

# 2018 Required Notices for Retirees and LTD Participants



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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 4 and 5 for more details.

## HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Oncor plan, provided that you request enrollment within 30 days after your or your dependents’ other coverage ends. In addition, if you have a dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided you request enrollment within 30 days after the marriage, or 60 days for birth, adoption or placement for adoption. Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance (“SCHIP”) program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

## HIPAA Privacy Notice

The HIPAA Privacy Notice is posted on the Online Resource Page HR Toolkit. Log onto [www.connect2epeople.com/retirees](http://www.connect2epeople.com/retirees), enter your user name and password. Then, click the HR Toolkit link in the upper right corner of the homepage. You will receive a prompt to enter an additional user name and password:

- User name: **EXTARINSO\EXT\_ONC\_RET**
- Password: **ONC;3456**

## Women’s Health and Cancer Rights Act of 1998 (WHCRA)

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 appropriate deductibles and coinsurance applicable to other medical and surgical benefits provided under the option you choose.

If you would like more information on WHCRA benefits, call your ePeople HR Service Center at 1.888.812.5465.

## The 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).

## Notice Regarding Wellness Program for All Employees

Oncor Electric Delivery Company LLC Employee Welfare Benefit Plan (the "Plan") includes a voluntary wellness program available to all employees. The wellness program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You will be asked to complete a biometric screening, which will include a blood test for low HDL cholesterol, high triglycerides, and high blood glucose. You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$1,270 for participating in the Annual Physical with Biometric Screening Incentive. Although you are not required to participate in the Annual Physical with Biometric Screening, only employees who do so will receive up to \$1,270 for the Annual Physical with Biometric Screening Incentive.

If you are in an HRA or HSA option, you are eligible to receive a \$325 Healthy Incentive based on achieving healthy outcomes, as shown in this chart:

### Biometric Screening Risk Factors

RISK FACTOR	WHAT IT MEANS*	THE HEALTHY TARGET
<b>Low HDL cholesterol</b>	HDL cholesterol helps remove cholesterol from the arteries, so a high level of HDL is good. A low HDL cholesterol level raises your risk of heart disease.	For men: Greater than or equal to 40 mg/dL  For women: Greater than or equal to 50 mg/dL
<b>High triglycerides</b>	Triglycerides are a type of fat found in the blood, and high triglycerides increase the risk of developing heart disease.	Less than 150 mg/dL
<b>High blood glucose</b>	Also known as blood sugar, glucose is what the body uses for energy. High glucose may be a sign of diabetes and can affect kidney functions.	Less than 100 mg/dL
<b>High blood pressure</b>	Blood pressure is the force of blood pushing against the walls of your arteries as your heart pumps blood. Your heart can be damaged and develop plaque buildup if your blood pressure rises and stays high over time.	Systolic less than 130 mmHg; diastolic less than 85
<b>Waist circumference</b>	Abdominal obesity (excess fat in the stomach area) is a greater risk factor for heart disease than excess fat in other areas of the body, such as on the hips.	For men: Less than or equal to 40 inches  For women: Less than or equal to 35 inches

\* Source: National Heart, Lung, and Blood Institute

Determined by your biometric results, if you have:

- 0 to 2 factors outside of the healthy target: Receive \$325 funding to HRA or HSA.
- 3 or more factors outside the healthy target: May participate in a Health Coaching Program to earn \$325.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard, including one recommended by your doctor. You may request a reasonable accommodation or an alternative standard by contacting Evive at **1.800.475.8205** or email **Questions@EviveHealth.com**.

The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as Naturally Slim or Ultimate Health Matters coaching programs. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. In addition, such information is subject to Oncor's HIPAA Privacy Policy. Although the wellness program, the Plan, and Oncor may use aggregate information collected to design future programs based on identified health risks, we will never disclose any of your personal information either publicly or to your employer, except as necessary to (i) respond to a request from you for a reasonable accommodation needed to participate in the wellness program, (ii) to administer the Plan and the wellness program, or (iii) as otherwise expressly permitted by law, regulations, and other guidance. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are Oncor's wellness vendor, currently Evive, the biometric screening provider, currently Cover-Tek, and Oncor personnel who need this information to administer the Plan and the wellness program.

In addition, (a) all medical information obtained through the wellness program will be maintained separate from your personnel records, (b) information stored electronically will be guarded against unauthorized access in accordance with Oncor's applicable privacy and security policies to ensure confidentiality of the data (for example, use of technical controls such as file level encryption, security monitoring, and Active Directory Rights Management Services), and (c) no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Oncor HR Advocacy at **ONCRES1@oncor.com**.

# Medicare Prescription Drug Creditable Coverage

(Applies to Health Plan Participants who are Medicare Eligible)

## Important Notice from Oncor 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 under the Oncor Electric Delivery Company LLC Employee Welfare Benefit Plan or the Oncor Retiree Welfare Plan (the "Plan") 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. Oncor has determined that the prescription drug coverage offered by the 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.

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

Generally speaking, if you decide to join a Medicare drug plan while covered under the Plan due to your current or former Oncor employment (or someone else's employment, such as a spouse or parent), your coverage under the Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed on page 5.

If you do decide to join a Medicare drug plan and drop your Oncor prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

### ***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 Oncor 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 ePeople HR Service Center (see right column) for further information. **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 Oncor changes. You also may request a copy of this notice at any time.

#### **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](http://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 on the web at **[www.socialsecurity.gov](http://www.socialsecurity.gov)**, or call them at **1.800.772.1213**. **TTY users should call 1.800.325.0778.**

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## **Important**

**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).**

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<b>Date:</b>	October 1, 2017
<b>Name of Entity/Sender:</b>	Oncor Electric Delivery Company LLC
<b>Contact Position/Office:</b>	ePeople HR Service Center
<b>Address:</b>	P.O. Box 44023 Jacksonville, FL 32231
<b>Telephone:</b>	1.888.812.5465 (select option '0')

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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](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 August 10, 2017. Contact your State for more information on eligibility.**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>COLORADO</b> <b>Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>Health First Colorado Website:</b> <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> <b>Health First Colorado Member Contact Center:</b> 1-800-221-3943/State Relay 711  <b>CHP+:</b> <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> <b>CHP+ Customer Service:</b> 1-800-359-1991/ State Relay 711

**FLORIDA – Medicaid**

Website: <http://flmedicaidprecovery.com/hipp/>  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**

Website: <http://dch.georgia.gov/medicaid>  
Click Health Insurance Premium Payment (HIPP)  
Phone: 1-404-656-4507

**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: <http://www.indianamedicaid.com>  
Phone 1-800-403-0864

**IOWA – Medicaid**

Website:  
<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-785-296-3512

**KENTUCKY – Medicaid**

Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570

**LOUISIANA – Medicaid**

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 1-888-695-2447

**MAINE – Medicaid**

Website:  
<http://www.maine.gov/dhhs/ofc/public-assistance/index.html>  
Phone: 1-800-442-6003  
TTY: Maine Relay 711

**MASSACHUSETTS – Medicaid and CHIP**

Website:  
<http://www.mass.gov/eohhs/gov/departments/masshealth/>  
Phone: 1-800-482-4840

**MINNESOTA – Medicaid**

Website:  
<http://mn.gov/dhs/people-we-serve/seniors/health-care/health-programs/programs-and-services/medical-assistance.jsp>  
Phone: 1-800-657-3739

**MISSOURI – Medicaid**

Website:  
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 1-573-751-2005

**MONTANA – Medicaid**

Website:  
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

**NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 1-402-473-7000  
Omaha: 1-402-595-1178

**NEVADA – Medicaid**

Medicaid Website: <https://dwss.nv.gov/>  
Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>  
Phone: 1-603-271-5218

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website:  
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 1-609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP 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://dma.ncdhhs.gov/>  
 Phone: 1-919-855-4100

**NORTH DAKOTA – Medicaid**

Website:  
<http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
 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>  
<http://www.oregonhealthcare.gov/index-es.html>  
 Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website:  
<http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>  
 Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid**

Website: <http://www.eohhs.ri.gov/>  
 Phone: 1-401-462-5300

**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: <http://gethipptexas.com/>  
 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: <http://www.greenmountaincare.org/>  
 Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Medicaid Website:  
[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
 Medicaid Phone: 1-800-432-5924  
 CHIP Website:  
[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
 CHIP Phone: 1-855-242-8282

**WASHINGTON – Medicaid**

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>  
 Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA – Medicaid**

Website: <http://mywvhipp.com/>  
 Phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**

Website:  
<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
 Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <https://wyequalitycare.acs-inc.com/>  
 Phone: 1-307-777-7531



To see if any other states have added a premium assistance program since August 10, 2017, 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

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ePeople Service Center  
P.O. Box 44023  
Jacksonville, FL 32231

IMPORTANT LEGALLY REQUIRED BENEFITS INFORMATION:  
**READ CAREFULLY**