Important Notices

Legal Notices

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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 page 4 for more details.

Notice of Privacy Practices HCA Self-Insured Health Benefit Options

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice was amended on September 1, 2017.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules to carry out this law (Privacy Rules) require health plans to notify participants and beneficiaries about the policies and practices the plan has adopted to protect the confidentiality of their health information, including healthcare payment information.

This Notice summarizes the privacy policies of the self-funded health benefits, including medical and wellness, dental, health care flexible spending account, health reimbursement account and employee assistance plan benefits under the HCA Health and Welfare Benefits Plan (Plan), sponsored by HCA Inc. (Company).

The Privacy Rules require the Plan to protect the confidentiality of your protected Health Information. ‘Protected Health Information’ or ‘PHI’ includes any information, whether oral or recorded, in any form or medium that is created or received by the Plan that relates to your past, present, or future physical or mental health, including the provision of and payment for care, that identifies you or provides a reasonable basis for your identification. PHI includes ePHI. Electronic Protected Health Information, or ePHI, means PHI stored, maintained or transmitted electronically.

PHI does not include de-identified health information or health information the Company is entitled to under applicable law (for example, FMLA, Americans with Disabilities Act, Occupational Safety and Health Act, workers’ compensation laws and other state and federal laws), or health information the Company obtains through sources other than the Plan and retains as part of your employment records (for example, drug screening tests, fitness for duty examination results or other types of similar information). This type of information, therefore, is not subject to the Privacy Rule, nor the restrictions described in this document.

Third parties assist in administering your health benefits under the Plan. These entities keep and use most of the medical information maintained by the Plan such as information about your health condition, the healthcare services you receive and the payments for such services. They use this information to process your benefit claims. They are required to use the same privacy protections as the Plan.

The law requires the Plan to maintain the privacy of your PHI, to provide you with this Notice of its legal duties and to abide by the terms of this Notice. In general, the Plan may only use and/or disclose your PHI where required or permitted by law or when you authorize the use or disclosure. The Plan may also only use the minimum amount of your PHI that is necessary to accomplish the intended purpose of the use or disclosure as permitted by HIPAA.

WHEN THE PLAN MUST DISCLOSE YOUR PHI

The Plan must disclose your PHI:

- to you;
- to the Secretary of the United States Department of Health and Human Services (DHHS) to determine whether the Plan is in compliance with HIPAA; and
- where required by law. This means the Plan will make the disclosure only when the law requires it do so, but not if the law would just allow it to do so.
WHEN THE PLAN MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

The Plan may use and/or disclose your PHI as follows:

For Treatment. The Plan does not provide medical treatment directly, but it may disclose your PHI to a healthcare provider who is giving treatment. For example, the Plan may disclose the types of prescription drugs you currently take to an emergency room physician if you are unable to provide your medical history due to an accident.

For Payment. The Plan may disclose your PHI, as needed, to pay for your medical benefits. For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill the Plan might pay. The Plan may also use or disclose your PHI in other ways to administer benefits; for example, to process and review claims, to coordinate benefits with other health plans, to exercise its subrogation rights, and to do utilization review and pre-authorizations.

For Healthcare Operations. The Plan may use and/or disclose your PHI to make sure the Plan is well run, administered properly and does not waste money. For example, the Plan may use information about your claims to project future benefit costs or audit the accuracy of its claims processing functions. The Plan may also disclose your PHI for a claim under a stop-loss or re-insurance policy. Among other things, the Plan may also use your PHI to undertake underwriting, premium rating and other insurance activities relating to changing health insurance contracts or health benefits. However, federal law prohibits the Plan from using or disclosing PHI that is genetic information (e.g., family medical history) for underwriting purposes, which include eligibility determinations, calculating premiums, applications of any pre-existing condition exclusions and any other activities related to the creation, renewal or replacement of a health insurance contract or health benefits.

For Special Information. In addition to the Privacy Rule, special protections under other laws may apply to the use and disclosure of your PHI. The Plan will comply with other federal laws where they are more protective of your privacy. The Plan will comply with any other laws protecting your privacy only to the extent these laws are not preempted by ERISA.

To the Company. In certain cases, the Plan may disclose your PHI to the Company.

• Some of the people who administer the Plan work for the Company. Before your PHI can be used by or disclosed to these Company employees, the Company must certify that it has: (1) amended the Plan documents to explain how your PHI will be protected; (2) identified the Company employees who need your PHI to carry out their duties to administer the Plan; and (3) separated the work of these employees from the rest of the workforce so that the Company cannot use your PHI for employment-related purposes or to administer other benefit plans. For example, these designated employees will be able to contact an insurer or third party administrator to find out about the status of your benefit claims without your specific authorization.

• Plan may disclose information to the Company that summarizes the claims experience of Plan participants as a group, but without identifying specific individuals, to get new benefit insurance or to change or terminate the Plan. For example, if the Company wants to consider adding or changing organ transplant benefits, it may receive this summary health information to assess the costs of those services.

• The Plan may also disclose limited health information to the Company in connection with the enrollment or disenrollment of individuals into or out of the Plan.

To Business Associates. The Plan may hire third parties that may need your PHI to perform certain services on behalf of the Plan. These third parties are “Business Associates” of the Plan. Business Associates must protect any PHI they receive from, or create and maintain on behalf of, the Plan. For example, the Plan may hire a third party administrator to process claims, an auditor to review how an insurer or third party administrator is processing claims, an insurance agent to assess coverages and help with claim problems or a service provider to provide health benefits (such as wellness benefits).

To Individuals Involved with Your Care or Payment for Your Care. The Plan may disclose your PHI to adult members of your family or another person identified by you who is involved with your care or payment for your care if: (1) you are present and agree to the disclosure; (2) the Plan informs you it intends to do so and you do not object; or (3) you are not present or you are not capable of agreeing to the disclosure and the Plan infers from the circumstances, based upon professional judgment, that you do not object to the disclosure. The Plan may release claims payment information to spouses, parents or guardians.

To Personal Representatives. The Plan may disclose your PHI to someone who is your personal representative. Before the Plan will give that person access to your PHI or allow that person to take any action on your behalf, it will require him/her to give proof that he/she may act on your behalf; for example, a court order or power of attorney granting that person such power. Generally, the parent of a minor child will be the child’s personal representative. In some cases, however, state law allows minors to obtain treatment (e.g., sometimes for pregnancy or substance abuse) without parental consent, in which case the Plan may disclose certain information to the parents. The Plan may also deny a personal representative access to PHI to protect people, including minors, who may be subject to abuse or neglect.

For Treatment Alternatives or Health-Related Benefits and Services. The Plan may contact you to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.

For Public Health Purposes. The Plan may: (1) report specific disease or birth/death information to a public health authority authorized to collect that information; (2) report reactions to medication or problems with medical products to the Food and Drug Administration to help ensure the quality, safety, or effectiveness of those medications or medical products; or (3) if authorized by law, disclose PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading a disease or medical condition.

To Report Violence and Abuse. The Plan may report information about victims of abuse, neglect or domestic violence to the proper authorities.

For Health Oversight Activities. The Plan may disclose PHI for civil, administrative or criminal investigations, oversight inspections, licensure or disciplinary actions (e.g., to investigate complaints against medical providers), and other activities for the oversight of the healthcare system or to monitor government benefit programs.
For Lawsuits and Disputes. The Plan may disclose PHI in response to an order of a court or administrative agency, but only to the extent expressly authorized in the order. The Plan may also disclose PHI in response to a subpoena, a lawsuit discovery request, or other lawful process, but only if the Plan has received adequate assurances that the information to be disclosed will be protected. The Plan may also disclose PHI in a lawsuit if necessary for payment or healthcare operations purposes.

For Law Enforcement. The Plan may disclose PHI to law enforcement officials for law enforcement purposes and to correctional institutions regarding inmates.

To Coroners, Funeral Directors and Medical Examiners. The Plan may disclose PHI to a coroner or medical examiner; for example, to identify a person or determine the cause of death. The Plan may also release PHI to a funeral director who needs it to perform his or her duties.

For Organ Donations. The Plan may disclose PHI to organ procurement organizations to facilitate organ, eye or tissue donations.

For Limited Data Sets. The Plan may disclose PHI for use in a limited data set for purposes of research, public health or healthcare operations, but only if a data use agreement has been signed.

To Avert Serious Threats to Health or Safety. The Plan may disclose PHI to avert a serious threat to your health or safety or that of members of the public.

For Special Governmental Functions. The Plan may disclose PHI to authorized federal officials in certain circumstances. For example, disclosure may be made for national security purposes or for members of the armed forces if required by military command authorities.

For Workers’ Compensation. The Plan may disclose PHI for workers’ compensation if necessary to comply with these laws.

For Research. The Plan may disclose PHI for research studies, subject to special procedures intended to protect the privacy of your PHI.

For Emergencies and Disaster Relief. The Plan may disclose PHI to organizations engaged in emergency and disaster relief efforts.

WRITTEN AUTHORIZATION
The Plan will not use or disclose your PHI without your written authorization for (1) uses and disclosures for marketing purposes, (2) uses and disclosures that constitute the sale of PHI, (3) most uses and disclosures of psychotherapy notes, and (4) any other uses and disclosures not described in this Notice. The authorization must meet the requirements of the Privacy Rules. If you give the Plan a written authorization, you may cancel your authorization, except for uses or disclosures that have already been made based on your authorization. You may not, however, cancel your authorization if it was obtained as a condition for obtaining insurance coverage and if your cancellation will interfere with the insurer’s right to contest your claims for benefits under the insurance policy.

YOUR INDIVIDUAL RIGHTS
You have certain rights under the Privacy Rules relating to your PHI maintained by the Plan. All requests to exercise those rights must be made in writing to the Privacy Official. The Plan’s third party administrators and HMOs keep their own records, and you must make your requests relating to your PHI in those records directly to that third party administrator or HMO. Your rights are:

Right to Request Restrictions on Uses and Disclosures of Your PHI.
You may request the Plan restrict any of the permitted uses and disclosures of your PHI listed above. The Plan does not have to, and generally will not, agree to your requested restriction. However, the Plan will accommodate a reasonable request to communicate with you in confidence about your PHI if you provide a clear statement that disclosure of all or part of your PHI could endanger you (as explained in “Right to Request Restrictions and Confidential Communications” below). You may also request your healthcare provider not disclose your PHI for a healthcare item or service to the Plan for payment or healthcare operations if you have paid for the item or service out of your pocket in full. Please note if your healthcare provider does not disclose the item or service to the Plan, the amount you paid for the item or service will not count toward your annual deductible or any out-of-pocket maximums under the Plan. The provider may also charge you the out-of-network rate for the item or service. A restriction cannot prevent uses or disclosures that are required by the Secretary of DHHS to determine or investigate the Plan’s compliance with the Privacy Rules or that are otherwise required by law.

Right to Access or Copy Your PHI. You generally have a right to access your PHI that is kept in the Plan’s records, except for: (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding. The Plan may deny you access to your PHI in the Plan’s records. You may, under some circumstances, request a review of that denial. If the Plan or its Business Associates maintain electronic records of your PHI, you may request an electronic copy of your PHI. You may also request your electronic records be sent to a third party. The Plan may charge you a reasonable fee for copying the information you request, the cost of any mailing or the cost to provide you access to your PHI electronically, but it cannot charge you for time spent finding and assembling the requested information.

Right to an Accounting of Disclosures. At your request, the Plan must provide you with a list of the Plan’s disclosures of your PHI made within the six-year period just before the date of your request, except disclosures made:

• for purposes of treatment, payment or healthcare operations;
• directly to you or close family members involved in your care;
• for purposes of national security;
• incidental to otherwise permitted or required disclosures;
• as part of a limited data set;
• to correctional institutions or law enforcement officials; or
• with your express authorization.

You may request one accounting disclosure, which the Plan must provide at no charge, within a single 12-month period. If you request more than one accounting within the same 12-month period, the Plan may charge you a reasonable fee.

Right to Amend. You may request the Plan change your PHI that is kept in the Plan’s records, but the Plan does not have to agree to your request. The Plan may deny your request if the information in its records: (1) was not created by the Plan; (2) is not part of the Plan’s records; (3) would not be information to which you would have a right of access; or (4) is deemed by the Plan to be complete and accurate as it then exists.
Right to Request Restrictions and Confidential Communications.
You have the right to request that the Plan communicate with you in a confidential manner, for example, by sending information to an alternative address or by an alternative means. The Plan will accommodate your request if your request is reasonable and you provide a clear statement that disclosure of all or part of the information could endanger you. Any alternative used must still allow for payment information to be effectively communicated and for payments to be made.

Right to File a Complaint. If you believe your rights have been violated, you have a right to file a written complaint with the Plan’s Privacy Official or with the Secretary of the DHHS. The Plan will not retaliate against you for filing a complaint and cannot condition your enrollment or your entitlement to benefits on your waiving these rights. If your complaint is with an insurer or HMO, you may file a complaint with the individual named in their Notice of Privacy Practices to receive complaints. If your complaint is with the Plan, you may submit your complaint in writing to:

HCA Health & Group Benefits
HIPAA Privacy
One Park Plaza, Bldg 1-2W
Nashville, TN 37203

To file a complaint with the Secretary of the DHHS, you must submit your complaint in writing, either on paper or electronically, within 180 days of the date you knew or should have known the violation occurred. You must state who you are complaining about and the acts or omissions you believe are violations of the Privacy Rules. Complaints sent to the Secretary must be addressed to the regional office of the DHHS’s Office of Civil Rights (OCR) for the state in which the alleged violation occurred. For information on which regional office at which you must file your complaint, and the address of that regional office, go to the OCR website at www.hhs.gov/ocr/hipaa.

Right to Receive a Paper Copy of This Notice Upon Request. You have a right to obtain a paper copy of this Notice upon request. You may also print or view a copy of this Notice currently in effect on the web at HCArewards.com.

To exercise your rights under this Notice and for further information about matters covered by this Notice, please contact the Health & Group Benefits Department at the corporate office and ask to speak to the Health Plan Privacy Official. The corporate office number is (615) 344-9551.

Right to Receive Notification. You have a right to receive notification of a breach of your unsecured PHI.

CHANGES TO THE NOTICE
The Plan reserves the right to change the terms of this Notice and to make the new revised Notice provisions effective for all PHI that it maintains, including any PHI created, received or maintained by the Plan before the date of the revised Notice.

If you agree, the Plan may provide you with a revised Notice electronically. Otherwise, the Plan will provide you with a paper copy of the revised Notice. In addition, the Plan will post the revised Notice on HCArewards.com.

CONTACT THE PLAN OFFICIAL FOR MORE INFORMATION
If you have any questions regarding this Notice or if you wish to exercise any of your rights described in this Notice, you may contact HCA Health & Group Benefits:

HCA Health & Group Benefits
HIPAA Privacy
One Park Plaza, Bldg 1-2W
Nashville, TN 37203
(615) 344-9551

Your Prescription Drug Coverage and Medicare
If you are not eligible for Medicare, please disregard this Notice.

IMPORTANT NOTICE 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 HCA Health and Welfare Benefits Plan (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 health 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 available 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 health plans may also offer more coverage for a higher monthly premium.

2. HCA Inc. has determined 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 15 to December 7. However, if you lose your creditable prescription drug coverage, through no fault of your own, you will be also eligible for a two-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 coverage under the Plan will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.
Your Plan coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does. You and your covered family members that choose to enroll in a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who choose to enroll in a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your current coverage under the Plan, be aware that you and your dependents may 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 coverage under the Plan 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 prescription drug coverage that is Creditable Coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month you did not have that coverage. For example, if you go 19 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 NOTICE

If you need additional information, call BConnected toll-free at (800) 566-4114. BConnected representatives are available between 7 a.m. and 7 p.m., Central time, Monday through Friday.

NOTE: You will receive this Notice each year during the Plan’s Annual Enrollment period. You will also receive it if the prescription drug coverage under the Plan changes. You may also 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. If you are eligible for Medicare, you will 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 the telephone number) for personalized help.
- Call (800) MEDICARE ([800] 633-4227). TTY users should call (877) 486-2048.
- If you have limited income and resources, extra help paying for a Medicare prescription drug plan is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 or TTY (800) 325-0778.

HCA Health and Welfare Benefits Plan
Benefits Compliance Coordinator
One Park Plaza, Bldg. I-2W
Nashville, TN 37203

Remember: 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).

Notice of 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) as long as you are covered under the Plan’s medical benefit options. 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. Therefore, the deductibles and coinsurance as noted in your HCA Benefit Plans Summary Plan Description may apply. If you would like more information on WHCRA benefits, call your health plan administrator at the number listed on the back of your medical ID card.

Special Enrollment

You and your eligible dependents may enroll in the Plan’s medical benefit options if you did not enroll in the medical benefit options because you had other health coverage, and later that other coverage is lost due to exhaustion of COBRA, lost eligibility for other coverage (e.g., losing other coverage due to divorce, termination of employment, death, loss of dependent status, reduced hours, reaching maximum lifetime limits, moving outside HMO service area) or termination of employer contributions towards the other coverage. You may also enroll yourself and your new eligible dependents (but not existing eligible dependent children) after a new marriage, birth, adoption or placement for adoption. You must request enrollment by contacting BConnected on or before the date that is 30 days after the loss of coverage, birth, adoption or marriage.

You and your eligible dependent children may enroll in the Plan’s medical benefit options if you or your eligible dependent children lose coverage under Medicaid or a state Children’s Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy through Medicaid or CHIP. You must request enrollment by contacting BConnected on or before the date that is 60 days after the loss of coverage or premium subsidy eligibility date.
Patient Protection Disclosure

The HMO medical benefits options under the Plan (the HMO benefit options) generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in that HMO benefit options network and who is available to accept you or your family members. You may designate a pediatrician as the primary care provider for your dependent child. Until you make this designation, the HMO benefit option in which you participate may designate a primary care provider for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, go to HCArewards.com or contact BConnected at (800) 566-4114.

You do not need prior authorization from the HMO benefit option or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in the HMO benefit option’s network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services or following a pre-approved treatment plan or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology in your HMO benefit option, go to HCArewards.com or contact BConnected at (800) 566-4114.

Notice of Grandfathered Status

If you are an employee at an HCA-affiliated facility where there is union representation or at a facility that mirrors the benefits of a facility with union representation, the medical benefit option offered to you may be a “grandfathered health plan” under the Patient Protection and Affordable Care Act (PPACA). This means that the medical benefit option is not required to implement certain mandates under PPACA. Please see your facility’s Human Resources department for additional information about the benefit options that apply to you. You may refer to the Summary Plan Description for your facility’s medical benefit options for additional information regarding your medical benefit option’s grandfathered health plan status.

Medicaid and the Children’s Health Insurance Program (CHIP) Notice

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage under the Provider Care Group Benefits Plan (Plan), 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, dial (877) KIDS NOW (5437 669) or visit www.insurekidsnow.gov to find out how to apply. If you do qualify for Medicaid or CHIP, ask your state if it has a program that might help you pay the premiums for the Plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP and eligible under the Plan, the Plan must allow you to enroll in health coverage 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 the Plan, contact the Department of Labor at www.askEBSA.dol.gov or call (866) 444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your Plan premiums. The following list of states is current as of August 10, 2017. Contact your state for more information on eligibility.

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Phone</th>
<th>CHIP Website</th>
<th>CHIP Customer Service</th>
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<tbody>
<tr>
<td>ALABAMA — MEDICAID</td>
<td><a href="http://myahipp.com">http://myahipp.com</a></td>
<td>(855) 692-5447</td>
<td>- Click on Health Insurance Premium Payment (HIPP)</td>
<td>(866) 221-3943/State Relay 711</td>
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<td>ALASKA — MEDICAID</td>
<td><a href="http://myakhipp.com">http://myakhipp.com</a></td>
<td>(866) 251-4861</td>
<td>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
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<td>ARKANSAS — MEDICAID</td>
<td><a href="http://myarhipp.com">http://myarhipp.com</a></td>
<td>(855) MyARHIP (855-692-7447)</td>
<td>- Click on Health Insurance Premium Payment (HIPP)</td>
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<td>FLORIDA — MEDICAID</td>
<td><a href="http://flmedicaidtprecovery.com/hipp">http://flmedicaidtprecovery.com/hipp</a></td>
<td>(877) 357-3268</td>
<td>- Click on Health Insurance Premium Payment (HIPP)</td>
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<td>INDIANA — MEDICAID</td>
<td><a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a></td>
<td>(800) 403-0864</td>
<td>- Click on Health Insurance Premium Payment (HIPP)</td>
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<td>IOWA — MEDICAID</td>
<td><a href="http://dhs.ia.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.ia.gov/ime/members/medicaid-a-to-z/hipp</a></td>
<td>(888) 346-9562</td>
<td>Healthy Indiana Plan for low-income adults 19-64</td>
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<td>KANSAS — MEDICAID</td>
<td><a href="http://www.kdheks.gov/hcf">http://www.kdheks.gov/hcf</a></td>
<td>(785) 296-3512</td>
<td>Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a></td>
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<td>KENTUCKY — MEDICAID</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
<td>(800) 635-2570</td>
<td>Phone: (855) MyARHIP (855-692-7447)</td>
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<td>State</td>
<td>Medicaid Website</td>
<td>Phone Numbers</td>
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<td><strong>MAINE — MEDICAID</strong></td>
<td>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a></td>
<td>Phone: (800) 442-6003, TTY: Maine relay 711</td>
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<td><strong>MASSACHUSETTS — MEDICAID AND CHIP</strong></td>
<td>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth">http://www.mass.gov/eohhs/gov/departments/masshealth</a></td>
<td>Phone: (800) 862-4840</td>
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<td><strong>MINNESOTA — MEDICAID</strong></td>
<td>Website: <a href="http://mn.gov/dhs/people-we-serve/seniors-health-care/health-care-projects/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors-health-care/health-care-projects/programs-and-services/medical-assistance.jsp</a></td>
<td>Phone: (800) 657-3739</td>
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<td><strong>MISSOURI — MEDICAID</strong></td>
<td>Website: <a href="http://health.mo.gov/mhp/participants/pages/hipp.htm">http://health.mo.gov/mhp/participants/pages/hipp.htm</a></td>
<td>Phone: (573) 751-2005</td>
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<td><strong>MONTANA — MEDICAID</strong></td>
<td>Website: <a href="http://dphealth.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphealth.mt.gov/MontanaHealthcarePrograms/HIPP</a></td>
<td>Phone: (800) 694-3084</td>
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<td><strong>NEBRASKA — MEDICAID</strong></td>
<td>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
<td>Phone: (855) 632-7633, Lincoln: (402) 473-7000, Omaha: (402) 595-1178</td>
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<td><strong>NEVADA — MEDICAID</strong></td>
<td>Medicaid Website: <a href="https://dwss.nv.gov">https://dwss.nv.gov</a></td>
<td>Medicaid Phone: (800) 992-0900</td>
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<td><strong>NEW HAMPSHIRE — MEDICAID</strong></td>
<td>Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a></td>
<td>Phone: (603) 271-5218</td>
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<td><strong>NEW JERSEY — MEDICAID AND CHIP</strong></td>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a></td>
<td>Medicaid Phone: (609) 631-2392, CHIP Phone: (800) 701-0710</td>
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<td><strong>NEW YORK — MEDICAID</strong></td>
<td>Website: <a href="https://www.health.ny.gov/health_care/medicaid">https://www.health.ny.gov/health_care/medicaid</a></td>
<td>Phone: (800) 541-2831</td>
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<td><strong>NORTH CAROLINA — MEDICAID</strong></td>
<td>Website: <a href="https://dma.ncdhhs.gov">https://dma.ncdhhs.gov</a></td>
<td>Phone: (919) 855-4100</td>
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<td><strong>NORTH DAKOTA — MEDICAID</strong></td>
<td>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a></td>
<td>Phone: (844) 854-4825</td>
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<td><strong>OKLAHOMA — MEDICAID AND CHIP</strong></td>
<td>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>Phone: (888) 365-3742</td>
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<td><strong>Pennsylvania — MEDICAID</strong></td>
<td>Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a></td>
<td>Phone: (800) 692-7462</td>
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<td><strong>RHODE ISLAND — MEDICAID</strong></td>
<td>Website: <a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a></td>
<td>Phone: (855) 697-4347</td>
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<td><strong>SOUTH CAROLINA — MEDICAID</strong></td>
<td>Website: <a href="https://scdhh.s.gov">https://scdhh.s.gov</a></td>
<td>Phone: (888) 549-0820</td>
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<td><strong>SOUTH DAKOTA — MEDICAID</strong></td>
<td>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>Phone: (888) 828-0059</td>
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<td><strong>TEXAS — MEDICAID</strong></td>
<td>Website: <a href="http://gethipp.tx.gov">http://gethipp.tx.gov</a></td>
<td>Phone: (888) 365-3742</td>
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<td><strong>UTAH — MEDICAID AND CHIP</strong></td>
<td>Medicaid Website: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a>, CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a></td>
<td>Medicaid Phone: (800) 852-7462, CHIP Phone: (877) 543-7669</td>
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<td><strong>VERMONT — MEDICAID</strong></td>
<td>Website: <a href="http://www.greenmountaincared.org">http://www.greenmountaincared.org</a></td>
<td>Phone: (800) 250-8427</td>
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<td><strong>VIRGINIA — MEDICAID AND CHIP</strong></td>
<td>Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>, CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
<td>Medicaid Phone: (800) 432-5924, CHIP Phone: (855) 242-8282</td>
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<td><strong>WASHINGTON — MEDICAID</strong></td>
<td>Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a></td>
<td>Phone: (800) 562-3022, ext. 15473</td>
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<td><strong>WEST VIRGINIA — MEDICAID</strong></td>
<td>Website: <a href="http://mywvhipp.com">http://mywvhipp.com</a></td>
<td>Toll-free phone: (855) MyWVHIPP (855-699-8447)</td>
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<td><strong>WISCONSIN — MEDICAID AND CHIP</strong></td>
<td>Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a></td>
<td>Phone: (800) 362-3002</td>
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<td><strong>WYOMING — MEDICAID</strong></td>
<td>Website: <a href="https://wyequalitycare.acs-inc.com">https://wyequalitycare.acs-inc.com</a></td>
<td>Phone: (307) 777-7531</td>
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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 of the following:

**U.S. Department of Labor**
Employee Benefits Security Administration
www.dol.gov/ebsa
(866) 444-EBSA (3272)

**U.S. Department of Health and Human Services**
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Option 4, Ext. 61565

This information is obtained directly from the U.S. Department of Labor. For the most up-to-date information, go to www.dol.gov/ebsa/chipmodelnotice.doc
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  – Qualified sign language interpreters
  – Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  – Qualified interpreters
  – Information written in other languages

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