



2024
LEGAL
NOTICES



LEGAL NOTICES

This document contains important information regarding:

- HIPAA Special Enrollment Rights.
- HIPAA Privacy Notice.
- Summary Annual Report.
- Women's Health and Cancer Rights Act.
- Genetic Information Nondiscrimination Act.
- Continuation of Health Coverage.
- Health Insurance Marketplace Coverage Options and Your Health Coverage.
- Important Notice About Prescription Drug Coverage and Medicare.
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP).

Any questions concerning the topics covered should be addressed to:



HR/Benefits Website

teamcreativa.com/claritycreditunion



HR/Benefits Phone

Cindy Hodges: 208.318.0445

Wendy Edwards: 208.318.0440



HR/Benefits Email

HR@ClarityCU.com

HIPAA SPECIAL ENROLLMENT RIGHTS

You have special enrollment rights if you acquire a new dependent, or if you decline coverage under your employer's health plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).

If you decline enrollment for yourself or for an eligible dependent (including your spouse/domestic partner) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents if you or your dependents lose eligibility for that 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 Children's Health Insurance Program.

If you decline enrollment for yourself or for an eligible dependent (including your spouse/domestic partner) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this 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 children's health insurance program.

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 Children's Health Insurance Program.

If you or your dependents (including your spouse/domestic partner) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

HIPAA PRIVACY NOTICE

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires health plans to protect the confidentiality of your private health information. More detailed information is provided in the health plans' notice of HIPAA privacy.

SUMMARY ANNUAL REPORT (SAR) AVAILABLE ONLINE

The SAR is available online and includes an explanation of plan expenses, employee and employer contribution information, and details on how you can obtain additional information about the plan. Since you are enrolled in, or eligible for, one or more of your employer's benefit plans, it is your legal right as a participant to know this information about your benefits.

Each September 30th, you may view a copy of the prior plan year's SAR on the HR/Benefits website – select the Forms & Downloads tab from the left menu, Forms & Downloads link, Notices section. If you require a paper copy of the SAR, you can order it from HR/Benefits.

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 the plans. If you would like more information on WHCRA benefits, call the member services group of your health plan.

GENETIC INFORMATION NONDISCRIMINATION ACT

Congress passed the Genetic Information Nondiscrimination Act (GINA) establishing a national and uniform standard to protect workers from genetic discrimination. In addition to prohibitions on discrimination in employment practices, GINA prohibits group health insurers and group health plans from adjusting premiums or contributions based on genetic information. Also, GINA amended the HIPAA privacy rules to include genetic information in the definition of protected health information.

CONTINUATION OF HEALTH COVERAGE

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

COBRA generally requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end. This coverage, however, is only available when coverage is lost due to certain specific events ("qualifying events") that would cause an individual to lose health coverage. The type of qualifying event will determine who the qualified beneficiaries are and the amount of time that a plan must offer the health coverage to them under COBRA.

Plans must give covered individuals an initial general notice informing them of their rights under COBRA and describing the law. The law also obliges plan administrators, employers, and qualified beneficiaries to provide notice of certain "qualifying events". In most instances of voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events, the employer must provide a specific notice to the COBRA administrator. The COBRA administrator must then advise the qualified beneficiaries of the opportunity to elect continuation coverage.

If you have any questions regarding continuation of health coverage, please contact HR/Benefits.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

This notice provides some basic information about the 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.

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. Your employer's health plan does meet the standards established under the law with regard both to the plan's minimum value and its affordability.

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 to the employer-offered coverage. Also, this employer contribution – as well as any 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.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its costs. Please visit www.healthcare.gov for more information, including an online application for health insurance coverage.

IMPORTANT NOTICE ABOUT PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage available under the medical plan offered by your employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Your employer has determined that the prescription drug coverage offered under your employer's medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current medical coverage will not be affected. When your current medical plan coordinates benefits with Medicare, the combined benefits from Medicare and your current medical coverage will equal, but not exceed, what your current plan would have paid if you were not eligible to receive Medicare.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will not be able to get this coverage back until January 1 following the next Open Enrollment period.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium.

You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage, contact the person listed below. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer changes. You also may request a copy of this notice at any time.

More information about your options under Medicare prescription drug coverage and more detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call (800) 633-4227 (Medicare). TTY users should call (877) 486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213; TTY (800) 325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 15, 2023
Name of Entity/Sender:	Clarity Credit Union
Contact-Position/Office:	HR/Benefits
Address:	1880 S Cobalt Point Way Meridian, ID 83642
Phone Number:	208-318-0445 or 208-318-0440

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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, dial (877) KIDS-NOW (543-7669) or visit 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 (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, 2023. Contact your state for more information on eligibility.

Alabama – Medicaid

Website: <http://myalhipp.com>
Phone: 855-692-5447

Alaska – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com>
Phone: 866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<https://health.alaska.gov/dpa/Pages/default.aspx>

Arkansas – Medicaid

Website: <http://myarhhipp.com>
Phone: 855-MyARHIPP (692-7447)

California – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
FAX: 916-440-5676
Email: hipp@dhcs.ca.gov

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
www.healthfirstcolorado.com
Health First Colorado Member Contact Center:
800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
<http://www.mycohibi.com>
HIBI Customer Service: 855-692-6442

Florida – Medicaid

Website: www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html
Phone: 877-357-3268

Georgia – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
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

Healthy Indiana Plan for Low-Income Adults 19-64
Website: www.in.gov/fssa/hip
Phone: 877-438-4479
All Other Medicaid
Website: www.in.gov/medicaid
Phone: 800-457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid Website:
<https://dhs.iowa.gov/ime/members>
Medicaid Phone: 800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 800-257-8563
HIPP Website:
<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 888-346-9562

Kansas – Medicaid

Website: www.kancare.ks.gov
Phone: 800-792-4884
HIPP Phone: 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: 855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

Louisiana – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Medicaid Hotline: 888-342-6207
LaHIPP Phone: 855-618-5488

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Maine – Medicaid

Enrollment Website:
www.mymaineconnection.gov/benefits/s
Phone: 800-442-6003
TTY: Maine Relay 711
Private Health Insurance Premium Webpage:
www.maine.gov/dhhs/ofi/applications-forms
Phone: 800-977-6740
TTY: Maine Relay 711

Massachusetts – Medicaid and CHIP

Website: <http://www.mass.gov/masshealth/pa>
Phone: 800-862-4840 TTY: 711

Minnesota – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 800-657-3739

Missouri – Medicaid

Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

Montana – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 800-694-3084
Email: HSHIPPProgram@mt.gov

Nebraska – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

Nevada – Medicaid

Website: <http://dhcfp.nv.gov>
Phone: 800-992-0900

New Hampshire – Medicaid

Website: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
HIPP program: 800-852-3345 ext. 5218

New Jersey – Medicaid and CHIP

Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 800-701-0710

New York – Medicaid

Website: www.health.ny.gov/health_care/medicaid
Phone: 800-541-2831

North Carolina – Medicaid

Website: <https://medicaid.ncdhhs.gov>
Phone: 919-855-4100

North Dakota – Medicaid

Website: www.hhs.nd.gov/healthcare
Phone: 844-854-4825

Oklahoma – Medicaid and CHIP

Website: www.insureoklahoma.org
Phone: 888-365-3742

Oregon – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 800-699-9075

Pennsylvania – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 800-692-7462
CHIP website: www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
Phone: 800-986-KIDS (5437)

Rhode Island – Medicaid and CHIP

Website: www.eohhs.ri.gov
Phone: 855-697-4347
Direct Rlte Share Line: 401-462-0311

South Carolina – Medicaid

Website: www.scdhhs.gov
Phone: 888-549-0820

South Dakota – Medicaid

Website: <http://dss.sd.gov>
Phone: 888-828-0059

Texas – Medicaid

Website: www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 800-440-0493

Utah – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov>
CHIP: <http://chip.health.utah.gov>
Phone: 877-543-7669

Vermont – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 800-250-8427

Virginia – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Phone: 800-432-5924

Washington – Medicaid

Website: www.hca.wa.gov
Phone: 800-562-3022

West Virginia – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms>
<http://mywvhipp.com>
Medicaid Phone: 304-558-1700
CHIP Phone: 855-MyWVHIPP (699-8447)

Wisconsin – Medicaid and CHIP

Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 800-362-3002

Wyoming – Medicaid

Website:
<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility>
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565

This document contains the Legal Notices required for the Clarity Credit Union health and welfare plans in effect on January 1, 2024. If you would like information on the plans, refer to the summary plan descriptions, evidence of coverage, insurance certificates and policies for complete terms, provisions, limitation and exclusions. If you require a paper copy, you can order it by contacting HR/Benefits.

Clarity Credit Union at its sole discretion, reserves the right to change (including, but not limited to, the right to amend, suspend or terminate) or make exceptions to its policies, procedures and benefit plans, or to change contributions at its discretion at any time and without prior notice. The policies and benefit plans described in this document may vary from location to location to conform to applicable law or business unit needs. Please refer to the revision date below, and keep in mind a more current version may be available on the HR/Benefits website.