



CABARRUS COUNTY  
*America Thrives Here*

## Cabarrus County Government Important Legal Notices



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 8 for more details.



***IMPORTANT NOTICE:*** This document is provided to help employers understand the compliance obligations for Health & Welfare benefit plans, but it may not take into account all the circumstances relevant to a particular plan or situation. It is not exhaustive and is not a substitute for legal advice.

# Important Legal Notices Affecting Your Health Plan Coverage

Cabarrus County Government reserves the right to change, amend, or terminate any benefits plan at any time for any reason. Participation in a benefit plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility.

## STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Summary Plan Description under the Cabarrus County Employee Medical and Welfare Benefits Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future references along with your SPD. Please share these materials with your covered family members.

## NEWBORNS ACT DISCLOSURE – FEDERAL

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA), requires the following coverage under the Medical Benefit Option under the Cabarrus County Employee Medical and Welfare Benefits Plan:

- Eligible employees/dependents will not be restricted to hospital stays of less than 48 hours following a normal vaginal delivery or 96 hours following a cesarean section. (Federal law 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 the 48 hours or 96 hours, as applicable.)
- Benefits for inpatient hospital stays related to childbirth will not be denied solely on the fact that pre-certification was not obtained.
- The Plan is prohibited (under Federal law) from requiring that a provider obtain authorization from the Plan for prescribing a length of stay not in excess of 48/96 hours. If the hospital stay exceeds the 48/96 hours as indicated above, carrier authorization will be required.

## THE WOMEN'S HEALTH 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 lymphedema.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan. The annual deductibles and coinsurance are listed in the Benefits Guide located on the Cabarrus County Benefits site at [cabarruscountybenefits.com](http://cabarruscountybenefits.com).

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the Cabarrus County Government Benefits Department at 704-920-2200.

## NOTICE OF 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.**

This Notice of Privacy Practices describes your privacy rights under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), as they relate to the Group Health Plan. If you have questions or concerns about benefits provided through Cabarrus County's benefits program, please contact your HR representative.

This Notice of Privacy Practices is intended to comply with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards") set forth by the U.S. Department of Health and Human Services ("HHS") pursuant to HIPAA. The Medical Benefit Option and Dental Benefit Option under the Cabarrus County Governments Employee Medical and Welfare Benefits Plan (collectively known as the "Plan") to which the HIPAA regulations apply, are required by law to maintain the confidentiality of the Protected Health Information (or "PHI") (as defined below) of individual participants in the Plan ("you/your"), and to notify you if there is a breach of your PHI. We are also required to provide you with this notice and to abide by the terms of this notice as currently in effect. The effective date of this notice is July 1, 2022.

This notice will describe how the Plan may use and/or disclose your PHI. Further, in many cases your PHI that is related to the Plan may be created or maintained by others on behalf of the Plan, such as the Plan's business associates (as more fully explained below).

### Changes to the Information in this Notice

The Plan reserves the right to change this notice at any time and to make the changes apply to all health information about you maintained by the Plan before and after the effective date of the new notice. The new notice will be provided to all participants covered by the Plan at that time and will be posted on Cabarrus County's benefits site at [cabarruscountybenefits.com](http://cabarruscountybenefits.com).

## Understanding your Protected Health Information

The Plan provides health benefits to you as described in your summary plan description(s). The Plan receives and maintains health information about you in the course of providing these health benefits to you.

The term “Protected Health Information” (or “PHI”) includes all “Individually Identifiable Health Information” transmitted or maintained by the Plan, regardless of form (oral, written or electronic).

The term “Individually Identifiable Health Information” means information that:

- is created or received by a healthcare provider, health plan, employer or healthcare clearinghouse;
- relates to the past, present or future payment for the provision of healthcare to an individual; and
- identifies the individual, or the information can be used to determine the identity of the individual.

Understanding what PHI is and how it is used will help you make more informed decisions if you are asked to sign an authorization to disclose your PHI to others, as required by the HIPAA regulations.

**Health information held by Cabarrus County in your employment records is not PHI:** The privacy policy and practices described in this notice do not apply to health information that Cabarrus County-sponsored employee benefit plan holds in your employment records or in records relating to pre-employment screenings, disability benefits or claims, on-the-job injuries, workers’ compensation claims, medical leave requests, return to work reports, life insurance, retirement benefits, accommodations under the Americans with Disabilities Act, or any records not pertaining to PHI from the Plan. These records may, however, be subject to other state and federal law.

## Your Health Information Privacy Rights

As more fully set forth below, you have the following rights with respect to your PHI. In many cases, your PHI is created or maintained by third parties on behalf of the Plan, these third parties are known as the Plan’s Business Associates, and you may be asked to contact them directly regarding the exercise of your rights.

To exercise any of these rights, the corresponding request form must be completed, signed and submitted to the below address. Requests that do not follow these guidelines may be denied. Please send requests to:

Cabarrus County Government Benefits Department  
65 Church St. S  
Concord, NC 28025

### Your legal rights include the:

- **Right to Access.** With some exceptions, you have the right to review and copy your PHI. If we keep your records in an electronic format, you may request an electronic copy of your health information if it is in a form and format readily producible by us. You may also request that a copy of your information be sent to another entity or person, so long as that request is clear, conspicuous and specific. We may charge a fee for the cost of labor for copying the requested information, mailing, or other supplies associated with your request.
- **Right to Amend.** You have the right to request an amendment of your health information when it is incorrect or incomplete. This right exists as long as we keep this information in a designated record set.
- **Right to an Accounting of Disclosures.** You have the right to obtain a listing of those to whom we disclosed your health information. This right applies to disclosures other than those made for treatment, payment, healthcare operations, and those you specifically authorized. You can request an accounting for up to six years prior to the date of the request. The first request in a 12-month period is provided at no cost to you. There may be a charge for subsequent requests within the same 12-month period.
- **Right to Request Restrictions.** You have the right to request restrictions on the use or disclosing of your health information. We will comply with all approved requests except for in limited situations (e.g., emergencies). We will provide you with a written explanation for denied requests or when we revoke a previously agreed to restriction. You have the right to restrict disclosure related to treatment that has been paid in full. Additionally, we will honor a request not to share your personal information with another health plan for payment or other operations purposes if such information solely pertains to health care service that you have fully paid for out of pocket and we are not legally required to do otherwise.

- **Right to Request Confidential Communications.** You have the right to specify that communication with you be conducted in a particular manner or be directed to a certain location. We will attempt to accommodate all reasonable requests.
- **Right to a Paper Copy of this Notice.** You may request a paper copy of this notice at any time.
- **Right to Require Written Authorization.** Any uses or disclosures of your health information, other than the permitted uses and disclosures described in the following page, will be made only with your advance written authorization, which you may grant or revoke at any time.

## Use and Disclosure of Your Health Information

**Permitted uses and disclosures of PHI.** Treatment, payment and healthcare operations, by the Plan, its Business Associates, and their agents/subcontractors, to care out treatment, payment and healthcare operations:

- **Treatment** is a provision, coordination or management of healthcare and related services by one or more health care providers. It also includes, but is not limited to, consultations and referrals between one or more of your providers. For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so the orthodontist may ask for your dental X-rays from the treating dentist.
- **Payment** means activities undertaken by the Plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the Plan, or to obtain or provided reimbursement for the provision of the healthcare. Payment includes, but is not limited to, actions to make eligibility or coverage determinations, billing, claims management, collection activities, subrogation, reviews for medical necessity and appropriateness of care, utilization review and preauthorization. For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill might be paid by the Plan. The Plan may also disclose PHI to a close friend or family member involved in or who helps pay for your healthcare.
- **Healthcare operations** means conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing healthcare costs, contacting healthcare providers and patients with information about treatment alternatives, reviewing the competence or qualifications of healthcare professionals, evaluating health plan performance, underwriting, premium rating and other insurance activities relating to creating, renewing or replacing health insurance contracts or health benefits. It also includes disease management, case management, conducting or arranging for a medical review, legal services and auditing functions including fraud and abuse detection and compliance programs, business planning and development, business management and general administrative activities. For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

The amount of PHI used, disclosed or requested will be limited as required under HIPAA to the minimum necessary amount to accomplish the intended purposes of such use and disclosure.

## How the Plan may share your PHI with Cabarrus County Government

The Plan may disclose your PHI without your written authorization to Cabarrus County for plan administration purposes. Cabarrus County may need your PHI to administer benefits under the Plan. Cabarrus County agrees not to use or disclose your PHI other than as permitted or required by the Plan documents and by law. HR-Benefits staff, payroll, and finance are the only Cabarrus County employees who will have access to your PHI for plan administration functions.

Here's how additional information may be shared between the Plan and Cabarrus County, as allowed under the HIPAA regulations:

The Plan may disclose "summary health information" to Cabarrus County if requested, for purpose of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary

health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.

The Plan may disclose to Cabarrus County information on whether an individual is participating in the Plan or has enrolled or dis-enrolled in an insurance option offered by the Plan.

### **Other Allowable Uses or Disclosures of your PHI**

**Individual Participant Communication.** The Plan may contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**As Required by Law,** the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose medical information about you as authorized *and* to the extent necessary to comply with workers' compensation or other similar laws.

**To Business Associates.** The Plan may disclose medical information about you to the Plan's business associate. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of medical information about you. An example of one of your business associates is the health insurance company providing benefits under the Plan, who assists the Plan in plan administration activities.

**To Plan Sponsor.** The Plan may disclose to Cabarrus County Government (the "Plan Sponsor"), in summary form, claims history and other similar information. The Plan Sponsor may use health information for underwriting purposes, but may not use genetic information for underwriting purposes. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor the fact that you are enrolled in, or de-enrolled from the Plan.

The Plan may disclose medical information about you to the Plan Sponsor for Plan administration functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of medical information about you. The Plan Sponsor must also agree not to use or disclose medical information about you for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.

### **The Plan is also allowed to use or disclose your PHI without your written authorization for the following activities:**

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes. To your personal representatives appointed by you or designated by applicable law.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the healthcare system or government programs.
- For specialized government functions (e.g., military and veterans' activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations).
- To public health authorities for public health purposes.
- We may disclose to one of your family members, to a relative, to a close personal friend or to any other person identified by you, PHI that is directly relevant to the person's involvement with your care or payment related to your care.

Please note that we may limit the amount of information we share about you for these purposes in accordance with state laws to the extent such laws further restrict the use or disclosure of PHI.

## **Other Disclosures**

Except as described in this notice, other uses and disclosures of your PHI will be made only with your written authorization. For example, we will not use or share your PHI for marketing purposes without obtaining your authorization. If we have records for you that include psychotherapy notes, we will not disclose those notes without your authorization. We never sell your PHI unless you have authorized us to do so. To the extent you have given the Plan permission to use or share your PHI for certain purposes, you may withdraw that permission in writing at any time and we will no longer use or share your PHI for such purposes.

We will not use or disclose your genetic information for underwriting purposes.

## **Filing a Complaint**

If you believe that your privacy rights with respect to the Plan have been violated, you have the right to complain to the Plan. Any complaint should be in writing and mailed to the individual shown below under "Contact Information", or you may call 704-920-2200 with your complaint. All other benefits concerns must be addressed through your benefits contacts.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/eiocr/privacy/hipaa/complaints/](http://www.hhs.gov/eiocr/privacy/hipaa/complaints/). In all cases, your complaint must be submitted within 180 days of when you believe the violation occurred.

## **Notice of Breaches**

In the event the Plan's privacy obligations regarding your PHI are not met and your PHI is improperly used or disclosed, you will be notified of the breach of the privacy requirements. Notice will be provided on behalf of the Plan or by a business associate of the Plan. Notice will be provided as promptly as possible.

## **Contact**

If you have questions regarding this Notice or the subjects addressed in it, you may contact by writing to : Cabarrus County Benefits Department 65 Church Street S, Concord, NC 28205.

## Important Notice from Cabarrus County About Your Prescription Drug Coverage for Participants 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 Cabarrus County 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. Cabarrus County has determined that the prescription drug coverage offered by the Medical Benefit Option under the Cabarrus County Government Employee Medical and 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.

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### 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 Cabarrus County coverage may be affected.

When you become eligible for the Medicare Part D Benefit you have the option to:

- Keep your health and prescription coverage through Cabarrus County and do not enroll in a Medicare prescription drug plan, **OR**
- Drop your health and prescription coverage through Cabarrus County and enroll in a Medicare prescription drug plan, in which case you will have no health coverage through Cabarrus County only prescription drug coverage through the Medicare plan, **OR**
- Keep your health and prescription coverage through Cabarrus County and enroll in a Medicare prescription drug plan, in which case you will have duplicate prescription drug coverage.

The Cabarrus County plan coverage pays for other health expenses in addition to prescription drugs, and you will be eligible to receive all of your current health and prescription drug benefits if you choose to keep the Cabarrus County coverage and enroll in a Medicare prescription drug plan as well.

If you do decide to join a Medicare drug plan and drop your current Cabarrus County coverage, be aware 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 current coverage with Cabarrus County 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 the person listed below for further 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 Cabarrus County 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

**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).**

Date:	July 1, 2022
Name of Entity/Sender:	Cabarrus County Government
Contact--Position/Office:	Benefits Department
Address:	65 Church St. S Concord, NC 28025
Phone Number:	704-920-2200

## 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 **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call **1-866-444-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, 2022. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
<b>ALASKA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ARKANSAS – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131

<p><b>CALIFORNIA – Medicaid</b></p> <p>Website:  <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a>  Phone: 1-800-541-5555</p>	<p><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>  Phone 1-800-403-0864</p>
<p><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563</p>	<p><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>
<p><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a>  Phone: 1-800-792-4884</p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihip.p.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihip.p.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a></p> <p>KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or  <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p><b>MAINE – Medicaid</b></p> <p>Website:  <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p>	<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website:  <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>  Phone: 1-800-862-4840</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>

<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	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> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, 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)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebesa.opr@dol.gov](mailto:ebesa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMBNo. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be 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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### 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 9.83% 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 Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<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 Cabarrus County Government		4. Employer Identification Number (EIN) 56-6000281	
5. Employer address 65 Chruch Street S		6. Employer phone number 704-920-2200	
7. City Concord	8. State NC	9. ZIP code 28025	
10. Who can we contact about employee health coverage at this job? Cabarrus County Benefits Department			
11. Phone number (if different from above)		12. Email address	

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

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

All employees. Eligible employees are:

Active full-time employees working at least 30 hours per week

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Eligible dependents are: Your spouse, under a legally valid marriage, You or Your spouse's dependent children to their 26<sup>th</sup> birthday, or Dependent child who is mentally retarded or physically handicapped and incapable of self-support. Dependent child is defined as 1.) employee's biological child, stepchild, 2.) legally adopted child (or child placed with Employee /Spouse for adoption, foster child or a child for whom legal guardianship has been awarded to Employee; 3.) a child that Employee/Spouse has been court-ordered to provide 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](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

\* 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 (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## NOTICE REGARDING THE WELLNESS PROGRAM

Cabarrus County Wellness program Accountability Improvement Measures (AIM) is a voluntary wellness program available to all employees enrolled in the Cabarrus County medical plan. If you choose to participate in the wellness program you may qualify to earn medical plan premium discounts. The AIM program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including 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 AIM Wellness program you will be asked to complete a voluntary biometric screening and completion of an online health risk assessment. The online health risk assessment 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 health screening which measures weight and waist circumference, blood pressure and includes a blood test to measure your cholesterol and blood glucose (blood sugar) levels to help you identify potential health risks.

Employees on Cabarrus County's insurance who wish to receive the \$50 monthly discount must take part in AIM, which consists of participation in a biometric screening and completion of an online health risk assessment survey through Atrium Health.

### How to receive the \$50 monthly health insurance savings

If you are currently on Cabarrus County's health insurance plan and were:

- **Hired on or before February 28, 2021, you must:**

- Complete the AIM biometric screening and online health risk assessment.
- Meet three of four measures of the biometric screening, show improvement over 2020 results **OR** meet with a health coach two times per quarter (from July 2021 to June 2022) to maintain the \$50 monthly discount.

*NOTE: If you are unable to meet the health coaching incentive, you might qualify for another opportunity to earn the same incentive.*

See section 'what measurements will be taken during your screening' below.

- **Hired after March 1, 2021 you must:**

- Complete the AIM biometric screening and online health risk assessment.

This will establish a baseline for next year. You will automatically receive the \$50 monthly health insurance discount for the current AIM program year (July 2021 to June 2022).

To maintain the discount moving forward, you must:

- Complete AIM biometric screenings and online health risk assessments each year.
- Meet three of four biometric measures, show improvement over the previous year's results **OR** meet with the health coach twice per quarter.

See section 'what measurements will be taken during your screening' below.

### How to earn an extra \$150 through the waist/weight incentive

Cabarrus County's new AIM wellness incentive allows employees to earn an additional \$150 if they meet certain waist and weight measurements through AIM.

Requirements include meeting one of the following:

- Having a 2021 AIM waist measurement  $\leq 40$ " (male) and  $\leq 35$ " (female)
- Showing 5% improvement in waist or weight measurement from 2020 AIM data
- Attending health coaching twice per quarter (July 2021-June 2022). If you are participating in the AIM Health Coaching alternative twice per quarter, you will only need to go one additional time per quarter for the Weight/Waist incentive.

Employees hired between March 1, 2020 to February 28, 2021 or did not participate in a 2020 AIM biometric screening can still qualify by:

- Having a 2021 AIM waist measurement  $\leq 40$ " (male) and  $\leq 35$ " (female)



- Attending health coaching twice per quarter (July 2021-June 2022). If you are participating in the AIM Health Coaching alternative twice per quarter, you will only need to go one additional time per quarter for the Weight/Waist incentive.

*NOTE: Employees hired after February 28, 2021 are not eligible for the incentive this year. This group will be eligible in 2022 after completing a weight/waist measurement during the AIM program in March 2022.*

### What to do before your biometric screening

- **Participants need to fast for 7 hours** prior to their scheduled screening
- Take medications as prescribed, but do not eat
- You may drink water and black coffee

### What measurements will be taken during your screening

Screenings include a simple finger stick to obtain a lipid profile and blood glucose, blood pressure check, height and weight check and waist circumference measurement.

### Below are the four measurements that the AIM program looks at.

Remember, you must meet three of the four measurement categories, show improvement over 2020 results **OR** meet with a health coach two times per quarter (from July 2021 to June 2022) to maintain the \$50 monthly discount.

1. **Waist circumference: Less than 40" (male) or 35" (female)**  
If your waist circumference is greater than the above measurement, but has reduced by 5% from the previous AIM program year, you still meet this category
2. **Blood pressure: Below 140/90 at the screening**  
If your blood pressure is above 140/90, but has reduced by 10/5 mmHg from the previous AIM program year, you still meet this category
3. **Cholesterol ratio: Less than 5.5 at the screening**  
If your cholesterol ratio is greater than 5.5, but has improved by 10% from the previous AIM program year, you still meet this category
4. **Blood glucose: Less than 120 mg/dL**  
If your blood glucose is greater than 120 mg/dL, but you score less than 7.0 on a Hemoglobin A1c test, you still meet this category

*NOTE: Venipuncture A1c tests now take place at the time of screening and are only required if your blood glucose is greater than 120 mg/dL. A1c test results will be mailed the first week of April. Please contact Health Coach Kim Sbardella (information below) if you do not receive your results by May 1.*

### Monthly Wellness Credit: \$50

Although you are not required to complete the Health Risk Assessment and biometric health screening, only employees who do so will earn medical plan premium discounts. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable alternative standard by contacting the Cabarrus County Wellness Manager at 704-920-2200. The information from your Health Risk Assessment and the and the results from your Health 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 health coaching. 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 AIM Wellness program and Cabarrus County may use aggregate information it collects to design a program based on identified health risks in the workplace, the AIM Wellness program 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. The only individual(s) who will receive your personally identifiable health information is (are) health coaches in order to provide you with services under the AIM Wellness program.

In addition, all medical information obtained through the AIM Wellness program will be maintained separate from your personal records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in the 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 the Plan Sponsor/Administrator at this address:

Cabarrus County Government  
Attn: Benefits Department  
65 Church St. S  
Concord, NC 28025  
704-920-2200

## AIM WELLNESS PROGRAM CONSENT

To participate in the AIM Wellness Program, you are asked to complete a Health Risk Assessment, or "HRA," that will ask you a series of questions about your health-related activities and behaviors and you hereby consent to completion of the HRA. In addition, as part of the AIM Wellness Program, you are asked to complete a Health Screening, and by scheduling this screening you consent to the disclosure of your Health Screening test results to Cabarrus County for the purpose of participating in the 2021 AIM Wellness Program. Your Health Screening will include screening of height, weight, waist circumference, blood pressure, and a simple fasting blood draw to screen for cholesterol, glucose, and triglycerides. Your results and the HRA will be used as part of the AIM Wellness Program to earn your wellness credit under the Program and to help you set individual goals and improve your health status.

Cabarrus County must comply with the Genetic Information Nondiscrimination Act of 2008 (GINA) while administering the AIM Wellness Program. GINA requires that Cabarrus County describe the confidentiality protections and restrictions on the disclosure of your genetic information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Complete blood counts, cholesterol tests, and liver-function tests are not considered a "genetic test" under GINA.

Cabarrus County must maintain any of your genetic information in writing on forms and in medical files (including where the information exists in electronic forms and files) separate from personnel files. Cabarrus County must treat this information as a confidential medical record. Cabarrus County may maintain genetic information about you in the same file in which maintains confidential medical information subject to section 102(d)(3)(B) of the Americans with Disabilities Act (ADA), 42 U.S.C. 12112(d)(3)(B). While genetic information that Cabarrus County receives orally need not be reduced to writing, Cabarrus County may not disclose such information except as expressly permitted by law. Genetic information that Cabarrus County acquires through sources that are commercially and publicly available is not considered confidential genetic information but may not be used to discriminate against you.

GINA generally prohibits Cabarrus County from disclosing genetic information Cabarrus County possesses about you, regardless of how Cabarrus County obtained the information, except for genetic information acquired through commercially and publicly available resources. However, GINA does allow Cabarrus County to disclose information in the following six (6) circumstances:

1. Cabarrus County may disclose information to you upon receipt of your written request.
2. Cabarrus County may disclose information to an occupational or other health researcher if the research is conducted in compliance with the regulations and protections provided for human subjects during research under 45 CFR part 46,
3. Cabarrus County may disclose information in response to a court order, but only the genetic information expressly authorized by such order. If the court order was secured without your knowledge, Cabarrus County shall inform you or your member of the court order and any genetic information that was disclosed pursuant to such order.
4. Cabarrus County may disclose information to government officials investigating compliance with GINA if the information is relevant to the investigation.
5. Cabarrus County may disclose information in support of compliance with the certification provisions of section 103 of the Family and Medical Leave Act of 1993 (29 U.S.C. 2613) or such requirements under State family and medical leave laws;

Cabarrus County may disclose information to a Federal, State, or local public health agency only with regard to information about the manifestation of a disease or disorder that concerns a contagious disease that presents an imminent hazard of death or life-threatening illness, provided your family member whom is the subject of the disclosure is notified of such disclosure.