners to facilitate claims payments under that plan. In addition, your Protected Health Information may be disclosed to employees of Partners whose job duties involve administration of the Plan, solely for purposes of administering benefits under the Plan.

We will not use any genetic information to underwrite these medical plans.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization in writing at any time subject to certain limitations.

Your Protected Health Information will not be used for marketing purposes, nor will it ever be sold to anyone, unless we have your written authorization for that specific use.

The Partners Employee Assistance Program (EAP) has more stringent protections than those outlined in this notice. A statement of understanding outlining these protections is available by contacting the EAP directly.

You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or health care operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request. You may exercise this right by contacting the individual or office identified at the end of this notice. They will provide you with additional information. Such requests must be in writing and describe the information you wish to limit, whether you want to limit the Plan's use, disclosure or both and to whom you want the limitation or restriction applied, for example, to your spouse.

You have the right generally to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction if you believe the information is inaccurate (provided your request is in writing and includes a reason to support the request); (iii) an accounting of certain disclosures of this information by us made during the six years prior to the date of your request (though you are not entitled to an accounting of disclosures made for payment, treatment or health care operations, disclosures made to you or pursuant to your written authorization or disclosures made prior to April 14, 2003); and (iv) the right to receive a paper copy of this notice upon request, even if you agreed to receive the notice electronically.

Your request for confidential communications must be made in writing to the address at the end of this notice. Your request must specify how and where you wish to be contacted. The Plans will try to accommodate all reasonable requests.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information we maintain. If we change this notice you will receive a new notice – active employees may receive the notice by a distribution in the workplace; inactive employees (including retirees) will receive the notice by mail.

Should any of your Protected Health Information be disclosed through a security breach, you have the right to be notified of that breach. We will notify you as soon as possible after any such breach is discovered.

If you believe that your privacy rights have been violated, you may complain to us in writing at the location described below under "Contacting Us" or to the Region I, Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building – Room 1875, Boston, Massachusetts 02203. Voice phone (800) 368-1019. FAX (617) 565-3809. TDD (800) 537-7697. You will not be retaliated against for filing a complaint.

CONTACTING US

You may exercise the rights described in this notice by contacting the office identified below. They will provide you with additional information. The contact is:

Human Resources
399 Revolution Drive, 2nd Floor
Somerville, MA 02145
Attn: Privacy Official – Employee Benefit Plans
1-833-AskmyHR (1-833-275-6947)

Partners HealthCare System Employer-Sponsored Health Plans

This Notice applies to the following Partners Health Plans:

Partners HealthCare System	Health Plans
Partners HealthCare System, Inc.	AllWays Health Partners Delta Dental Plan Davis Vision Plan Partners Employee Assistance Program Partners Medical Reimbursement Plan Partners Retiree Medical Savings Account
Brigham and Women’s Health Care, Inc. The Brigham and Women’s Hospital, Inc. Brigham and Women’s Physicians Organization, Inc.	Blue Cross Blue Shield Health Plans (Post-Tax Nurses only) Blue Cross Blue Shield Dental (Post-Tax Nurses only) Tufts Health Plan Harvard Pilgrim Health Care AllWays Health Partners Delta Dental Plan Blue Cross Blue Shield Vision Partners Employee Assistance Program Partners Medical Reimbursement Plan
Cooley Dickinson Hospital	AllWays Health Partners Partners Employee Assistance Program Delta Dental Plan Davis Vision Plan
The General Hospital Corporation The Massachusetts General Hospital Massachusetts General Physicians Organization, Inc. North End Community Health Committee, Inc. The MGH Institute of Health Professions, Inc.	AllWays Health Partners Delta Dental Plan Davis Vision Plan Partners Employee Assistance Program MGH Retiree Health Insurance Plan Partners Medical Reimbursement Plan
Martha’s Vineyard Hospital	AllWays Health Partners Delta Dental Plan Davis Vision Plan Partners Employee Assistance Program
Windemere Nursing & Rehabilitation Center	AllWays Health Partners Delta Dental Plan Davis Vision Plan Partners Employee Assistance Program
The McLean Hospital Corporation	AllWays Health Partners Delta Dental Plan Davis Vision McLean Medical Reimbursement Plan McLean Retiree Health Insurance Plan Partners Employee Assistance Program
Nantucket Cottage Hospital	AllWays Health Partners Delta Dental Plan Davis Vision Plan Partners Employee Assistance Program

Partners HealthCare System	Health Plans
Partners Continuing Care, Inc. (PCC, Inc.) The Spaulding Rehabilitation Hospital Corporation, D/B/A Spaulding Rehabilitation Hospital – Boston Spaulding Hospital-Cambridge, Inc., D/B/A Spaulding Hospital for Continuing Medical Care – Cambridge Partners Home Care, Inc., D/B/A Partners HealthCare at Home Rehabilitation Hospital of the Cape and Islands Corporation, D/B/A Spaulding Cape Cod FRC, Inc., D/B/A Spaulding Nursing and Therapy Center – Brighton	AllWays Health Partners Delta Dental Plan Davis Vision Partners Employee Assistance Program Partners Medical Reimbursement Plan
The North Shore Medical Center, Inc. The Salem Hospital North Shore Children’s Hospital North Shore Physicians Group Spaulding Hospital for Continuing Medical Care North Shore* Union Hospital, Inc.	AllWays Health Partners Delta Dental Plan Davis Vision Partners Employee Assistance Program NSMC Medical Reimbursement Plan
Brigham and Women’s Health Care, Inc. Brigham and Women’s Faulkner Hospital, Inc. (Brigham and Women’s) Faulkner Breast Centre, Inc. Faulkner Community Medical Corporation (Brigham and Women’s) Faulkner Community Physicians West Roxbury Medical Group Roslindale Medical Group Hyde Park Medical Group Village Manor Nursing Home, Inc.	Tufts Health Plan (Post-Tax Nurses only) AllWays Health Partners (Post-Tax Nurses only) Delta Dental Plan Davis Vision Plan Partners Employee Assistance Program Partners Medical Reimbursement Plan
Newton-Wellesley Hospital Newton-Wellesley Ambulatory Services, Inc. NeWell Medical Delivery Organization, Inc.	AllWays Health Partners Delta Dental Plan Partners Employee Assistance Program Newton-Wellesley Flexible Spending Account Partners Medical Reimbursement Plan
Partners Community Physicians Organization, Inc.	AllWays Health Partners Delta Dental Plan Davis Vision Partners Employee Assistance Program
Partners HealthCare Insurance Holding Company, D/B/A AllWays Health Partners	AllWays Health Partners Delta Dental Plan Davis Vision Plan Partners Employee Assistance Program Partners Medical Reimbursement Plan
Massachusetts Eye and Ear Massachusetts Eye and Ear Associates, Inc.	AllWays Health Partners Delta Dental Plan Davis Vision Plan Partners Employee Assistance Program Partners Medical Reimbursement Plan Partners Retiree Medical Savings Account
Wentworth-Douglass Hospital	Tufts Freedom Health Plan Delta Dental Partners Employee Assistance Program Partners Medical Reimbursement Plan

* Part of PCC, Inc.

The effective date of this notice is April 14, 2003.

HIPAA (Notice of Special Enrollment)

A federal law called HIPAA requires that we notify you about a “special enrollment provision” that will allow you to add coverage for yourself or your dependents outside of open enrollment. This enrollment opportunity will apply if you acquire a new dependent, or if you decline coverage for yourself or an eligible dependent while other employer group health plan, Medicaid, or state Child Health Insurance Program (CHIP) coverage is in effect and later lose that other coverage for certain qualifying reasons or if you become eligible for a premium assistance subsidy under Medicaid or a state CHIP plan.

LOSS OF OTHER COVERAGE (EXCLUDING MEDICAID OR A STATE CHIP PLAN)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in a Partners health plan if you or your eligible dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

LOSS OF COVERAGE FOR MEDICAID OR A STATE CHIP PLAN

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state CHIP plan is in effect, you may be able to enroll yourself and your dependents in a Partners health plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state CHIP plan (see the CHIP notice enclosed in this booklet).

NEW DEPENDENT BY MARRIAGE, BIRTH, ADOPTION, OR PLACEMENT FOR ADOPTION

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

ELIGIBILITY FOR MEDICAID OR A STATE CHIP PLAN PREMIUM ASSISTANCE SUBSIDY

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state CHIP plan with respect to coverage under the plan, you may be able to enroll yourself and your dependents in the plan. However, you must request enrollment within 60 days after you or your dependents’ determination of such eligibility for such assistance. If your dependent child is receiving Medicaid or CHIP premium assistance toward the cost of the plan benefits, you may also be able to disenroll the child from a health insurance program and enroll the child in and receive child assistance under the state child health plan, effective on the first day of any month for which the child is eligible for premium assistance, to the extent required by state law.

To request special enrollment, employees should contact the HR Support Center at 1-833-AskmyHR (1-833-275-6947).

Health Insurance Marketplaces (also known as “Health Insurance Exchanges”)

October 1, 2018

TO: Employees of Partners HealthCare Institutions

FROM: Matt Badger
Vice President, Total Rewards & HR Customer Experience
Human Resources

SUBJECT: Health Insurance Marketplaces (also known as “Health Insurance Exchanges”)

The health care reform law, known as the Affordable Care Act (ACA), includes a number of legal requirements relating to health insurance. Under the ACA, individuals generally will have to pay a tax penalty if they do not have health insurance through their employer or through some other source. One of the other possible sources of health insurance is the “Health Insurance Marketplace”, which the ACA requires every state to offer as an exchange for state residents to purchase health insurance.

The ACA also requires employers to provide their employees with the attached notice about Health Insurance Marketplaces. The attached notice is a model form provided by the government, with some specific information about your employer’s plans incorporated at the end.

You can learn more about the health plan options available through your state’s Health Insurance Marketplace, and the enrollment process, by logging onto <http://HealthCare.gov> on or after October 1. If you live in Massachusetts, you can access information and enroll in coverage at <https://betterhealthconnector.com>. Open Enrollment through state Health Insurance Marketplaces takes place between November 1, 2018 through December 15, 2018. Coverage through state Health Insurance Marketplaces will take effect in January 2019.

Please keep these key points in mind as you read the attached notice:

- This notice does **not** require you to take any action. If you are eligible for, and enroll in, health coverage through your employer for 2019, you do not need to enroll in a state Health Insurance Marketplace plan. Your health coverage meets the government’s mandate for minimum eligible coverage.
- You may be eligible to enroll in coverage through the state Health Insurance Marketplace, even if you are eligible for health coverage through your employer. Whether it makes sense for you to enroll through a Health Insurance Marketplace plan depends on several factors, including your household income. Employees eligible to enroll in their employer’s health plan will be able to view personalized benefits open enrollment materials online and can compare the costs and other features of their 2019 employer health coverage to those of plans offered through the state Health Insurance Marketplace. Keep in mind that your contributions toward coverage under your employer’s plan are deducted from your paycheck on a pre-tax basis, which gives you a tax break, while you would have to pay premiums for coverage under a state Health Insurance Marketplace’s plan on an after-tax basis. Therefore, even if a Health Insurance Marketplace plan’s costs appear to be less than your employer’s plan costs, that may not be the case once you consider taxes.
- If you are not eligible for health coverage through your employer, you may want to investigate health plan options under your state’s Health Insurance Marketplace. Employees who are not eligible for health care coverage and who meet household income requirements may qualify for a premium discount when they purchase health insurance through their state Health Insurance Marketplace.

In addition, your employer pays a percentage of your health plan costs when you enroll in health coverage through the employer’s plan but will not contribute toward coverage an employee obtains through the Health Insurance Marketplace. If you opt out of employer coverage for 2019 during this year’s open enrollment period (October 29 to November 20, 2018 at most Partners HealthCare institutions), you will not be eligible for an employer contribution toward your health coverage until the next open enrollment, unless you have a specific qualifying event that entitles you to enroll in employer coverage during the year under the terms of the plan and applicable law.

More Information

It is very important that you understand your health plan choices for 2019.

If you have questions about health coverage through Partners, please review your plan's summary plan description or contact the HR Support Center.

Phone: 1-833-AskmyHR (1-833-275-6947) **Email:** askmyhr@partners.org

MGH Monthly-Paid Professional Staff should contact the HR Support Center or their Benefits Consultant:

Last Names A-L

Susan Frain

617-726-9264

sfrain@partners.org

Last Names M-Z

Virginia Rosales, CEBS

617-724-9356

vrosales@partners.org

BWH Monthly-Paid Professional Staff should contact the HR Support Center or their Benefits Consultant:

Phone: 617-713-2259 **Email:** BWHprofstaffbene@partners.org

BWPO Monthly-Paid Professional Staff should contact the HR Support Center or their Benefits Consultant:

Phone: 617-582-1117 **Email:** BWPOprofstaff@partners.org

Health Insurance Marketplace Contact Information

The contacts for Partners health coverage information are not experts in, and cannot provide advice regarding, the ACA and the options available under the Health Insurance Marketplace.

Contact information for your state's Health Insurance Marketplace is online at <http://HealthCare.gov>. You may also call the federal government's helpline with questions at 1-800-318-2596.

If you live in Massachusetts, you can find information about the Massachusetts Health Connector at <https://betterhealthconnector.com>, or call 1-877-MA-ENROLL (1-877-623-6765).



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the Affordable Care Act took effect in 2014, a new way to buy health insurance was created: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2018 through December 15, 2018 for coverage starting January 1, 2019.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the HR Support Center at 1-833-AskmyHR (1-833-275-6947) or at askmyhr@partners.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Partners HealthCare System, Inc. Employers*		4. Employer Identification Number (EIN)*	
5. Employer address 399 Revolution Drive, Suite 245		6. Employer phone number 1-833-askmyHR (1-833-275-6947)	
7. City Somerville	8. State MA	9. ZIP code 02145	
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)		12. Email address askmyhr@partners.org	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Employees who are regularly scheduled to work at least 20 hours per week at a Partners HealthCare affiliated organization. At some Partners HealthCare organizations, employees regularly scheduled for at least 16 hours per week (24 hours or more, at some Partners HealthCare organizations) may be eligible for coverage with or without subsidy.

•With respect to dependents:

We do offer coverage. Eligible dependents are:

- Your legal spouse
- Your and/or your legal spouse's dependent children under age 26
- Your and/or your legal spouse's dependent disabled children over age 26, provided that coverage has been continuous and they have applied for coverage within 30 days of the time they would normally lose coverage

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

NOTE: This is only a brief overview of eligibility rules for coverage under the Partners plans. For more details, see the applicable summary plan description. Eligibility determinations are made based on the applicable plan documents.

* Please see the list included in this notice for your institution's Employer Identification Number.

Employer Identification Numbers for Partners Institutions

If you call the Health Insurance Marketplace, you may need to provide them with your Partners employer's legal name and Employer Identification Number (EIN). Please locate the institution you work for on the list below and use the Employer Identification Number (EIN) that appears beneath the institution's name.

Brigham and Women's Hospital, Inc.

04-2312909

Brigham and Women's Physicians Organization, Inc. (BWPO)

04-3466314

Brigham and Women's Faulkner Hospital, Inc.

04-2768256

Cooley Dickinson Hospital, Inc.

22-2617175

CD Practice Associates, Inc.

04-3194547

VNA & Hospice of Cooley Dickinson, Inc.

04-2104788

FRC, Inc., d/b/a Spaulding Nursing & Therapy Center – Brighton

22-2632121

The General Hospital Corporation, d/b/a Massachusetts General Hospital

04-2697983

Martha's Vineyard Hospital

04-2104691

Massachusetts Eye and Ear Infirmary

04-2103591

Massachusetts Eye and Ear Associates, Inc.

22-2658209

Massachusetts General Physicians Organization, Inc. (MGPO)

04-2807148

The McLean Hospital Corporation, d/b/a McLean Hospital

04-2697981

Nantucket Cottage Hospital

04-2103823

Newton-Wellesley Hospital

04-2103611

The North Shore Medical Center, Inc. (Salem and Union Campuses)

04-3399616

North Shore Physicians Group, Inc.

04-3080484

Partners Community Physicians Organization, Inc.

04-3236175

Partners HealthCare Insurance Holding Company, d/b/a AllWays Health Partners

83-1039882

Partners HealthCare System, Inc. (Partners Corporate employees)

04-3230035

Partners Home Care, Inc., d/b/a Partners HealthCare at Home

04-2918280

Rehabilitation Hospital of the Cape and Islands, d/b/a Spaulding Rehabilitation Hospital – Cape Cod

04-3071419

Shaughnessy-Kaplan Rehabilitation Hospital, Inc. d/b/a Spaulding Hospital for Continuing Medical Care – North Shore

04-3067082

Spaulding Hospital for Continuing Medical Care Cambridge

04-2551124

The Spaulding Rehabilitation Hospital Corporation, Inc., d/b/a Spaulding Rehabilitation Hospital – Boston

04-2551124

Wentworth-Douglass Hospital

02-0260334

Wentworth-Douglass Physician Corporation

02-0497927

Windemere Nursing and Rehabilitation Center

04-3419920

Women's Health and Cancer Rights Act of 1998 (WHCRA)

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). As required by WHCRA, the group health plans sponsored by Partners HealthCare System, Inc. provide coverage 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 lymphedemas.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient. These benefits will be provided subject to the same co-pays, deductibles and coinsurance applicable to other medical and surgical benefits provided under your group health plan.

Newborns' and Mothers' Health Protection Act (NMHPA): Special Rights on Childbirth

Group health plans offering group insurance coverage generally may not, under the provisions of the Newborns' and Mothers' Health Protection Act (NMHPA) law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn to less than 48 hours following a normal 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 the above periods. In any case, the plan 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 the above periods.

Notice of Non-Discrimination in Health Programs and Activities, HHS Section 1557

Partners HealthCare System, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability, or sex. Partners HealthCare System Inc. does not exclude people or treat them differently because of race, color, national origin, age disability, or sex.

Partners HealthCare System, Inc.:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats, (large print, audio, accessible electronic formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the HR Support Center at 1-833-AskmyHR (1-833-275-6947) or askmyhr@partners.org.

If you believe that Partners HealthCare System, Inc. 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 HR Shared Services – Benefits, at 399 Revolution Drive, 2nd Floor, Somerville, MA 02145. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the HR Support Center is available to help you.

You can 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: the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, or by calling 1-800-368-1019, 800-537-7697 (TDD).



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL