

Important Notices for Employees and Family Members Enrolled in the Pinellas County Employee Group Health Plan



Patient Protection and Affordable Care Act

The Pinellas County Board of County Commissioners believes this Pinellas County Board of County Commissioners Group Health Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Employee Benefits at employee.benefits@pinellascounty.org or 464-4570. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. Pinellas County Board of County Commissioners has elected to exempt the Pinellas County Employee Group Health Plan of the following requirements:

Parity in the application of certain limits to mental health benefits. Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan. This exemption means that mental health and substance abuse benefits under the Pinellas County plan will not change. The exemption from these Federal requirements will be in effect for the plan year beginning January 1, 2011 and ending December 31, 2011. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy. Questions about the above can be directed to Employee Benefits at employee.benefits@pinellascounty.org or 464-4570.