



Clayton County Human Resources

Insurance/Benefits Division

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Coverages Required By Law

This document provides you with important information on several new laws recently enacted by the federal government. This is to advise you that Clayton County Board of Commissioners takes great care to design the Clayton County Board of Commissioners Group Medical and Dental Plan (The Plan) to comply with rules set forth by legislation. Below is a summary of some new and existing laws that affect benefits available under the Plans. Included in each summary is information on where you may locate complete details of each law. If you have questions, feel free to contact the Clayton County Human Resources Insurance Benefits Division at 770-477-3590.

The Genetic Information Nondiscrimination Act of 2008 (GINA)

Taken from the U.S. Department of Labor, Employee Benefits Security Administration, September 2009 Fact Sheet

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a new Federal law that prohibits discrimination in group health plan coverage based on genetic information. The President signed the act into law on May 21, 2008. The new requirements apply to the Clayton County Board of Commissioners Medical Plan beginning on June 1, 2010.

GINA expands the genetic information protections included in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which prevents a plan from imposing a preexisting condition exclusion provision based solely on genetic information, and prohibits discrimination in individual eligibility, benefits, or premiums based on any health factor (including genetic information). GINA also provides that group health plans and health insurance issuers cannot base premiums for an employer or a group of similarly situated individuals on genetic information.

GINA also generally prohibits plans and issuers from requesting or requiring an individual to undergo a genetic test. However, genetic testing information may be requested to determine payment of a claim for benefits, although the regulations make clear that the plan may request only the minimum amount of information necessary in order to determine payment.

GINA also prohibits a plan from collecting genetic information (including family medical history) prior to or in connection with enrollment, or for underwriting purposes. Thus, under GINA, plans are generally prohibited from offering rewards in return for collection of genetic information, including family medical history information collected as part of a Health Risk Assessment (HRA).

The Clayton County Board of Commissioners Medical Plan does not impose preexisting condition exclusions for any reason. In addition, premiums for The Plan are based solely on claims experience as a whole, and The Plans participant demographic data.

The Clayton County Board of Commissioners Self-funded Medical Plan Lifestyles Option does require adult Plan participants to complete a Health Risk Assessment. A review of the questions on the assessment found the County is compliant with GINA in that the assessment does not collect family medical history, and the results of the Health Risk Assessment do not determine eligibility for enrollment or cost of such coverage.

Complete details on this law are available on the U.S. Department of Labor web site at <http://www.dol.gov>.

Michelle's Law – H.R. 2851 Continuation of coverage for eligible dependent who ceases to be a full-time student because of a medically necessary leave of absence.

A new Federal law requires group health plans to extend coverage when a dependent child loses eligibility as a full-time student because of a serious illness or injury. Coverage must continue for up to a year, unless the child's plan eligibility would end earlier for another reason. The new requirements apply to the Clayton County Board of Commissioners Group Medical and Dental Plan beginning on June 1, 2010.

Known as Michelle's Law (for Michelle Morse, a student at Plymouth State University who died of colon cancer), requires extending coverage for one year if a child takes a medically necessary leave of absence from a college, university or other postsecondary educational institution.

Under the terms of the Clayton County Board of Commissioners Group Medical and Dental Plan dependent eligibility criteria, in order for unmarried children between the ages of 19 to 24 to remain covered, the child must maintain full-time student status and meet all other eligibility requirements. Under the new law, for a child to be eligible for the extended coverage, a child must be covered by the Plans as a student immediately before the first day of the leave of absence from school or change in school enrollment status (for example, switching from full-time to part-time). The Plan must receive written certification from the child's treating physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary.

If you have questions, pertaining to this law and its affect on your child's coverage you may contact the Clayton County Human Resources Insurance Benefits Division at 770-477-3590. More details on this law are available on the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services Web site at <http://www.cms.hhs.gov/>.

Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

On October 3, 2008, the Paul Wellstone and Pete Domenici Mental Health Parity and Addition Equity Act of 2008 (MHPAEA) became law. The law requires group health plans that offer mental health (MH) or substance abuse (SA) benefits to provide those benefits on the same basis as medical and surgical benefits. The Act also makes permanent the prohibition on lower annual and lifetime dollar limits for covered mental health benefits from the 1996 Mental Health Parity Act and expands this prohibition to include covered substance abuse benefits.

The new requirements apply to the Clayton County Board of Commissioners Group Medical and Dental Plan beginning June 1, 2010. As a result, covered expenses incurred on or after June 1, 2010 for treatment of mental health or substance abuse conditions will be treated the same as any other medical condition subject to in-network and out-of-network co-payments, deductibles and co-insurance maximums.

If you have questions concerning these changes, you may contact the Clayton County Human Resources Insurance Benefits Division at 770-477-3590. More details on this law are available on the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services Web site at <http://www.cms.hhs.gov/>.

The Newborns' and Mother's Health Protection Act of 1996

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).

The Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please refer to the Kaiser HMO, Kaiser Sr. Advantage and Humana Medicare Advantage information concerning their coverage and refer to the Clayton County Board of Commissioners Group Medical and Dental Plan information concerning how that coverage is handled.

If you would like more information on WHCRA benefits, please call your Plan Administrator (Clayton County Human Resources Insurance Benefits Division) at 770-477-3590.

Medicare Modernization Act

The medical plans sponsored by Clayton County Board of Commissioners are in compliance with the Medicare Modernization Act.