

Annual Notices



Plan Year

2026

Mark III Brokerage, Inc.

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 3 for more details.

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Important Notice from Randolph County Government About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Randolph County Government 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. Randolph County Government has determined that the prescription drug coverage offered by the (Insert Name of Plan) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

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.

MODEL INDIVIDUAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

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 Randolph County Government coverage will not be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current Randolph County Government coverage, be aware that you and your dependents will be able to get coverage back only with a qualifying event if you are an active employee.

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 Randolph County Government 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 contact Susan Wagner, Randolph County Government, Assistant Human Resources Director, 336-318-6604, susan.wagner@randolphcountync.gov. **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 Randolph County Government changes. You also may request a copy of this notice at any time.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

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
- 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, 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 you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: July 1, 2026
Name of Entity/Sender: Randolph County Government

Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your doctor, nurse midwife or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, group health plans and health insurance issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48 hour (or 96 hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a doctor or other health care provider obtain certification for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain certification.

Mastectomy Benefits

In accordance with the Women's Health and Cancer Rights Act of 1998, our Health Plan provides for the following services related to mastectomy surgery:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the non-diseased breast to produce a symmetrical appearance without regard to the lapse of time between the mastectomy and the reconstructive surgery
- Prostheses and physical complications of all stages of the mastectomy, including lymphedemas.

The benefits described above are subject to the same co-payment or coinsurance and limitations as applied to other medical and surgical benefits provided by our Health Plan.

Privacy Notice

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA Notice of Privacy Practices
Group Name Health Plans

Your Information. Your Rights. Our Responsibilities.

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.** References to “we”, “us” or “our” below refer to the Plans.¹

Your Rights	
<p>When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.</p> <p>Note that we may receive or maintain certain records related to substance use disorder treatment (“SUD Records”) that are subject to special confidentiality protections under 42 C.F.R. Part 2 (“Part 2”). These are records relating to the diagnosis or treatment of, or referral for, substance use disorders (e.g., we may receive information from a substance use disorder treatment provider). You have the same rights with respect to your SUD Records as you have with respect to your health information as described in the chart below, unless otherwise stated.</p>	
Get a copy of your health and claims records	<ul style="list-style-type: none">• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	<ul style="list-style-type: none">• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.• We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations.• We are not required to agree to your request, and we may say “no” if it would affect your care.

¹ This notice is provided to you on behalf of the following plans (collectively, the “Plans”): Randolph County Government.

<p>Get a list of those with whom we've shared information</p>	<ul style="list-style-type: none"> • You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). However, for SUD Records, you also have the right to receive an accounting of disclosures made for treatment, payment, and health care operations purposes, for up to three years prior to the date you ask. • We'll provide one accounting each year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<p>Get a copy of this privacy notice</p>	<p>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</p>
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> • You can complain if you feel we have violated your rights by contacting us using the information below. • You can file a complaint with 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/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

<p>Your Choices</p>	
<p>For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.</p>	
<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> • share information with your family, close friends, or others involved in payment for your care; and/or • share information in a disaster relief situation. <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
<p>In these cases we never share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> • marketing purposes; and • sale of your information.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the ways described below.

If you sign a written consent with your Part 2 program or provider that allows us to use or disclose your SUD Records for treatment, payment and health care operations, we may use or further disclose the SUD Records we receive pursuant to this consent for such purposes (i.e., to manage the health care treatment you receive, run our organization, pay for your health services and administer the Plans) in accordance with HIPAA and as described below, without obtaining further consent from you. You have the right to revoke this consent at any time, except to the extent that we have already acted in reliance on it (such as disclosures already made), by submitting a written revocation by mail to the Privacy Official listed below.

Help manage the health care treatment you receive	We can use your health information and share it with professionals who are treating you.	<i>Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i>
Run our organization	<ul style="list-style-type: none"> • We can use and disclose your information for purposes of our administration and operations and contact you when necessary. • We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. 	<i>Example: We use health information about you to develop better services for you.</i>
Pay for your health services	We can use and disclose your health information as we pay for your health services.	<i>Example: We share information about you with the dental plan administrator to coordinate payment for your dental work.</i>
Administer the Plans	We may disclose your health information to [insert company] for purposes of administration of the Plans.	<i>Example: The Plans may share information about you to [insert company]’s human resources department so that they can administer the Plans.</i>

How else can we use or share your health information?

We are allowed or required to share your health information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Note, however, that we may disclose your SUD Records for purposes other than those specified above only with your consent or as permitted by law.

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • preventing disease; • helping with product recalls;
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	<ul style="list-style-type: none"> • reporting adverse reactions to medications; • reporting suspected abuse, neglect, or domestic violence; and/or • preventing or reducing a serious threat to anyone’s health or safety.
Do research	We can use or share your information for health research.
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • for workers’ compensation claims; • for law enforcement purposes or with a law enforcement official; • with health oversight agencies for activities authorized by law; and/or • for special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order, or in response to a subpoena. However, we may not use or disclose SUD Records for legal proceedings against you (such as civil, criminal, administrative or legislative actions) without your written consent or a court order that meets the applicable Part 2 requirements.
State laws	When a state law requires us to impose stricter standards to protect your health information, we will follow state law rather than HIPAA. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of health information concerning HIV or AIDS, mental health, substance abuse, chemical dependency, genetic testing, or reproductive rights.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information, including your SUD Records.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice	We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.
Contact Person for Information, or to Submit a Complaint	If you have questions about this notice, please contact the Privacy Official (see below). If you have any complaints about our privacy practices, handling of your health information, or breach notification process, please contact the Privacy Official.
Privacy Official	The person responsible for ensuring compliance with this notice is: Aimee C. Scotten, Associate County Attorney 336-318-6603, 725 McDowell Rd., Asheboro, NC 27205
Organized Health Care Arrangement Designation	Since Randolph County Government maintains a number of health plans, the Plans are treated as an “organized health care arrangement” for purposes of HIPAA. This means that the Plans may share your health information for purposes of their treatment, payment, and health care operations. We are giving you this Notice because you participate in one or more of the Plans, although you may not participate in all of them.
Effective Date	The effective date of this notice is: July 1, 2026.