



# Benefits Guide **BOOK 2**

## **2024** Insurance Benefits & Options, Assistance Programs





# Your Benefits Guide **2024**

## **BOOK 2**

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# INSURANCE BENEFITS & OPTIONS

## COMPANY PAID INCOME PROTECTION

### Life Insurance

Few people like to consider what life would be like for their families if they were to die; fewer yet plan accordingly. For most people, the family that they support would be financially devastated if that person's income stopped. Life insurance provides a solution to this problem. Blue Diamond Growers feels strongly about protecting their staff so they provide 1.5 times your annual salary to a maximum of \$350,000 and a minimum of \$20,000 to all eligible employees at no cost.



In the event of your death your beneficiary will receive your life insurance benefits.

### Accidental Death & Dismemberment

Should your death be ruled an accident an additional amount equal to your basic life will be provided to your beneficiary. If you suffer a covered loss due to an accident you are compensated based on the insurance carrier's fee schedule.

### Long Term Disability

Consider your financial obligations and ability to meet them. Now consider them and how you would handle them if you had no income. Long Term Disability insurance (LTD) provides you with the security of knowing that if you were unable to work due to accident or illness, you would still be able to conduct your family business. While disabled, your gross monthly benefit will be 60% of your salary, to a maximum of \$6,000. Benefits begin on the 181<sup>st</sup> day of accident or illness.





### **Additional Supplemental Life Insurance**

You have the option to purchase additional insurance for yourself, spouse or eligible child(ren).

You can purchase additional insurance for yourself in an amount between \$10,000 and \$500,000, in increments of \$10,000. Amounts up to \$200,000 are guarantee issue if elected at the time of hire. However, any amount above that, or if you choose to enroll after your initial eligibility, an evidence of insurability health form is required. If you elect coverage for yourself or are insured under the plan you are eligible to elect dependent coverage for your spouse or children.

You can purchase additional insurance for your spouse in an amount between \$5,000 and \$250,000, in increments of \$5,000. Spousal coverage election up to 100% of your optional life coverage not to exceed \$250,000. Amounts up to \$50,000 are guarantee issue if elected at time of hire.

You can purchase up to a maximum of \$10,000 for your dependent children, in increments of \$2,000 for each eligible child.





## ASSISTANCE PROGRAMS

### Employee Assistance Program

Blue Diamond is pleased to offer, at no expense to you and your family, The Standard EAP Employee Assistance Program (EAP). The Standard EAP is an employer-paid benefit administered through The Standard providing resources for everyday living.

- ◆ 24-hour crisis counseling & referral, available 7 days a week
- ◆ Accessing EAP is easy, you can connect by phone, live chat, online and there is even a mobile app

EAP professional can help with referrals to a counselor, support groups, community resources or your health plan. There are up to 6 counseling sessions with an EAP affiliate counselor per issue, per year.

You and your family members can utilize the Employee Assistance Program (EAP) to help with anything that interferes with your job or personal life.

While there are no co-payments or fees for the EAP, your employee assistance professional may recommend additional resources to you for help. Their charges, if any, would be your responsibility.

877-851-1631  
[healthadvocate.com/standard6](http://healthadvocate.com/standard6)

The EAP service is provided through an arrangement with Health Advocate<sup>SM</sup>, which is not affiliated with The Standard Insurance Company. Health Advocate<sup>SM</sup> is solely responsible for providing and administering the included service.

## Legal Assistance Program

Blue Diamond now offers Legal Shield, an affordable option to help with your personal legal needs. Finding an affordably priced lawyer to represent you when you have trouble with creditors, buy or sell your home, court appearance, or even prepare your will or trust can be a challenge. Legal Shield is a legal service plan that offers advice and assistance on a variety of legal issues for you and your family. Individual pricing is \$14.96 per month and family price is \$15.96 per month.

Legal Shield assistance may include areas in:

- ◆ Family Matters
- ◆ Financial / Credit Concerns
- ◆ Real Estate
- ◆ Auto Accidents / Traffic Violations
- ◆ Estate Planning

Learn more at: [www.legalshield.com/info/legalplan](http://www.legalshield.com/info/legalplan)

\$28.90 on family pricing if electing IDShield and LegalShield.

## Identity Theft Program - Protect Your Identity

Identity theft is a serious and growing concern among smart consumers just like you!

Obtaining identity theft protection from ID Shield is one great way to regularly monitor your credit and help secure your personal identity from thieves and dishonest people.

The ID Shield plan offers coverage that will help protect against and resolve identity theft issues. This plan includes access to personal credit scores with analysis, continuous monitoring with active alerts, identity restoration services, and 24/7 consultation for emergency situations.

Monthly rates for individuals are only \$8.45 and \$15.96 for a family.

Learn more at: [www.idshield.com](http://www.idshield.com)

## TravelAid

When an employee or a family member is traveling, unexpected emergencies can occur. The Travel Assistance Program gives you 24-hour, toll-free access to emergency travel arrangements, emergency travel funds assistance, emergency translation services, embassy and consular assistance, lost document assistance as well as credit card replacement when you or your dependents travel 100 miles or more from home and less than 180 days.

Benefits are available to all employees.

Within US: 800-872-1414  
Outside US: 609-986-1234  
[medservices@assitamercia.com](mailto:medservices@assitamercia.com)

<sup>1</sup> Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with Standard Insurance Company. Travel Assistance is subject to terms and conditions, including exclusions and limitations of the Travel Assistance program. Assist America, Inc. is solely responsible for providing and administering the included service.

<sup>2</sup> Spouse and children traveling on business for their employer are not eligible to access these services during those trips.

## Educational Assistance Program

Blue Diamond Growers encourages employees to continue their education in subjects that are directly related to an employee's present position or in preparation for advancement in the employee's normal career progression path with the Company.

Participants must be an active, full-time employee whose employment with Blue Diamond began prior to the starting date of the course(s). Employees who are eligible for Veteran's educational benefits or other government plans are not eligible for benefits under this policy until benefits from such other plans are exhausted.

If a qualified employee is laid off while taking courses previously approved under this plan he/she will still be eligible for financial assistance under the provisions of this plan upon successful completion of the course(s).

Courses selected must enhance the employee's skills in his/her present position, prepare the employee to move up with the internal job posting system, or be required to attain an undergraduate or graduate degree which will further the employee's career growth potential with Blue Diamond Growers.

Courses must be taken at an accredited school, college, university, post high school, business school, approved trade school, or sponsored by an approved professional organization. Courses must be successfully completed to qualify for reimbursement under this plan. "Successfully completed" shall be defined as a grade of C or better or "passing" under a pass/fail system.

Total educational assistance to any employee shall not exceed \$5,250 during a calendar year for degree programs and certifications taken at an accredited institution recognized by the council for Higher Education Accreditation (CHEA).

A Request for Educational Assistance form must be approved prior to enrollment to ensure reimbursement of a successfully completed course.

For more details please contact the Human Resources Department.







# CONTACT INFORMATION

Book 1 Benefits	Group #	Customer Service
Blue Diamond Growers Employee Benefits Website		<a href="https://alliantbenefits.cld.bz/BDGBookshelf243">https://alliantbenefits.cld.bz/ BDGBookshelf243</a>
Kaiser Permanente HMO	000603211	800-464-4000 <a href="http://www.kp.org">www.kp.org</a>
Sutter Health HMO	224114	855-315-5800 <a href="http://www.sutterhealthplus.org">www.sutterhealthplus.org</a>
Blue Diamond PPO by Anthem Blue Cross   Health Now		800-754-1905 <a href="http://www.hnas.com">www.hnas.com</a>
Delta Dental	HMO #76752 PPO #4054	HMO 800-422-4234 PPO 800-765-6003 <a href="http://www.deltadental.com">www.deltadental.com</a>
Vision Service Plan	00112854	800-877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
Vitality Wellness	Blue Diamond Growers	<a href="http://www.powerofvitality.com/vitalityportal/login">www.powerofvitality.com/ vitalityportal/login</a>
WEX Health Inc Flex (FSA)	Blue Diamond Growers	866-451-3399 <a href="http://www.wexinc.com">www.wexinc.com</a>
Fidelity HSA		800-835-5097 <a href="http://www.netbenefits.com">www.netbenefits.com</a>
Marin Benefits Administrators HRA	Blue Diamond Growers	415-526-1401 CS email: <a href="mailto:Support@marinbenefits.com">Support@marinbenefits.com</a> <a href="http://www.marinbenefits.com">www.marinbenefits.com</a>

Book 2 Benefits	Group #	Customer Service
The Standard Life & Disability (LTD)	170687	888-937-4783
The Standard Supplemental Life	170687	888-937-4783
The Standard-Voluntary	761910	866-851-5505 <a href="http://standard.com">standard.com</a>
The Standard EAP	Blue Diamond Growers	877-851-1631 <a href="http://www.healthadvocate.com/standard6">www.healthadvocate.com/standard6</a>
Legal Shield	Blue Diamond Growers	800-654-7757 <a href="http://www.legalshield.com">www.legalshield.com</a>
IDShield	-	888-494-8519 <a href="http://www.idshield.com">www.idshield.com</a>
Alliant Insurance Services Benefits Helpline	Broker Benefit Services	800-489-1390 <a href="mailto:benefitsupport@alliant.com">benefitsupport@alliant.com</a>
TravelAid-Assist America	Blue Diamond Growers reference # 01-AA-STD-5201	800-872-1414 Outside US: +1-609-986-1234 <a href="mailto:medservices@assitamerica.com">medservices@assitamerica.com</a>





# HIPAA NOTICE OF PRIVACY PRACTICES

*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.*

## **Our Company's Pledge To You**

This notice is intended to inform you of the privacy practices followed by the Blue Diamond Growers (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on October 21, 2013.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Blue Diamond Growers requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

## **Protected Health Information**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

## **How We May Use Your Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

**Payment.**

We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

**Health Care Operations.**

We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

**For Health Care Operations.**

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

**Treatment.**

Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

**As permitted or required by law.**

We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

**Pursuant to your Authorization.**

When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Most uses and disclosures of psychotherapy notes also require your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.



***To Business Associates.***

We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

***To the Plan Sponsor.***

We may disclose protected health information to certain employees of Blue Diamond Growers for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

**Your Rights**

***Right to Inspect and Copy.***

In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

***Right to Amend.***

If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

***Right to an Accounting of Disclosures.***

You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

***Right to Request Restrictions.***

You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

***Right to Request Confidential Communications.***

You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

***Right to be Notified of a Breach.***

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

***Right to Receive a Paper Copy of this Notice.***

If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

## Our Legal Responsibilities

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the Human Resource Department Privacy Officer.

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If you have any questions or complaints, please contact:

Blue Diamond Growers  
Attn: Human Resource Department Privacy Officer  
1802 C Street, Sacramento, CA 95811  
916-442-0771





### Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the Human Resource Department Privacy Officer. You also may send a written complaint to the U.S. Department of Health and Human Services – Office of Civil Rights. The Human Resource Department Privacy Officer can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.



# HEALTH NOTIFICATIONS

## Patient Protection Disclosure

HMO Plans generally require 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. For children, you may designate a pediatrician as the primary care provider. Until you make this designation, the Plan designates one for you.

You do not need prior authorization from the Plan or the Insurer, or from another 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. .

## Women's Health and Cancer Right Act Notice

This communication is to provide notice as required under the federal Women's Health and Cancer Rights Act, effective October 21, 1998. Please review this information carefully.

As a Plan participant or beneficiary of the Blue Diamond Growers Health Plan, if you or a covered dependent elects breast reconstruction in connection to a mastectomy, coverage will also be provided for:

- ♦ reconstruction of the breast on which the mastectomy was performed
- ♦ surgery and reconstruction of the other breast to produce symmetrical appearance; and
- ♦ prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

This coverage will be provided after consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

This notice is provided to you for informational purposes, no action is required on your part.

Please keep this information with your other group health plan documents. If you have any questions regarding this notice, please contact Member Services at the number found on your Medical ID Card.

## Newborns' and Mothers' Health Protection Act Notice

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

## 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](http://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 **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 **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 January 31, 2017. Contact your State for more information on eligibility –*

### **ALABAMA – Medicaid**

Website: myalhipp.com  
Phone: 855-692-5447

### **ALASKA – Medicaid**

The AK Health Insurance Premium Payment Program  
Website: myakhipp.com  
Phone: 866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

### **ARKANSAS – Medicaid**

Website: myarhipp.com  
Phone: 855-MyARHIPP (855-692-7447)

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

Health First Colorado Website:  
www.healthfirstcolorado.com  
Health First Colorado Member Contact Center:  
800-221-3943/ State Relay 711  
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus  
CHP+ Customer Service: 800-359-1991/  
State Relay 711

### **FLORIDA – Medicaid**

Website: flmedicaidtprecovery.com/hipp/  
Phone: 877-357-3268

### **GEORGIA – Medicaid**

Website: dch.georgia.gov/medicaid  
Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

### **INDIANA – Medicaid**

Healthy Indiana Plan for Low-Income Adults 19–64  
Website: www.in.gov/fssa/hip/  
Phone: 877-438-4479  
All Other Medicaid  
Website: www.indianamedicaid.com  
Phone: 800-403-0864

### **IOWA – Medicaid**

Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/  
hipp  
Phone: 888-346-9562

### **KANSAS – Medicaid**

Website: www.kdheks.gov/hcf/  
Phone: 785-296-3512

### **KENTUCKY – Medicaid**

Website: chfs.ky.gov/dms/default.htm  
Phone: 800-635-2570



### **LOUISIANA – Medicaid**

Website: [dhh.louisiana.gov/index.cfm/subhome/1/n/331](http://dhh.louisiana.gov/index.cfm/subhome/1/n/331)  
Phone: 888-695-2447

### **MAINE – Medicaid**

Website: [www.maine.gov/dhhs/ofi/public-assistance/index.html](http://www.maine.gov/dhhs/ofi/public-assistance/index.html)  
Phone: 800-442-6003  
TTY: Maine relay 711

### **MASSACHUSETTS – Medicaid and CHIP**

Website: [www.mass.gov/eohhs/gov/departments/masshealth/](http://www.mass.gov/eohhs/gov/departments/masshealth/)  
Phone: 800-462-1120

### **MINNESOTA – Medicaid**

Website: [mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp](http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp)  
Phone: 800-657-3739

### **MISSOURI – Medicaid**

Website: [www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
Phone: 573-751-2005

### **MONTANA – Medicaid**

Website: [dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
Phone: 800-694-3084

### **NEBRASKA – Medicaid**

Website: [dhhs.ne.gov/Children\\_Family\\_Services/AccessNebraska/Pages/accessnebraska\\_index.aspx](http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx)  
Phone: 855-632-7633

### **NEVADA – Medicaid**

Website: [dwss.nv.gov](http://dwss.nv.gov)  
Phone: 800-992-0900

### **NEW HAMPSHIRE – Medicaid**

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>  
Phone: 603-271-5218

### **NEW JERSEY – Medicaid and CHIP**

Medicaid Website: [www.state.nj.us/humanservices/dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)  
Medicaid Phone: 609-631-2392  
CHIP Website: [www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
CHIP Phone: 800-701-0710

### **NEW YORK – Medicaid**

Website: [www.health.ny.gov/health\\_care/medicaid/](http://www.health.ny.gov/health_care/medicaid/)  
Phone: 800-541-2831

### **NORTH CAROLINA – Medicaid**

Website: [dma.ncdhhs.gov](http://dma.ncdhhs.gov)  
Phone: 919-855-4100

### **NORTH DAKOTA – Medicaid**

Website: [www.nd.gov/dhs/services/medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)  
Phone: 844-854-4825

### **OKLAHOMA – Medicaid and CHIP**

Website: [www.insureoklahoma.org](http://www.insureoklahoma.org)  
Phone: 888-365-3742

### **OREGON – Medicaid**

Website: [healthcare.oregon.gov/Pages/index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)  
Website: [www.oregonhealthcare.gov/index-es.html](http://www.oregonhealthcare.gov/index-es.html)  
Phone: 800-699-9075

### **PENNSYLVANIA – Medicaid**

Website: [www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm](http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm)  
Phone: 800-692-7462

### **RHODE ISLAND – Medicaid**

Website: [www.eohhs.ri.gov](http://www.eohhs.ri.gov)  
Phone: 401-462-5300

### **SOUTH CAROLINA – Medicaid**

Website: [www.scdhhs.gov](http://www.scdhhs.gov)  
Phone: 888-549-0820

**SOUTH DAKOTA – Medicaid**

Website: [dss.sd.gov](http://dss.sd.gov)  
Phone: 888-828-0059

**TEXAS – Medicaid**

Website: [gethipptexas.com](http://gethipptexas.com)  
Phone: 800-440-0493

**UTAH – Medicaid and CHIP**

Medicaid Website: [medicaid.utah.gov](http://medicaid.utah.gov)  
CHIP Website: [health.utah.gov/chip](http://health.utah.gov/chip)  
Phone: 877-543-7669

**VERMONT – Medicaid**

Website: [www.greenmountaincare.org](http://www.greenmountaincare.org)  
Phone: 800-250-8427

**VIRGINIA – Medicaid and CHIP**

Medicaid Website: [www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 800-432-5924  
CHIP Website: [www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
CHIP Phone: 855-242-8282

**WASHINGTON – Medicaid**

Website: [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)  
Phone: 800-562-3022 ext. 15473

**WEST VIRGINIA – Medicaid**

Website: [www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx](http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx)  
Phone: 877-598-5820, HMS Third Party Liability

**WISCONSIN – Medicaid**

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 800-362-3002

**WYOMING – Medicaid**

Website: [wyequalitycare.acs-inc.com](http://wyequalitycare.acs-inc.com)  
Phone: 307-777-7531

*To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:*

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877-267-2323, Menu Option 4, ext. 61565

## HIPPA Special Enrollment Rights

This notice is being provided so that you understand your right to apply for group health insurance coverage outside of our open enrollment period. You should read this notice regardless of whether or not you are currently covered under our Group Health Plan.

The Health Insurance Portability and Accountability Act requires that employees be allowed to enroll themselves and/or their dependent(s) in an employer's Group Health Plan under certain circumstances, described below, provided that the employee notified the employer *within 30 days* of the occurrence of any following events:

- ◆ Loss of health coverage under another employer plan (including exhaustion of COBRA coverage); or
- ◆ Acquiring a spouse through marriage
- ◆ Acquiring a dependent child through birth, adoption, placement for adoption or foster care placement.

If you decline enrollment for yourself and/or your dependents (including your spouse) under this plan when you first become eligible, because of alternative health insurance coverage, and: 1) you and/or your dependent(s) lose coverage under the alternative health coverage, or 2) you acquire a dependent through marriage, birth, adoption, or placement for adoption, and you and/or your dependent(s) request to be enrolled within 30 days the status change, you and/or dependents shall be treated as a Special Enrollee. An individual covered under this Plan shall be a Special Enrollee provided that such person: (a) was under a COBRA continuation provision and the coverage under such provision was exhausted; or (b) was not under such a provision and either the coverage was terminated as a result of loss of eligibility for the coverage (including as a result of legal separation, divorce, death, termination of employment, or reduction in the number of hours of employment) or Employer contributions toward such coverage were terminated. Individuals who lose other coverage due to nonpayment of premium or for cause (i.e. filing fraudulent claims) shall not be treated as Special Enrollees.

In addition to the special enrollment rights set forth above, all group health plans must also permit eligible employees and their dependent(s) to enroll in an employer plan if the employee requests enrollment under the group health plan within 60 days of the occurrence of following events:

Loss of coverage under Medicaid or a state child health plan: If you or your dependent(s) lose coverage under Medicaid or a state child health plan, you may request to enroll yourself and/or dependent(s) in our group health plan not later than 60 days after the date coverage ends under Medicaid or the state child health plan.

Gaining eligibility for coverage under Medicaid or a state child health plan: If you and/or your dependent(s) become eligible for financial assistance from Medicaid or a state child health plan, you may request to enroll yourself and/or your child(ren) under our group health plan, provided that your request is made no later than 60 days after the date that Medicaid or the state child health plan determines that you and/or your dependent(s) are eligible for such financial assistance. If you and/or dependent(s) are currently enrolled in our group health plan, you have the option of terminating your and/or your child(ren)'s enrollment in our group health plan and enroll in Medicaid or a state child health plan. Please note that once you terminate your enrollment in our group health plan, your children's enrollment will be also terminated.

Failure to notify us of your loss or gain of eligibility for coverage under Medicaid or a state children's health plan *within 60 days*, will prevent you from enrolling in our plans and/or making any changes to your coverage elections until our next open enrollment period.

Coverage for a special enrollee, who loses coverage under an alternative plan, will become effective on the first day of the calendar month following the enrollment request. Coverage for a dependent acquired through marriage, birth, adoption or placement for adoption, whose request for coverage is made within 30 days of the marriage, birth, adoption or placement for adoption, will have coverage become effective as of the date of the marriage, birth, adoption or placement for adoption.

Other individuals who declined coverage and do not have alternative coverage will be considered "late enrollees" under the Plan, will be subject to evidence of insurability, which may include the preexisting condition exclusion, and will not be able to enroll in the Plan until the Plan's next open enrollment period, if available.

To obtain a certificate of coverage under Blue Diamond Growers health plan, submit a written request for a Certificate of Health Coverage to Human Resources.

# MEDICARE D CREDITABLE COVERAGE DISCLOSURE NOTICE

## Important Notice from Blue Diamond Growers 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 with Blue Diamond Growers 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. Blue Diamond Growers has determined that the prescription drug coverage offered by the Blue Diamond Growers Welfare Benefits 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<sup>th</sup> to December 7<sup>th</sup>.

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 Blue Diamond coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Blue Diamond coverage, be aware that you and your dependents may 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 Blue Diamond Growers 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 your Human Resources Department for additional 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 Blue Diamond Growers 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](http://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 800-MEDICARE (800-633-4227)  
TTY users should call 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](http://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

#### **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).

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Name of Entity/Sender . . . . . Blue Diamond Growers  
Contact/Position/Office. . . . Human Resources Department  
Address. . . . . 1802 C Street  
Phone Number . . . . . 916-442-0771



# NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

## PART A: General Information

When key parts of the health care law took effect in 2014, there became 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.

### **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.<sup>1</sup>

**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 The Human Resources Department – Suzette Martin at 916-446-8678. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [www.HealthCare.gov](http://www.HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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<sup>1</sup> 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.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. EMPLOYER NAME: Blue Diamond Growers	4. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-0355780	
5. EMPLOYER ADDRESS: 1802 C Street	6. EMPLOYER PHONE NUMBER: 916-446-8678	
7. CITY: Sacramento	8. STATE: CA	9. ZIP CODE: 95811
10. WHO CAN WE CONTACT ABOUT EMPLOYEE HEALTH COVERAGE AT THIS JOB?: Suzette Martin - Human Resource Department		
11. PHONE NUMBER (IF DIFFERENT FROM ABOVE):	12. EMAIL ADDRESS smartin@bdgrowers.com	

Here is some basic information about health coverage offered by this employer:

- ◆ As your employer, we offer a health plan to:  Some employees

*All active employees working 20+ hours, are eligible the 1st of the month following date of hire.*

- ◆ With respect to dependents:  We do offer coverage. Eligible dependents are:  
*lawful spouse as defined by state law or domestic partner registered with the Secretary of the State of California, natural, adopted or stepchildren or registered domestic partner's children up to age 26, disabled children over the age of 26 who are physically or mentally incapable of support.*  
 We do not offer coverage

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**\*\*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

# NOTICE REGARDING WELLNESS PROGRAM

## The Vitality Program

The Vitality Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for Height; Weight; Blood Pressure; Cholesterol; Triglycerides; Glucose; and HbA1c.

You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$1 - \$500 for achieving certain levels of wellness status.

Additional incentives of up to \$1,700 may be available for employees who participate in certain health-related activities such as online interactive tools, preventive screenings, physical activity, online nutrition courses, etc. or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Katie Guerere at [kguerere@bdgrowers.com](mailto:kguerere@bdgrowers.com).

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as weight loss, nutrition and exercise education. You also are encouraged to share your results or concerns with your own doctor.

## **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Blue Diamond Growers may use aggregate information it collects to design a program based on identified health risks in the workplace, The Vitality Group will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating

in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Tina Machado at [tmachado@bdgrowers.com](mailto:tmachado@bdgrowers.com).





