MyHealthily

Your Complete Healthcare Coverage Package

Proposal Created for Compass Platinum Services

April 22, 2024

Testing Production
Testing Agency
123 Test Drive
Fairburn, GA 30213
(706) 543-2165
testing@myhealthily.com

Included with Select Plan Options

Included free of cost with select medically underwritten plan options - these services and tools should be your first stop when you need to see a doctor, counselor, or health consultant and when you need to fill a prescription. The use of Prosper Benefits means a $0 copay for you and your insurance company will not receive a claim on your behalf. Prosper Benefits saves you, your employees, and your company money. For more information on Prosper Benefits and to inquire if these services are included in your plan, please contact your Insurance Agent.

TELEMEDICINE

Powered by Teladoc, you now have 24/7 access to a doctor with a $0 visit fee for general medical issues. With Teladoc, you can talk to a doctor by phone or online video to get a diagnosis, treatment options and prescription, if medically necessary.

HEALTH ADVOCATE™ SOLUTIONS

Healthcare is complicated. Personal Health Advocates help you navigate the insurance and healthcare systems. Everything from medical bills and insurance claims to clarifying benefits, answering questions, and much more.

EVERYDAY DISCOUNTS

NBDeals is your one-stop-shop for exclusive discounts on brands and experiences you know and love. Browse over 40 different categories across 500+ merchants for endless opportunities to save, with new deals added weekly.

TELEPHONIC EAP

Call for help with depression, stress, family or relationship conflicts, substance abuse, debt, help finding services for your children or elderly parents, legal and financial concerns, grief, loss, and more.

PRESCRIPTION DISCOUNTS

Make sure you're always getting the best deal on your prescriptions with deep discounts through New Benefits Rx. Save up to 85% on most prescriptions at 60,000 retail pharmacies nationwide and through home delivery.

Compass Platinum Services
Effective Date: 6/1/2024

Current Enrollment	
Employee Only	8
Employee + Spouse	4
Employee + Child	4
Family	4

	PROPOSED #1
	UnitedHealthcare
	UHC Navigate HSA Bronze 7300-2
PLAN TYPE	HMO
PROSPER BENEFITS	Not Included
RX	Generic: 100% covered Preferred: 100% covered Speciality: 100% covered
	IN-NETWORK
DEDUCTIBLE	$7,300.00
OOP MAX	$7,300.00
CO-INSURANCE	0%
COPAY	Primary: 100% covered Specialist: 100% covered Urgent Care: 100% covered
	RATES
EMPLOYEE	$634.67
EMPLOYEE + SPOUSE	$1,269.34
EMPLOYEE + CHILD	$1,269.34
FAMILY	$1,904.01
MONTHLY PREMIUM	**$22,848.12**
ANNUAL PREMIUM	**$274,177.44**
MONTHLY CONTRIBUTION	$6,695
ANNUAL CONTRIBUTION	$80,339

MEDICAL PLAN PROPOSAL

Note: Rates and benefits are for illustrative purposes only and are not a guarantee of coverage. Final rates will be based on insurance carrier confirmation and final group enrollment.

Compass Platinum Services
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MEDICAL PLAN PROPOSAL

AGE BANDED RATES

UnitedHealthcare UnitedHealthcare UHC Navigate HSA Bronze 7300-2

EMPLOYEE	AGE	PLAN TIER	CONTRIBUTION	PLAN COST	EMPLOYER SHARE	EMPLOYEE SHARE
Larry Anderson	42	**FAMILY**	**50%**	**$623.12/mo**	**$311.56 /mo**	**$311.56 /mo**
Dependents *Spouse, 1 Child*			**No Contribution**	**$960.78 /mo**	**$0./mo**	**$960.78 /mo**
Samuel Barnea	42	**FAMILY**	**50%**	**$623.12/mo**	**$311.56 /mo**	**$311.56 /mo**
Dependents *Spouse, 2 Children*			**No Contribution**	**$1,305.49 /mo**	**$0./mo**	**$1,305.49 /mo**
Ralph Dedrick	45	**COUPLE**	**50%**	**$679.08 /mo**	**$339.54 /mo**	**$339.54 /mo**
Dependents *Spouse*			**No Contribution**	**$656.98 /mo**	**$0./mo**	**$656.98 /mo**
Tully George	54	**INDIVIDUAL**	**50%**	**$1,004.05 /mo**	**$502.03 /mo**	**$502.03 /mo**
Patrica Hampton	47	**COUPLE**	**50%**	**$735.05 /mo**	**$367.53 /mo**	**$367.53 /mo**
Dependents *Spouse*			**No Contribution**	**$656.98 /mo**	**$0./mo**	**$656.98 /mo**
Total				**$22,848.06 /mo**	**$6,694.92 /mo**	**$16,153.15/mo**

** Final price will depend on employee participation and final carrier rates*
** Illustrative rates show in contributions for Not Quoted members*

EMPLOYEE	AGE	PLAN TIER	CONTRIBUTION	PLAN COST	EMPLOYER SHARE	EMPLOYEE SHARE
Bob Harmon	45	**COUPLE**	**50%**	**$679.08** /mo	**$339.54** /mo	**$339.54** /mo
Dependents *Spouse*			**No Contribution**	**$656.98** /mo	**$0.**/mo	**$656.98** /mo
Paul Johnson	44	**INDIVIDUAL**	**50%**	**$656.98** /mo	**$328.49** /mo	**$328.49** /mo
Sally Johnson	38	**INDIVIDUAL**	**50%**	**$585.97** /mo	**$292.99** /mo	**$292.99** /mo
Grace Kelly	42	**SINGLE PARENT**	**50%**	**$623.12**/mo	**$31156** /mo	**$31156** /mo
Dependents *1 Child*			**No Contribution**	**$429.37** /mo	**$0.**/mo	**$429.37** /mo
Grace Kelly	47	**COUPLE**	**50%**	**$735.05** /mo	**$367.53** /mo	**$367.53** /mo
Dependents *Spouse*			**No Contribution**	**$656.98** /mo	**$0.**/mo	**$656.98** /mo
Total				**$22,848.06** /mo	**$6,694.92** /mo	**$16,15315**/mo

** Final price will depend on employee participation and final carrier rates*
** Illustrative rates show in contributions for Not Quoted members*

EMPLOYEE	AGE	PLAN TIER	CONTRIBUTION	PLAN COST	EMPLOYER SHARE	EMPLOYEE SHARE
Robert Kennedy	54	**INDIVIDUAL**	**50%**	**$1,004.05** /mo	**$502.03** /mo	**$502.03** /mo
Joshua Kite	33	**INDIVIDUAL**	**50%**	**$563.40** /mo	**$281.70** /mo	**$281.70** /mo
Bobby Kite	33	**INDIVIDUAL**	**50%**	**$563.40** /mo	**$281.70** /mo	**$281.70** /mo
Heath Ledley	39	**SINGLE PARENT**	**50%**	**$601.02** /mo	**$300.51**/mo	**$300.51**/mo
Dependents *2 Children*			**No Contribution**	**$719.52** /mo	**$0.**/mo	**$719.52** /mo
Larry Loften	42	**FAMILY**	**50%**	**$623.12**/mo	**$311.56** /mo	**$311.56** /mo
Dependents *Spouse, 1 Child*			**No Contribution**	**$960.78** /mo	**$0.**/mo	**$960.78** /mo
Total				**$22,848.06** /mo	**$6,694.92** /mo	**$16,153.15**/mo

** Final price will depend on employee participation and final carrier rates*
** Illustrative rates show in contributions for Not Quoted members*

EMPLOYEE	AGE	PLAN TIER	CONTRIBUTION	PLAN COST	EMPLOYER SHARE	EMPLOYEE SHARE
Chip Morris	39	**SINGLE PARENT**	**50%**	**$601.02** /mo	**$300.51** /mo	**$300.51** /mo
Dependents *2 Children*			**No Contribution**	**$719.52** /mo	**$0.** /mo	**$719.52** /mo
Juilo Rameriez	42	**FAMILY**	**50%**	**$623.12** /mo	**$311.56** /mo	**$311.56** /mo
Dependents *Spouse, 2 Children*			**No Contribution**	**$1,305.49** /mo	**$0.** /mo	**$1,305.49** /mo
Hannah Randolph	42	**SINGLE PARENT**	**50%**	**$623.12** /mo	**$311.56** /mo	**$311.56** /mo
Dependents *1 Child*			**No Contribution**	**$429.37** /mo	**$0.** /mo	**$429.37** /mo
John Stacey	44	**INDIVIDUAL**	**50%**	**$656.98** /mo	**$328.49** /mo	**$328.49** /mo
Sally Stacey	38	**INDIVIDUAL**	**50%**	**$585.97** /mo	**$292.99** /mo	**$292.99** /mo
Total				**$22,848.06** /mo	**$6,694.92** /mo	**$16,153.15** /mo

** Final price will depend on employee participation and final carrier rates*
** Illustrative rates show in contributions for Not Quoted members*

Compass Platinum Services
Effective Date: 6/1/2024

DENTAL PLAN PROPOSAL

Current Enrollment	
Employee Only	8
Employee + Spouse	4
Employee + Child	4
Family	4

	PROPOSED #1
	UnitedHealthcare
	UnitedHealthcare 100/80/50/0 PASSIVE PPO $50/$150-$1,500
PLAN TYPE	PPO
	IN-NETWORK
DEDUCTIBLE	$50.00
ANNUAL MAX	$1,500.00
MAJOR	50%
	RATES
EMPLOYEE	$7.59
EMPLOYEE + SPOUSE	$15.18
EMPLOYEE + CHILD	$20.06
FAMILY	$29.32
MONTHLY PREMIUM	**$318.97**
ANNUAL PREMIUM	**$3,827.53**

Note: Rates and benefits are for illustrative purposes only and are not a guarantee of coverage. Final rates will be based on insurance carrier confirmation and final group enrollment.

Compass Platinum Services
Effective Date: 6/1/2024

VISION PLAN PROPOSAL

Current Enrollment	
Employee Only	8
Employee + Spouse	4
Employee + Child	4
Family	4

PROPOSED #1

Guardian

Guardian EM- Vision 28 DAVIS

	IN-NETWORK
VISION EXAM	$10.00
FRAME ALLOWANCE	$25 plus 80% after $120 allowance
CONTACT LENSES	$25 plus 85% after $120
	RATES
EMPLOYEE	$4.46
EMPLOYEE + SPOUSE	$8.45
EMPLOYEE + CHILD	$8.61
FAMILY	$13.63
MONTHLY PREMIUM	**$158.44**
ANNUAL PREMIUM	**$1,901.28**

Note: Rates and benefits are for illustrative purposes only and are not a guarantee of coverage. Final rates will be based on insurance carrier confirmation and final group enrollment.

Compass Platinum Services
Effective Date: 6/1/2024

WORKSITE PLANS PROPOSAL

Current Enrollment	
Employee Only	8
Employee + Spouse	4
Employee + Child	4
Family	4

	PROPOSED #1	PROPOSED #2	PROPOSED #3	PROPOSED #4
	Aflac	Aflac	Aflac	Aflac
	Lump Sum Critical Illness	Accident Advantage - 24 Hour Accident Option 1	Cancer Protection Assurance Plan - Level 1	Hospital Choice Option 1 - $500 Benefit Amount
	RATES			
EMPLOYEE	$10.76	$17.16	$16.59	$17.29
EMPLOYEE + SPOUSE	$21.19	$22.49	$26.35	$22.36
EMPLOYEE + CHILD	$10.14	$25.09	$16.59	$22.36
FAMILY	$17.42	$31.33	$26.35	$25.61
MONTHLY PREMIUM	**$281.09**	**$452.92**	**$409.88**	**$419.64**
ANNUAL PREMIUM	**$3,372.96**	**$5,435.04**	**$4,918.56**	**$5,035.68**

Note: Rates and benefits are for illustrative purposes only and are not a guarantee of coverage. Final rates will be based on insurance carrier confirmation and final group enrollment.

Compass Platinum Services
Effective Date: 6/1/2024

SUPPLEMENTAL PLANS PROPOSAL

Current Enrollment	
Employee Only	20
Employee + Spouse	0
Employee + Child	0
Family	0

	LONG-TERM DISABILITY	LIFE
	ONEAMERICA®	ONEAMERICA®
	EE 2 Year 180 Day	Voluntary Term Life
EMPLOYEE	$10.66	$2.60-$11.40
MONTHLY PREMIUM	**$213.20**	**$112.01**
ANNUAL PREMIUM	**$2,558.40**	**$1,344.13**

Note: Rates and benefits are for illustrative purposes only and are not a guarantee of coverage. Final rates will be based on insurance carrier confirmation and final group enrollment.
** Long-Term Disability plan costs are based on age and income, is non-contributory and intended to be an employee paid benefit. Monthly total is calculated based on full participation of the group.Rates shown are illustrative based on a Monthly rate for a 42 year old with an annual salary of $50,000*
*** Voluntary Term Life is non-contributory and intended to be an employee paid benefit, as an employee is able to take the policy with them after leaving your company. Monthly total is calculated based on full participation of the group.*

Employer and Employee Notices

The Consolidated Appropriations Act, 2021 (CAA), signed into law on December 27, 2020, contained many provisions, including a transparency provision that requires the disclosure of compensation paid to brokers and consultants who provide services to employer-sponsored health plans. Section 202 of the CAA amends the Employee Retirement Income Security Act (ERISA) Section 408(b)(2) to incorporate "reasonableness" compensation standards for group health plans, mirroring those that apply to retirement plans when negotiating contracts or service arrangements.

ERISA Section 408(b)(2) provides a statutory exemption from the party-in-interest prohibitions for any "reasonable" contract or arrangement with a "party-in-interest." A broker or consultant receiving such compensation is considered a party-in-interest. Pursuant to regulations finalized in 2012, but applicable to retirement plans only, a contract was not considered "reasonable" unless the "covered service provider" disclosed its direct or indirect compensation. Similarly, Section 202 of the CAA requires the disclosure of compensation paid by group health plans—excluding qualified small employer health reimbursement arrangements (QSEHRAs)—in order to meet the reasonableness standard of ERISA and qualify for the statutory exemption. A group health plan covered by Section 202 of the CAA would include a welfare plan that provides medical care to an employee and/or his dependents through insurance, reimbursement, or otherwise. Generally, a group health plan will include a health reimbursement arrangement, a health flexible spending arrangement, and an employer payment plan.

Pursuant to Section 202 of the CAA, a "covered service provider" is defined as a service provider that enters into a contract or arrangement with the covered plan and reasonably expects $1,000 or more in direct or indirect compensation in connection with providing either brokerage or consulting services or both.

Testing Agency, defined as a "party-in-interest", does hereby disclose that for Compass Platinum Services health, dental, vision insurance products we receive $35.00 in total compensation. During the plan year qualified life events will occur that may/will increase or decrease this total compensation. In addition, the covered service provider is required to provide information requested by a plan fiduciary or a covered plan administrator to comply with disclosure and reporting requirements pursuant to ERISA.

Finally, a contract or arrangement does not cease to be reasonable if the covered service provider acted in good faith and with "reasonable diligence" but makes an error or omission if the covered service provider discloses the information to the plan fiduciary as soon as practicable, but not later than 30 days from the date the covered service provider knows of the error or omission.

Employer and Employee Notices

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B]. This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

HIPAA Information Notice of Privacy Practices

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your Human Resources Department.

Special Enrollment Rights

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Children's Health Insurance Program Reauthorization Act (CHIPRA)

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

1. The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual ceased to be eligible.

2. The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

Employer and Employee Notices

Women's Health and Cancer Rights Act (Janet's Law)

The Women's Health and Cancer Rights Act requires that all medical plans cover breast reconstruction following a mastectomy. Under this law, if an individual who has had a mastectomy elects to have breast reconstruction, the medical plan must provide the following coverage as determined in consultation with the attending physician and the patient:

1. Reconstruction of the breast on which the mastectomy has been performed

2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

3. Prostheses and physical complications at all stages of the mastectomy, including lymphedemas.

Benefits received for the above coverage will be subject to any deductibles and coinsurance amounts required under the medical plan for similar services. The Act prohibits any group health plan from:

1. Denying a participant or a beneficiary eligibility to enroll or renew coverage under the plan in order to avoid the requirements of the Act;

2. Penalizing, reducing, or limiting reimbursement to the attending provider (e.g. physician, clinic or hospital) to induce the provider to provide care inconsistent with the Act; and providing monetary or other incentives to an attending provider to induce the provider to provide care inconsistent with the Act.

Important Notice from Compass Platinum Services 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 Compass Platinum Services 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 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. UnitedHealthcare has determined that the prescription drug coverage offered by Compass Platinum Services 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 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.

Employer and Employee Notices

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 Compass Platinum Services coverage will not be affected. Please see your Summary of Benefits & Coverage for Plan detail. Members can keep the CoreSource coverage if they elect part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current UnitedHealthcare coverage, be aware that you and your dependents will be able to get this coverage back if they are eligible for COBRA.

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 UnitedHealthcare 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...

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

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).

Employer and Employee Notices

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

OR

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

OMB Control Number 1210-0137

TEXAS - Medicaid

Website: http://gethipptexas.com/

Phone: 1-800-440-0493

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.

Employer and Employee Notices

Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for preexisting conditions except for service-connected injuries or illnesses.

Genetic Information Non-Discrimination Act (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual. GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.

Newborns 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 newborns 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 issuer for prescribing a length of stay not in excess of 48 (or 96) hours.

Qualified Medical Child Support Order (QMCSO)

A QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

Employer and Employee Notices

Employee Retirement Income Security Act (ERISA)

Federal law imposes certain requirements on employee benefit plans voluntarily established and maintained by employers. [29 USC § 1001 et. seq.; 29 CFR 2509 et. seq.] ERISA covers two general types of plans: retirement plans, and welfare benefit plans designed to provide health benefits, scholarship funds, and other employee benefits. ERISA facilitates portability and continuity of health insurance coverage as a result of added provisions under the Health Insurance Portability and Accountability ‘Act (HIPAA). It also covers continued health care coverage rules mandated under the Consolidated Omnibus Budget Reconciliation Act (COBRA).