

Annual Notices to Employees

Protecting Your Privacy

NYPA is committed to protecting your privacy. Your health information is kept private and confidential in accordance with the Health Insurance Portability and Accountability Act (HIPAA). Federal privacy regulations protect patient rights and define certain obligations for health plans in order to safeguard Protected Health Information or PHI. PHI means all individually identifiable health information transmitted or maintained by the medical, dental and health care spending account, whether in oral, written, or electronic form.

A copy of our Notice of Privacy Practices is available on the Benefit Webpage at nypa.gov/benefits or contact the Benefits Team in MyHR+.

CHIPRA Notice

A state Children's Health Insurance Program (CHIP) generally provides health insurance for children whose families cannot afford private health care but do not qualify for Medicaid. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) expanded CHIP coverage by providing additional special enrollment rights related to group health plan coverage. CHIPRA also permits states to offer eligible low-income children and their families a premium assistance subsidy to help pay for employer-sponsored group health coverage and imposes notice and disclosure obligations for employers that maintain group health plans. Information about CHIPRA is attached.

Women's Health and Cancer Rights Notice

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: (1) all stages of reconstruction of the breast on which the mastectomy was performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; (3) prostheses; and (4) treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same copays, deductibles, and coinsurance applicable to other medical and surgical benefits provided under the NYPA provided medical plans (NYPA Plan, PPO Plan, Choice Plan, and the NYPA-provided HMOs.) If you would like more information on WHCRA benefits, please call the Customer Service number on your health plan ID card or contact the Benefit Team in MyHR+.

Newborn & 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).

For questions regarding benefits, contact the Benefits Team in MyHR+.

Patient Protection Disclosure

If you are enrolled in an insured HMO, the plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the HMO network and who is available to accept you or your family members. Until you make this designation, the HMO designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the HMO Customer Service Center on your ID card.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the HMO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the HMO network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the HMO Customer Service Center listed on your ID card.

Notice of Creditable Coverage - Medicare Part D Eligible Individuals

This notice has information about your current prescription drug coverage with the New York Power Authority 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.

The prescription drug coverage offered under the NYPA Plan, PPO Plan, Choice Plan, and NYPA-provided HMOs, have been determined to be "creditable" coverage. Creditable coverage is defined as a prescription drug benefit that has an actuarial value as good as or better than the standard Part D drug benefit. Information about where you can get help to make decisions about your prescription drug coverage is attached.

For questions regarding benefits, contact the Benefits Team in MyHR+.

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 1877-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).

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, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/	Health First Colorado Website: https://www.healthfirstcolorado.com/
Phone: 1-855-692-5447	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.colorado.gov/pacific/hcpf/health-insurance-buy-program
	HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com	Phone: 1-877-357-3268
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp	
x	
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 1-855-MyARHIPP (855-692-7447)	Phone: 678-564-1162 ext 2131

CALIFORNIA – Medicaid		INDIANA – Medicaid	
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp		Healthy Indiana Plan for low-income adults 19- 64 Website: http://www.in.gov/fssa/hip/	
Phone: 916-445-8322 Email: hipp@dhcs.ca.gov		Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/	
		Phone 1-800-457-4584	
IOWA – Medicaid and CHIP (Hawki)		MONTANA – Medicaid	
Medicaid Website: https://dhs.iowa.gov/ime/members		Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	
Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki		Phone: 1-800-694-3084	
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		NEBRASKA – Medicaid	
Website: https://www.kancare.ks.gov/		Website: http://www.ACCESSNebraska.ne.gov	
Phone: 1-800-792-4884		Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	
KENTUCKY – Medicaid		NEVADA – Medicaid	
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:		Medicaid Website: http://dhcfp.nv.gov	
x Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov		Medicaid Phone: 1-800-992-0900	
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx			
Phone: 1-877-524-4718			
Kentucky Medicaid Website: https://chfs.ky.gov			
LOUISIANA – Medicaid		NEW HAMPSHIRE – Medicaid	
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp		Website: https://www.dhhs.nh.gov/oii/hipp.htm	
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618- 5488 (LaHIPP)		Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852- 3345, ext 5218	
MAINE – Medicaid		NEW JERSEY – Medicaid and CHIP	
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms		Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/	
Phone: 1-800-442-6003 TTY: Maine relay 711		Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html	
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-		CHIP Phone: 1-800-701-0710	
Phone: -800-977-6740. TTY: Maine relay 711			
MASSACHUSETTS – Medicaid and CHIP		NEW YORK – Medicaid	
Website: https://www.mass.gov/info- details/masshealth-premium-assistance-pa		Website: https://www.health.ny.gov/healthcare/medicaid/	
Phone: 1-800-862-4840		Phone: 1-800-541-2831	

MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	Website: https://medicaid.ncdhhs.gov/
Phone: 1-800-657-3739	Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 573-751-2005	Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org	Medicaid Website: https://medicaid.utah.gov/
Phone: 1-888-365-3742	CHIP Website: http://health.utah.gov/chip
	Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	Website: http://www.greenmountaincare.org/
Phone: 1-800-699-9075	Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp
Phone: 1-800-692-7462	Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/	Website: https://www.hca.wa.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov	Website: http://mywvhipp.com/
Phone: 1-888-549-0820	Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-888-828-0059	Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-440-0493	Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration Centers for Medicare & Medicaid Services
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human 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.

OMB Control Number 1210-0137 (expires 1/31/2023)

NYPA Creditable Coverage Notice - Employees

Important Notice from New York Power Authority About Your Prescription Drug Coverage and Medicare

New York Power Authority is sending you this notice because you have a medical plan that includes benefits for prescription drugs.

If you qualify for Medicare, please read this notice carefully and keep it where you can find it. This notice has information about prescription drug coverage with New York Power Authority 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.

If you are not Medicare eligible, and none of your covered family members are Medicare eligible, no action is required on your part.

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 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.
2. New York Power Authority has determined that the prescription drug coverage offered by the "NYPA 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.

*New York Power Authority provides prescription drug coverage to you and your covered dependents. The prescription drug coverage you have through either the NYPA Plan, PPO Plan, Choice Plan, or a NYPA-provided HMO will be referred to as the "NYPA Plan" in this notice.

*To remain in the NYPA Plan drug plan, **you do not have to do anything.**
Just continue using your NYPA Plan prescription drug benefits.*

When Can You Join a Medicare Drug Plan?

You can join a Medicare Drug Plan when you first become eligible for Medicare.

What Happens to Your Current Coverage if You Decide to Join another Medicare Drug Plan?

If you decide to join a different Medicare drug plan, your current New York Power Authority coverage will be affected.

The **NYPA Plan** prescription drug benefits, in most cases, gives you better coverage and lower out-of-pocket costs than the coverage offered under a Medicare prescription drug plan. Therefore, it is not necessary for you to enroll in a Medicare prescription drug plan. If you do join a different Medicare prescription drug plan, there will be changes in your NYPA Plan prescription drug coverage and the way you receive prescription drug benefits. This section lists key points about Medicare prescription drug coverage and your NYPA Plan benefits. Please read all this information carefully.

- The NYPA Plan does not require that you join a different Medicare prescription drug plan.

For questions regarding benefits, contact the Benefits Team in MyHR+.

- Most NYPA Plan enrollees and covered dependents should **NOT** join a different Medicare prescription drug plan.
- As a NYPA Plan enrollee or covered dependent eligible for Medicare, you should consider joining a Medicare prescription drug plan **ONLY** if you are eligible for extra help provided by the Medicare Part D Low Income Subsidy.
- As a NYPA Plan enrollee or covered dependent eligible for Medicare you will continue to receive the full prescription drug benefits available to you under the NYPA Plan if you do not enroll in a Medicare prescription drug plan.
- If you choose to join a different Medicare prescription drug plan, NYPA will NOT reimburse you for the monthly premium for Medicare Part D prescription drug coverage.

If you do decide to join a different Medicare prescription drug plan and drop your New York Power Authority prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back.

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

You should know that if you drop or lose your current coverage with New York Power Authority and do not 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 will 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.

For More Information About This Notice or Your current Prescription Drug Coverage

For information about your NYPA Plan prescription drug coverage, refer to the information in your open enrollment package or call HR Services at **1-914-287-3114**. **NOTE:** You will receive this notice each year. You also may request a copy of this notice at any time.

- 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 **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048.

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 online at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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).

Name: New York Power Authority
Contact: HR Services
Address: 123 Main Street, White Plains, NY 10601
Phone Number: 914-287-3114



For questions regarding benefits, contact the Benefits Team in MyHR+.