

TOMPKINS COUNTY REQUIRED EMPLOYEE NOTICE COMMUNICATION

NOTICE # 1-2019

DATE: January 5, 2019

- Employee Blood Donation Leave (NYS Labor Law Section 202-j)
- Women's Health and Cancer Rights Act of 1998 (WHCRA).
- Leave for Cancer Screening- (Civil Service Law Section 159-b)
- Leave of Absence for Bone Marrow Donation- (Chapter 214 of the Laws of 2001, Section 202-a)
- Medicaid and the Children's Health Insurance Program (CHIP)
- Newborns' and Mothers' Health Protection Act of 1996
- Rights of Nursing Mothers to Express Breast Milk in the Work Place
- Health Insurance Portability and Accountability Act (HIPPA) Privacy of Health Information
- New Health Insurance Marketplace Coverage

Tompkins County Required Employee Notices are applicable to all employees. The following summary of the above listed notices is hereby distributed to all employees. Full versions of each notice, and the associated labor law, will be available on the Human Resource Department web page, and if required by law will also be posted in all County Buildings as appropriate. Individual departments may also maintain electronic and/or paper copies as per their customary operating procedures.

Employees are required to sign an acknowledgement statement that they have received and read this notice communication. It is the responsibility of each employee to seek clarification from their Department Head or the Human Resource Office if they have any questions related to the content of this or any notice communication.

EMPLOYEE BLOOD DONATION LEAVE

Pursuant to New York State Labor Law Section 202-j and the Guidelines for Implementation of Employee Blood Donation Leave issued by the New York State Department of Labor, an employer must either: allow an employee three (3) hours of leave time in any twelve-month period to donate blood; **or** allow an employee to donate blood two (2) times a year during work hours at a convenient time and place set by the employer, without use of accumulated leave time.

Tompkins County meet's its obligation under the law by granting employees the opportunity to donate blood, two (2) times per year, at scheduled blood drives. Such donation shall occur during work hours, without charge to leave credits. Departments reserve the right to implement specific procedures and guidelines for their employees with regard to requesting leave for the purpose of donating blood.

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; λ Surgery and reconstruction of the other breast to produce a symmetrical appearance; λ Prostheses; and λ Treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: [deductibles vary by plan, please refer to your Excellus Summary Plan Description for appropriate deductibles]. If you would like more information on WHCRA benefits, call your plan administrator 607-274-5526.

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 607-274-5526 for more information.

LEAVE FOR CANCER SCREENING

NYS Department of Civil Service; Legislation enacted in March 2018 amendments to the Civil Service Law to expand Section 159-b.

Early screening is extremely important in detecting cancer, treating it successfully and reducing the cost of care. Employees of Tompkins County are entitled to take up to four (4) hours of paid leave each calendar year, without charge to leave credits, for the purpose of any type of cancer screening scheduled during the employees' regular work hours.

The paid leave may be used for screening any form of cancer, including but not limited to breast cancer, prostate cancer, cervical cancer, skin cancer, colon cancer, ovarian cancer, bladder cancer, or lung cancer. Cancer screening may include physical exam, imaging, biopsy, Pap Smear, mammogram, blood test or surgical procedure for the purpose of detecting cancers.

Travel time is included in this four (4) hour cap;

Employees who undergo screenings outside their regular work schedule do so on their own time;

Absence beyond the four (4) hour cap must be charged to leave credits, or be unpaid (employees are not granted compensatory time off for cancer screenings that occur on a day off or a holiday); and

Leave for cancer screenings is not cumulative and expires at the close of business on the last day of each calendar year.

Employees must comply with County, Department, and applicable Collective Bargaining Agreement leave policies and practices, and follow the customary leave procedure for their unit/department.

An employee must provide satisfactory medical documentation that the absence was for the purpose of screening for any type of cancer, by submitting a completed Claim Form for Cancer Screening. The Claim Form for Cancer Screening with Healthcare Provider's statement is provided by the Human Resources Department.

Tompkins County shall maintain confidentiality as required by HIPPA. Tompkins County shall keep the Cancer Screening statements confidential, to the extent allowed by the New York State Freedom of Information Law, or other applicable laws, with only those required to grant approval or certify time and attendance reports having access.

LEAVE OF ABSENCE FOR BONE MARROW DONATION

Eligible employees of Tompkins County shall be granted unpaid leave* to undergo a medical procedure to donate bone marrow. The length and duration of leave must be determined by a physician, but the combined leaves may not exceed twenty-four (24) hours per each request, unless agreed to by the Department Head and/or employer. The leave entitlement is available only to the extent that it conflicts with the employee's work schedule. Bone marrow donations undergone outside employees' work schedule are done on an employees' own time. (NYS Labor Law Section 202-a).

* Tompkins County Policy and the provisions of respective collective bargaining agreements require the substitution of accrued paid leave run concurrent with any unpaid leaves of absence, which includes any such absence for the purpose of bone marrow donation. An employee must comply with County, Department, and applicable collective bargaining agreement leave policies and practices, and customary procedures for their unit/department, and will be required to provide suitable verification/documentation from a physician regarding the purpose and length of each leave.

Medicaid and the Children's Health Insurance Program (CHIP) - Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial 1-877KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

NEW YORK - Medicaid Website:

<http://www.nyhealth.gov/healthcare/medicaid/>

Phone: 1-800-541-2831

Young Adult Coverage to Age 26 has been extended under the Affordable Care Act. The child does not have to reside in your home; does not have to be a student; and does not have to be tax dependent. The child may be eligible for coverage under his/her own employer, and the child may be married or unmarried. (Coverage for the child's spouse or children is not required),

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse, midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48- hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other healthcare provider obtain authorization for prescribing a length of stay up to 48 hours (or 96 hours).

However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information, contact your plan administrator.

Guidelines Regarding the Rights of Nursing Mothers to Express Breast Milk in the Work Place

Section 206-c of the New York State Labor Law provides as follows: Right of Nursing Mothers to Express Breast Milk. An employer shall provide reasonable unpaid break time or permit an employee to use paid break time or meal time each day to allow an employee to express breast milk for her nursing child for up to three years following child birth. The employer shall make reasonable efforts to provide a room or other location, in close proximity to the work area, where an employee can express milk in privacy. No employer shall discriminate in any way against an employee who chooses to express breast milk in the workplace.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) Privacy of Health Information

A federal law known as the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** requires group health plans to protect the confidentiality of your private health information. Information that is protected by HIPAA ("*protected health information* ") includes information that may identify you and relates to health care services that you receive, payment for services, or your physical or mental health or condition. The privacy provisions of HIPAA will apply to the medical, dental and health care flexible spending account benefit plans. The benefit plans and Tompkins County, as the plan sponsor of such benefit plans, will not use or further disclose protected health information except as necessary for treatment, payment, health plan operations, and plan administration, or as otherwise permitted or required by applicable law. By law, the benefit plans will require all of its business associates (and their subcontractors) to also observe HIPAA's privacy rules. In particular, the benefit plans will not, without your authorization, use or disclose protected health information for employment related actions and decisions or in connection with any other benefit or employee benefit plan of the University. You will be notified if there is ever a breach of your protected health information. In general, a "*breach*" occurs if there is an unauthorized acquisition, access, use, or disclosure that compromises the security of your protected health information. Under HIPAA, you have certain rights with respect to your protected health information, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the applicable benefit plan or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated. The benefit plans maintain a privacy notice, which provides a complete description of your rights under HIPAA's privacy rules.

CERTIFICATES OF COVERAGE

A Federal law, HIPAA, requires employers to provide certificates of coverage to all former employees, who then can give the certificates to their new employers. If you or your dependents obtain new employment, you may request a certificate of coverage which describes the length and types of benefits coverage (e.g., medical, dental, etc.) you and your dependents had under the County's Program. You may request a HIPAA Certificate of Coverage by submitting a request to the Tompkins County Office of Human Resources.

SECURITY OF HEALTH INFORMATION

HIPAA also includes security rules for electronic health information. Tompkins County has implemented safeguards to

protect the confidentiality, integrity and availability of electronic protected health information, implement security measures to ensure adequate separation between Tompkins County and the benefit plans, and ensure that any agent to whom it provides electronic protected health information also agrees to implement security measures. Tompkins County will report to the benefit plans any security incident of which it becomes aware involving electronic protected health information.

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 30 days after the marriage, birth, adoption, or placement for adoption. Effective April 1, 2009 special enrollment rights also may exist in the following circumstances: If you or your dependents experience a loss of eligibility for Medicaid or a State Children's Health Insurance Program (SCHIP) coverage and you request enrollment within 60 days after that coverage ends; or if you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a SCHIP program with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Tompkins County Department of Human Resources \(607\) 274-5528](tel:6072745528).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.