

2024

# Annual Notices



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# Medicare Part D Notice

## Important Notice from the Santa Barbara Court About Your 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 with the Santa Barbara Superior Court 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:

1. 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 EPO 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.
2. Your plan has determined that the prescription drug coverage offered by the Santa Barbara Superior Court 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.

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### 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 to 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.

### 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 Santa Barbara Superior Court coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under the Santa Barbara Superior Court is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Santa Barbara Superior Court prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

## 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 Santa Barbara Superior Court 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 Your Options Under Medicare Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through the Santa Barbara Superior Court changes. You may also request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll receive 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 [medicare.gov](https://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-MEDICARE (800-633-4227). 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 [socialsecurity.gov](https://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:	January 2024
Name of Entity:	Santa Barbara County Superior Court
Contact:	Human Resources Department
Address:	118 E. Figueroa St., Santa Barbara, CA 93101
Phone Number:	805.882.4739

## Women's Health and Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and Treatment of physical complications of the mastectomy, including lymphedema.

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

## 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, call Blue Shield Customer Service.

## Notice of Availability of HIPAA Privacy Notice

The federal Health Insurance Portability and Accountability Act (HIPAA) requires that we periodically remind you of your right to receive a copy of the Insurance Carriers' HIPAA Privacy Notices. You can request copies of the Privacy Notices by contacting the Human Resources Department or by contacting the insurance carriers directly.

# HIPAA Notice of Special Enrollment Rights for Medical/Health Plan Coverage

If you decline enrollment in the Santa Barbara Court'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 the Santa Barbara Court 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 [medical plan OR 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 the qualifying event. In addition, you may enroll in the Santa Barbara Court's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 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.

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

## ACA 1557 Notice

### **Nondiscrimination statement for significant publications and signification communications:**

The Santa Barbara Court complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



# 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)**.

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**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: 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://www.colorado.gov/pacific/hcpf/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.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

## 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: <http://www.in.gov/fssa/hip/> | Phone: 1-877-438-4479  
All other Medicaid Website:  
<https://www.in.gov/medicaid/> | Phone 1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website: <https://dhs.iowa.gov/ime/members>  
| Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki> | Hawki  
Phone: 1-800-257-8563  
HIPP Website:  
<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/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: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

**KCHIP Website:**

<https://kidshealth.ky.gov/Pages/index.aspx> | Phone:  
1-877-524-4718

**Kentucky Medicaid Website:**

<https://chfs.ky.gov/agencies/dms>

**LOUISIANA – Medicaid**

Website: [www.medicicaid.la.gov](http://www.medicicaid.la.gov) 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_US)  
Phone: 1-800-442-6003 | TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofl/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/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

**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>  
PP  
Phone: 1-800-694-3084 | email:  
[HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

**NEBRASKA – Medicaid**

Website: <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> | 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. 5218

**NEW JERSEY – Medicaid and CHIP****Medicaid Website:**

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 609-631-2392

**CHIP Website:**

<http://www.njfamilycare.org/index.html> | Phone: 1-800-701-0710

**NEW YORK – Medicaid****Website:**

[https://www.health.ny.gov/health\\_care/medicaid/](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> | Phone: 1-888-365-3742

**OREGON – Medicaid****Website:**

<http://healthcare.oregon.gov/Pages/index.aspx> |  
Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid and CHIP****Website:**

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx> | Phone: 1-800-692-7462  
CHIP Website: Children's Health Insurance Program  
(CHIP) (pa.gov) | 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  
Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**  
Medicaid Website: <https://medicaid.utah.gov/> | CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669  
**VERMONT – Medicaid**

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access  
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](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://dhr.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, 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](http://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

# Rules for Benefit Changes During the Year

Other than during the annual Open Enrollment period, you may only make changes to your benefit elections if you experience a qualified status change or qualify for a “special enrollment”. If you qualify for a mid-year benefit change, you may be required to submit proof of the change or evidence of prior coverage as well as proof of enrollment eligibility for your dependents.

## **Qualified Status Changes Include:**

- **Change in legal marital status**, including marriage, divorce, legal separation, annulment, and death of a spouse
- **Change in number of dependents**, including birth, adoption, placement for adoption, or death of a dependent child
- **Change in employment status** that affects benefit eligibility, including the start or termination of employment by you, your spouse, or your dependent child
- **Change in work schedule**, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment or otherwise ceasing to satisfy eligibility requirements
- **Change in a child’s dependent status**, either newly satisfying the requirements for dependent child status or ceasing to satisfy them
- **Change in place of residence or worksite**, including a change that affects the accessibility of network providers
- **Change in your health coverage** or your spouse’s coverage attributable to your spouse’s employment
- **Change in an individual’s eligibility for Medicare or Medicaid**
- **A court order** resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child
- **An event that is a “special enrollment” under the Health Insurance Portability and Accountability Act (HIPAA)** including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- **An event that is allowed under the Children’s Health Insurance Program (CHIP) Reauthorization Act.** Under provisions of the Act, employees have 60 days after the following events to request enrollment:
  - Employee or dependent loses eligibility for Medicaid (known as Medi-Cal in CA) or CHIP (known as Healthy Families in CA).
  - Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP

## **Two rules apply to making changes to your benefits during the year:**

- **Any changes you make must be consistent with the change in status, AND**
- **You must make the changes within 31 days of the date the *event* (marriage, birth, etc.) occurs (unless otherwise noted above).**





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2023