

Important Legal Information About the County of Orange Retiree Health Plans

HIPAA Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) requires the County's self-insured group health plans (collectively referred to as the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact the County of Orange Benefits Center at 1-833-476-2347. You may also view the Privacy Notice online at www.mybenefits.ocgov.com.

You may also contact the County's Privacy Officer at 714-834-4082 or privacyofficer@ocgov.com for more information on the Plan's privacy policies or your rights under HIPAA.

Women's Health and Cancer Rights Act of 1998

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a covered mastectomy:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications for all stages of a mastectomy, including lymph edemas (swelling associated with the removal of lymph nodes).

The Plan will determine the manner of coverage in consultation with you and your attending doctor. Coverage for breast reconstruction and related services is subject to deductibles and coinsurance (the amount you pay before your insurance begins to pay) that are consistent with those that apply to other benefits under the Plan.

Newborns' and Mothers' Health Protection Notice

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and insurers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your health plan vendor.

Knox Keene Exemption

Self-insured non-federal governmental plans, the Wellwise Choice, Sharewell Choice, Wellwise Retiree, and Sharewell Retiree plans are exempt from the Knox-Keene Act pursuant to Insurance Code section 1349.2. If you believe the Plan engages in fraud, dishonest dealing or unfair competition, as defined by Business and Professions Code section 17200, you may file a complaint with the Director of the California State Department of Managed Health Care.

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Exemption Relating to Federal Mental Health Parity Rules

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to exempt a health plan from the requirement listed below for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy.

The County of Orange has re-elected to exempt its four self-insured PPO plans – Wellwise Choice, Sharewell Choice, Wellwise Retiree, and Sharewell Retiree are exempt from the following requirement:

1. Protections against having benefits for mental health and substance use disorders may be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from this Federal requirement will continue to be in effect for the plan year of 2021. The election may be renewed for subsequent plan years.