Autism Society
of North Carolina

to announce...

When you see a...	You can...
Term you're	

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so it is always a good idea to confirm your provider's participation is in

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While medications can be a necessity, the high price tag associated with prescriptions doesn't have to be a

BlueCross BlueShield of North Carolina

Blue Connect is much more than a member services website; it's a personal guide to the tools you need to

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→ Select “Sign Up”
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- Not eligible to be claimed on another person's tax return

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ASNC's

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doctor's

anticipating your family's costs for the next year, you can

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preventive exams. It's a great way to ensure you're not just protected

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Critical Illness pays a lump sum benefit directly to you upon diagnosis of a covered illness after the plan's

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charge and the carrier's

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and the carrier's

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the amount of $2,500 not to exceed 50% of the employee's amount; child is $300 (birth to months).

Don't forget to keep your beneficiaries up to date

Additionally, don't

	existing condition clause; if you've been treated for a condition 3
	existing condition clause; if you've been treated for a condition 3

Lands' End, Costco, Ralph Lauren, Orbitx, Hotels.com, J.Crew, ProFlowers,

New Year's Day
Veteran's Day

	A record of a person's past and current health events. A "detailed receipt." Ask for this
	a record of a person's past and current health events. It is used by insurance
	some states, GI doesn't limit how much you can be charged if you enroll.
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- Women's Health Cancer Rights Act (WHCRA) Notice
- Newborns' Mothers Health Protection Act (NMHPA) Notice
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- Children's Health Insurance Program (CHIP) Notice

_____ herein be referred to as "Employer"

_____ will herein be referred to as "Medical Plan(s)"

_____ will herein be referred to as "Plan Administrator"

and about your options under Medicare's prescription drug coverage. This

and Medicare's prescription drug coverage:

If you decide to join a Medicare drug plan while enrolled in the Employer's coverage as an active employee, please

Medicare will usually pay primary for your prescription drug benefits if you participate in your Employer's coverage

You may also choose to drop your Employer's coverage. If you do decide to join a Medicare drug plan and drop your current Employer's coverage, be aware that you and your dependents may not be able to get this coverage

You should also know that if you drop or lose your current coverage with your Employer and don't join a Medicare

For More Information About This Notice Or Your Current Prescription Drug Coverage...

You'll get this notice each year. You will also get it

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

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- "Medicare & You" handbook for their telephone number) for personalized help
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If you decide to join a Medicare drug plan while enrolled in the Employer's coverage as an active employee, please

Medicare will usually pay primary for your prescription drug benefits if you participate in your Employer's coverage

You may also choose to drop your Employer's coverage. If you do decide to join a Medicare drug plan and drop your current Employer's coverage, be aware that you and your dependents may not be able to get this coverage

the last month that you were first eligible to join a Medicare drug plan but didn't
or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of

For More Information about This Notice or Your Current Prescription Drug Coverage…

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

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- 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
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If you are declining enrollment in your Employer's group health coverage for yourself or your dependents

if the employer stops contributing toward your or your dependents' other coverage). However, you must request
within 30 days after your or your dependents' other covera

State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium

WOMEN'S HEALTH CANCER RIGHTS ACT (

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (

prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the

The Employer's Group Health Plan maintains a Notice of Privacy Practices that provides information to individuals

Plan's Notice of Privacy Prac

The Employer sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our

This Notice of Privacy Practices (the "Notice") describes the legal obligations of

medical information known as “protected health information.” Generally, protected health information is

Employer's

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Workers' Compensation
We may release your protected health information for workers' compensation or similar programs. These programs

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- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's

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With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's

e's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request,

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You have the right to request an “accounting” of certain disclosures of your protected health information. The

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You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice

and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or

are eligible (such as a spouse's plan), even if that plan generally doesn't

event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a
tinuation coverage must be offered to each person who is a "qualified beneficiary."

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of

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If you're the spouse of an employee, you'll become a

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- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
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- employee's hours of employment are reduced;
- employee's employment ends for any reason other than his or her gross misconduct;
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- The child stops being eligible for coverage under the Plan as a "dependent child."

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- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's

Children's Health Insurance Program (CHIP)
or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed,

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If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late

health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits

of Regional and District EBSA Offices are available through EBSA's website.) For more information about the

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family

What is "balance billing" (sometimes called "surprise billing")?

ty that isn't in your health plan's network.

"Out network" describes providers and facilities that haven't signed a contract with your health plan. Out

e. This is called "balance billing." This amount is likely more than in

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your
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facility, the most the provider or facility may bill you is your plan's in
can't
you may get after you're in stable condition, unless you give written consent and give up your protections not to be

network. In these cases, the most those providers may bill you is your plan's in

can't

can't

You're _____ from balance billing. You also aren't required to get care out network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

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If you believe you've been wrongly billed

_____ –

_____ –

the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this

employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet

mily members of the employee, coverage is considered affordable if the employee's cost of

cost plan that would cover all family members does not exceed 9.12% of the employee's

Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events,

Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024.

For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

For more information about your coverage offered through your employment, please check your health plan's

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer,

or your children aren't eligible for Medicaid or CHIP, you won't be eligible for

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

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– Health First Colorado (Colorado's Medicaid	–
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	Utah's Premium Partnership for Health Insurance (UPP)
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MarshMcLennan Agency