



IMPORTANT NOTICES

1. Medicare Part D Notice
3. Patient Protections Disclosure
3. Women's Health & Cancer Rights Act
3. Newborns' and Mothers' Health Protection Act
4. HIPAA Privacy and Security
4. HIPAA Special Enrollment Rights
5. Medicaid and the Children's Health Insurance Program (CHIP)
7. California HIPP Notice

Required Notices

Important Notice from TEAM, Inc About Your Prescription Drug Coverage and Medicare under the Blue Cross Blue Shield of Texas and Kaiser Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with TEAM, Inc 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. TEAM, Inc has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Texas and Kaiser plan(s) 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll 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?

If you decide to join a Medicare drug plan, your current TEAM, Inc coverage 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 herein.

If you do decide to join a Medicare drug plan and drop your current TEAM, Inc coverage, be aware that you and your dependents will not be able to get this coverage back.

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 TEAM, Inc 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 the person listed at the end of these notices 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 TEAM, Inc 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
- » 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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D 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).

Date:	January 1, 2022
Name of Entity/Sender:	TEAM, Inc
Contact—Position/Office:	Human Resources
Address:	13131 Dairy Ashford Rd. Sugar Land, TX 77478
Phone Number:	281-388-5539

Women's Health and Cancer Rights Act

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 deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 281-388-5539.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 281-388-5539.

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 later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 Human Resources at 281-388-5539.

PATIENT PROTECTIONS DISCLOSURE

The Kaiser Medical Plan 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. In some cases, until you make this designation, Kaiser designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser at 800-464-4000.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser 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 Kaiser at 800-464-4000.

WOMEN'S HEALTH & CANCER RIGHTS ACT

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 deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. For deductibles and coinsurance information applicable to the plan in which you enroll please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 281-388-5539.

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

HIPAA PRIVACY AND SECURITY

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 281-388-5539.

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 later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

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.

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 or call **1-866-444-EBSA (3272)**.

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 July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid

WEBSITE <http://myalhipp.com/>
PHONE 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
WEBSITE <http://myakhipp.com/>
PHONE 1-866-251-4861
EMAIL CustomerService@MyAKHIPP.com
MEDICAID ELIGIBILITY <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

WEBSITE <http://myarhipp.com/>
PHONE 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
WEBSITE <http://dhcs.ca.gov/hipp>
PHONE 916-445-8322
EMAIL hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

WEBSITE Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
PHONE Health First Colorado Member Contact Center:
1-800-221-3943 / State Relay 711
CHIP+ WEBSITE <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHIP+ PHONE Customer Service: 1-800-359-1991 / State Relay 711
WEBSITE Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
PHONE HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

WEBSITE <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
PHONE 1-877-357-3268

GEORGIA – Medicaid

WEBSITE <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
PHONE 678-564-1162 ext 2131

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 <https://www.in.gov/medicaid/>
PHONE 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

MEDICAID WEBSITE <https://dhs.iowa.gov/ime/members>
MEDICAID PHONE 1-800-338-8366
HAWKI WEBSITE <http://dhs.iowa.gov/Hawki>
HAWKI PHONE 1-800-257-8563
HIPPI WEBSITE <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPPI PHONE 1-888-346-9562

KANSAS – Medicaid

WEBSITE <https://www.kancare.ks.gov/>
PHONE 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
WEBSITE <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
PHONE 1-855-459-6328
EMAIL KIHIPPI.PROGRAM@ky.gov
KCHIP WEBSITE <https://kidshealth.ky.gov/Pages/index.aspx>
KCHIP PHONE 1-877-524-4718
KENTUCKY MEDICAID WEBSITE <https://chfs.ky.gov>

LOUISIANA – Medicaid

WEBSITE www.medicaid.la.gov or www.ldh.la.gov/lahipp
PHONE 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

ENROLLMENT WEBSITE <https://www.maine.gov/dhhs/ofi/applications-forms>
PHONE 1-800-442-6003 TTY: Maine relay 711
PRIVATE HEALTH INSURANCE PREMIUM WEBPAGE <https://www.maine.gov/dhhs/ofi/applications-forms>
PHONE 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

WEBSITE <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>
PHONE 1-800-862-4840

MINNESOTA – Medicaid

WEBSITE <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

PHONE 1-800-657-3739

MISSOURI – Medicaid

WEBSITE <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

PHONE 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: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

MEDICAID WEBSITE <http://dhcfp.nv.gov>

MEDICAID PHONE 1-800-992-0900

NEW HAMPSHIRE – Medicaid

WEBSITE <https://www.dhhs.nh.gov/oii/hipp.htm>

PHONE 603-271-5218

TOLL FREE FOR HIPPI PROGRAM 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

MEDICAID WEBSITE <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

MEDICAID PHONE 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/

PHONE 1-800-541-2831

NORTH CAROLINA – Medicaid

WEBSITE <https://medicaid.ncdhhs.gov/>

PHONE 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 <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

PHONE 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

WEBSITE <http://www.eohhs.ri.gov/>

PHONE 1-855-697-4347

DIRECT RITE SHARE LINE 401-462-0311

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

WEBSITE <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>

MEDICAID AND CHIP PHONE 1-800-432-5924

WASHINGTON – Medicaid

WEBSITE <https://www.hca.wa.gov/>

PHONE 1-800-562-3022

WEST VIRGINIA – Medicaid

WEBSITE <http://mywwhipp.com/>

TOLL-FREE PHONE 1-855-MyWWHIP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

WEBSITE <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

PHONE 1-800-362-3002

WYOMING – Medicaid

WEBSITE <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

PHONE 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits
Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

CALIFORNIA HIPP NOTICE

State of California

Health and Human Services Agency

Department of Health Care Services

Health Insurance Premium Payment (HIPP) Program DISCLOSURE STATEMENT

(Required)

Please read entire disclosure statement before signing.

The California Department of Health Care Services (DHCS) will pay, when it is cost-effective to do so, medical insurance premiums for full scope Medi-Cal beneficiaries who have a high cost medical condition. As an applicant or enrollee, you must submit the policy booklet or Evidence of Coverage from your individual or group health insurance carrier, a Statement of Diagnosis Medical Report signed and dated within six (6) months of the date of application and other requested documentation. The following applies to all applicants and enrollees of the HIPP Program, effective July 1, 2014.

1. Purchasing or paying for health insurance coverage is not cost-effective when a court has ordered a non- custodial parent to provide medical insurance, a Medi-Cal beneficiary is also enrolled in Medicare, an individual or employee has been fully reimbursed for his/her payment of health care premiums, and a beneficiary is also enrolled in a Medi-Cal managed care plan.
2. HIPP does not pay for premiums paid prior to the month the application was received by HIPP or for past due premiums. If premiums are past due, the applicant must bring the premiums current before approval can be determined.
3. HIPP pays medical insurance premiums, coinsurance, deductibles, and other cost-sharing obligations.
4. The California Code of Regulations, Title 22, Section 50763(a) (1) states, "An applicant or beneficiary shall: apply for, and/or retain any available health care coverage when no cost is involved." This means that if you drop your private health coverage without DHCS approval after the state begins paying your premiums, you could lose your Medi-Cal benefits.

5. As a condition of HIPP eligibility, any reimbursement received for medical coverage premiums must be forwarded to DHCS.
6. It is the responsibility of the HIPP enrollee to notify the HIPP Program within ten (10) days of any changes in health insurance coverage, insurance premium amount, personal contact information, marital status, or any changes that may otherwise affect the HIPP Program eligibility.
7. Each case is redetermined at least annually to determine if the case remains cost-effective for the state to pay the medical insurance premiums. Failure to submit required documents for redetermination may result in disenrollment from the HIPP program.
8. A HIPP enrollee may be terminated from the program if their Medi-Cal eligibility is terminated, their private health coverage is terminated, the enrollee is Medicare eligible, they fail to provide requested information, or if it is no longer cost-effective for DHCS to pay the medical insurance premiums. Only one letter of termination will be mailed to the address of record.
9. In accordance with All County Welfare Directors Letter No. 95-82, there are no appeal rights for the HIPP Program.
10. Funding for the HIPP Program is contingent upon a state budget. In the event a state budget is not enacted timely, HIPP payments may be delayed. If HIPP payments are delayed, HIPP enrollees, in order to avoid the potential loss of their health insurance, may be personally responsible for making the insurance premium payments. DHCS will reimburse those payments once a state budget has been enacted.

CERTIFICATION: I certify that I have thoroughly read the provisions listed above, and I understand and agree to them.

Name of Applicant (<i>print</i>):	Signature of Applicant/Guardian:	Date:
Name of Policyholder (<i>print</i>):	Signature of Policyholder:	Date:

PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS