

---

### *WOMEN'S HEALTH & CANCER RIGHTS ACT*

---

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. If you would like more information on WHCRA benefits, please call your medical carrier at the number on the back of your ID card.

---

### *NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT*

---

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your medical carrier at the phone number listed on the back of your ID card.

---

### *HIPAA SPECIAL ENROLLMENT RIGHTS*

---

#### **Rutherford County Benefit Trust Medical Plan Notice of Your HIPAA Special Enrollment Rights**

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you

decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program)** – If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children’s Health Insurance Program** – If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption** – If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact the Insurance & Risk Management Department at 615-898-7715 or [benefits@rutherfordcountyttn.gov](mailto:benefits@rutherfordcountyttn.gov).

---

*RIGHT TO SPECIAL ENROLLMENT IN ANOTHER PLAN*

---

Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse’s plan), you should request special enrollment as soon as possible. (Additional special enrollment rights are triggered by marriage, birth, adoption, and

placement for adoption.) If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA), toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for Protecting Your Health Insurance Coverage). These publications and other useful information are also available on the Internet at: <http://www.dol.gov/ebsa>, the DOL's interactive web pages - Health Laws, or [www.cms.hhs.gov](http://www.cms.hhs.gov).

---

### *WELLNESS PROGRAM DISCLOSURES*

---

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Insurance & Risk Management Department at 615-898-7715 or [benefits@rutherfordcountyttn.gov](mailto:benefits@rutherfordcountyttn.gov) and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

---

### *USERRA*

---

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

---

### *SUMMARY NOTICE OF PRIVACY PRACTICES*

---

This is a summary of your Group Health Plan's Notice of Privacy Practices, and is a reminder that a copy of the Privacy Notice can be obtained from the Rutherford County Insurance & Risk Management Department. Please review this summary carefully. In order to provide you with benefits, your employer's group health plan (hereafter referred to as the Plan) may receive personal health information from you, your physicians, hospitals, and others who provide you with health care services. We are required to keep this information confidential. This Summary Notice of Privacy Practices is intended to remind you of the ways

we may use your information and the occasions on which we may disclose this information to others. The following is a summary of the circumstances under which your health information may be used and disclosed:

- To provide treatment
- To obtain payment
- To conduct health care operations

We use participants' health information to provide benefits. We may disclose participants' information to health care providers to assist them in providing you with treatment, or to help them receive payment. We may disclose information to insurance companies or other related businesses to receive payment. We may use the information within our organization to evaluate a request for coverage or a claim for benefits, to evaluate quality, and improve health care operations. We may make other uses and disclosures of participants' information as required by law or as permitted by our policies.

### **Rights with Respect to your Health Information**

You have the following rights regarding your health information:

- Right to request restrictions
- Right to receive confidential communications
- Right to inspect and copy your health information
- Right to request an amendment to your health information
- Right to an accounting of your health information
- Right to a paper copy of the Notice of Privacy Practices

This is a reminder that you generally have a right to access and in certain instances to request an amendment to your Personal Health Information. This does not apply to information collected in connection with, or in anticipation of, a claim or legal proceeding.

### **Our Legal Duty**

We are required by law to maintain the privacy and security of your health information and to provide you with a reminder that our complete Notice of Privacy Practices is available upon request. We reserve the right to implement new privacy and security provisions for health information that we maintain. If we change the Privacy Notice, we will provide you with a copy of the complete revised notice to you at that time. In addition, you have the right to express complaints to the contact person referenced below and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to your employer should be made in writing to the contact person listed at the end of this notice.

### **Contact Person**

For more information on the Plan's privacy policies or your rights under HIPAA, contact your Rutherford County Insurance & Risk Management Department at [benefits@rutherfordcountyttn.gov](mailto:benefits@rutherfordcountyttn.gov).

---

## RETIREMENT PLANS

---

Rutherford County is a member of the Tennessee Consolidated Retirement System (TCRS), a program that provides a pension to eligible County retirees. The plan you participate in is determined by when you become a TCRS member as follows:

### **TCRS Legacy Plan**

Rutherford County Government will participate in the TCRS Legacy Plan. Call 1-800-922-7772 for more information.

### **401(k) and 457(b) Retirement Plans**

The 401(k) and 457(b) plans are tax-deferred retirement plans. There are two types of accounts available with each plan:

- **Traditional account** – with pre-tax contributions. You'll pay taxes as you withdraw funds during retirement.
- **Roth account** – with after-tax contributions. Funds are not subject to federal income taxes as you withdraw during retirement.

### **Who Is Eligible to Participate in the 401(k) and 457(b) Plans?**

Rutherford County Government employees can save for retirement through Traditional or Roth 401(k) or 457(b) plans offered through Empower RetireReadyTN. Contact Rutherford County Human Resources at 615-494-4480 for more information.

### **How Do I Open a 401(k) or 457(b) Account?**

Call RetireReadyTN at 1-800-922-7772 to make an appointment with a financial advisor who can guide you in setting up an account. You can also visit <https://retirereadytn.empower-retirement.com> or the Empower mobile app to learn about available investment options, enroll online, and view prospectuses.

### **401(k) and 457(b) Contributions**

You can start your 401(k) or 457(b) account at any time during the year. If you want to change your contribution amounts, log into <https://retirereadytn.empower-retirement.com> or the Empower mobile app.

### **Withdrawals**

There are withdrawal limitations until you are no longer employed by Rutherford County. In the event of financial hardship, death or disability, hardship withdrawals are possible. Short-term needs can sometimes be met by non-taxable loans.

*This information is not intended as tax or legal advice. Neither your employer nor the investment providers that offer products under the plan can provide you with tax or legal advice.*