

## Notice to Enrollees

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. We (in conjunction with other local Florida governmental employers) offer our health insurance through a self-funded group health plan called the Public Risk Management of Florida ("PRM") Group Health Trust. The self-funded health plan is sponsored by PRM and we are a voting member of the PRM Board of Directors. The PRM Board of Directors has elected to exempt the PRM Group Health Trust from the following federal requirement:

***Parity in the application of certain limits to mental health benefits.*** Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from this Federal requirement will be in effect for the period of plan coverage beginning October 1, 2014 and ending September 30, 2015. The election may be renewed for subsequent plan years.

**However, you should be aware that the PRM Group Health Trust will continue to provide mental health and substance abuse benefits as required by Florida statute for the 2014/2015 period of coverage. Those mental health and substance abuse benefits are the same mental health and substance abuse benefits that were available to you in the 2013/2014 plan year. Those benefits are summarized in the Summary of Benefits distributed to you during open enrollment.**

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.