



Other Important Enrollment Information

- [Dependent Social Security Number Solicitation](#)
- [Dependent Coverage Available to Age 26](#)
- [Mental Health Parity Act](#)
- [Women's Health and Cancer Rights Act](#)
- [Newborns' and Mothers' Health Protection Act](#)
- [Special Enrollment Rights under The Children's Health Insurance Program \(CHIP\) Reauthorization Act](#)
- [Change in Medicaid/CHIP Eligibility](#)
- [Important Notice from NRG Energy about Creditable Prescription Drug Coverage and Medicare](#)

Dependent Social Security Number Solicitation

Effective January 1, 2009, Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), became a federal law requiring that group health insurance plans, certain claims processing third-party administrators, and certain employer plans report specific information about Medicare beneficiaries who have other group coverage. This reporting is to assist CMS and other health insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

Action is required: To comply with this new legislation, we are asking that you review your dependents to ensure you have a valid Social Security Number for all covered dependents over two years of age.

You may update your dependent information in two ways:

- 1) During Your Initial Enrollment: You may log on to: www.myNRGbenefits.com and update your dependent information while making your New Hire Enrollment elections. Your login ID is your Social Security number, and your PIN is the last four digits of your Social Security number, unless you have previously changed it. The website is available 24 hours a day, 7 days a week.
- 2) Anytime: You may call the NRG Service Center to review your options and change your elections. The phone number is 1-844-467-4236, and representatives are available from 8 AM to 5 PM Central time, Monday through Friday.

Should you have questions concerning this letter, please contact the NRG Benefits Center.

[HOME](#)

Dependent Coverage Available to Age 26

In accordance with health care reform law, the Patient Protection and Affordable Care Act (PPACA), NRG will continue to extend eligibility for health coverage to your adult child(ren) until they reach age 26. Your adult child may be eligible regardless of his or her:

- Marital status (however, plans are not required to cover your eligible child's spouse or child; in other words, your son- or daughter-in-law or grandchild)
- Student status
- Financial support or residence [the adult child does not have to be in receipt of financial support (partial or full) from you, reside with you for all or part of the year, or reside in the same state as you].

Dependent children up to age 26 whose NRG health care coverage ended, or who were denied coverage (or were not eligible for coverage) because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll for NRG medical coverage.

[HOME](#)

Mental Health Parity Act

The Mental Health Parity Act ensures any services received for mental health care and treatment of substance abuse disorders are covered the same way as services for physical illnesses. This means NRG's medical plan copays, deductibles and reimbursement rates for doctor visits and hospital stays are similar for both kinds of care.

[HOME](#)

Women's Health and 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 lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call UnitedHealthcare at 1-800-605-5440 or Horizon Blue Cross Blue Shield of New Jersey at 1-800-355-2583.

[HOME](#)

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).

[HOME](#)

Special Enrollment Rights under The Children's Health Insurance Program (CHIP) Reauthorization Act

If you have declined enrollment in NRG's medical plans for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 31 days after your other coverage ends. 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, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

NRG will also allow a special enrollment opportunity if you or your eligible dependents either:

- lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- become eligible for a state's premium assistance program under Medicaid or CHIP.

For these new enrollment opportunities, you will have 60 days – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in NRG's group medical plans. Note that this new 60-day extension doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

[HOME](#)

Change in Medicaid/CHIP Eligibility

If you or your eligible dependent loses Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible, or if you become eligible for state premium assistance under Medicaid or CHIP, you may enroll for NRG medical coverage as long as you make your request within 60 days of the event.

If you are eligible for health coverage from NRG, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependent is already enrolled in Medicaid or CHIP and you live a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependent is not currently enrolled in Medicaid or CHIP and you think you may be eligible, you may find out how to apply by contacting your state Medicaid or CHIP office, calling 1-877-KIDS NOW, or going online at www.insurekidsnow.gov.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

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, 2014. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid	MONTANA – Medicaid
Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml

Medicaid Phone: 1-800-926-2588	Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofc/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid	VERMONT – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427

Phone: 1-800-699-9075	
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

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

OMB Control Number 1210-0137 (expires 10/31/2016)

Important Notice from NRG Energy about Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the NRG medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2014. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2014 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

Notice of Creditable Coverage

Please read this notice carefully. It has information about prescription drug coverage with NRG and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the NRG medical plans listed below, you’ll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2014. This is called creditable coverage. Coverage under these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- Aetna PPO \$15 Copay Plan
- Aetna PPO \$25 Copay Plan
- Aetna PPO \$30 Copay Plan
- Aetna High Deductible Plan with Health Savings Account
- Other local medical plans provided by NRG

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue NRG coverage. In this case, NRG’s plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop NRG

coverage, Medicare will be your only payer. You can re-enroll in the NRG plan at Open Enrollment if you have a special enrollment event for the NRG plan.

You should know that if you waive or leave coverage with NRG and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this NRG coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may be required to provide a copy of this notice when you join a Part D plan to show whether or not you have maintained creditable coverage and, therefore, whether or not you are not required to pay a higher Part D premium (a penalty).

For more information about this notice or your prescription drug coverage, contact:

NRG Benefits Service Center
844-4NRG-BEN (844-467-4236)
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[HOME](#)