



California Schools Employee Benefits Organization

5189A Verdugo Way Camarillo, CA 93012
(805) 383-1969 | FAX: (805) 383-1971
www.csebo.net

August 10, 2020

OPEN ENROLLMENT PACKET

WHCRA ENROLLMENT 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 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;
- Prosthesis; and
- 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. Please refer to your Summary Plan Description (SPD) or full Evidence of Coverage (EOC) for your specific plan's deductible and coinsurance. If you would like more information on WHCRA benefits, call your plan administrator or Member Services.

CSEBO
5189A VERDUGO WAY
CAMARILLO, CA 93012
PHONE: (805) 383-1969
WWW.CSEBO.NET

HIPAA PRIVACY REMINDER

California Schools Employee Benefits Organization ("CSEBO", the "Plan") is committed to maintaining the confidentiality of your private medical information. CSEBO maintains a full Notice that describes our efforts to safeguard your health information from improper or unnecessary use or disclosure of your privacy rights. We are providing this abbreviated Notice to you because privacy regulations issued under federal law, the Health Insurance Portability and Accountability Act of 1996, CFR Parts 160 and 164 ("HIPAA"), require the plan to provide you with a summary of the Plan's privacy practices and related legal duties, and your rights

in connection with the use and disclosure of your Plan information. We must follow the privacy practices that are described in the full Notice while it is in effect.

Federal law requires the Plan to have a special policy for safeguarding a category of medical information called protected health information (“PHI”), received or created in the course of administering the Plan. PHI is health information that can identify you and relates to:

- Your physical or mental health condition,
- The provision of health care to you, or
- Payment for your health care.

Your medical, dental and vision records, your claims for medical, dental and vision benefits, and the Explanation of Benefits (“EOB’s”) sent in connection with payment of your claims are all examples of PHI.

The Notice will be provided to each person when they initially enroll for benefits in the Plan (the Notice is provided in the Plan’s Initial Enrollment material/packets). The Notice is also available on the Plan’s website: <http://www.csebo.net/Privacy-Statement>. The Notice will also be provided upon request. This Plan will satisfy the requirements of the HIPAA regulation by providing the Notice to the named insured (covered employee or retiree) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

If you have any questions or would like to request a copy of the full HIPAA Privacy Notice, please contact CSEBO at the information below:

CSEBO
5189A VERDUGO WAY
CAMARILLO, CA 93012
PHONE: (805) 383-1969
WWW.CSEBO.NET

SPECIAL ENROLLMENT RIGHTS NOTICE

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 and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing towards the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact the Benefits Department, Kris Trotsky or Monique Terrazas-Garcia at: (805) 933-8800, or benefits@santapaulaunified.org.

ACA PATIENT PROTECTION RIGHTS FOR NON-GRANDFATHERED MEDICAL PLANS

The Anthem HMO and Kaiser HMO's generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Anthem HMO and Kaiser HMO designates one for you. For children, you may designate a pediatrician as the primary care provider.

For information on how to select a primary care provider, and for a list of participating primary care providers, contact the following:

Anthem Blue Cross
HMO Member Services: 1-800-227-3771
www.anthem.com

Kaiser Permanente
HMO Member Services: 1-800-464-4000
www.kp.org

You do not need prior authorization from the Anthem HMO or Kaiser 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 our 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 Anthem HMO or Kaiser HMO listed above.