



2024 Annual Disclosures

Each year Washington County is required to distribute a number of annual disclosures to all our current employees. The good news is that we have the ability to send these notices to you electronically and also maintain the information on Washnet.

Since moving to electronic distribution of the notices in 2016 **over 98% employees have opted to stop** receiving these paper packets and instead receive the information electronically or by accessing the information on Washnet.

HOW CAN I SIGN UP TO RECEIVE THESE NOTICES ELECTRONICALLY?

1. Sign and return this form and return it to Human Resources
OR
2. login to employee self-serve and follow these simple steps:
 - Click on menu, personal information, personal profile
 - Find the ADDITIONAL INFORMATION Electronic Notices Consent box on right side of screen
 - Click the drop down arrow and choose yes

Consent to receive notices electronically form:

By signing below I am providing my affirmed consent to receive annual notices and disclosures sent to me electronically and/or by accessing them on Washnet once they are posted each year. I understand that I can withdraw my consent to receive notices electronically at any time by submitting a request in writing to Washington County Office of Human Resources, hrbenefits@co.washington.mn.us. I also understand that these notices are available upon request and Human Resources will provide these notices to me in hard copy format.

Signature: _____ Date: _____

Printed Name: _____ Employee ID: _____

2024 Notices and Disclosures:

Name of the Notice	Description
Medicare Part D creditable Coverage Notice	Provided to you because our health plan includes prescription drug benefits. Applies to those that are Medicare eligible. The notice provides information whether your drug benefit is “creditable coverage,” meaning that it is expected to cover on average, as much as the standard Medicare Part D prescription drug plan. (All our plans have creditable coverage)
Notice of Availability of Reasonable Alternative Standard	Provided to inform you of your rights for a reasonable alternative standard in participating in employer sponsored wellness activities. If you think you might be unable to meet a standard for a reward under the wellness program, you might qualify for an opportunity to earn the same reward by different means.
Women’s Health and Cancer Rights Act of 1998	Notifies you that our health plan provides benefits for mastectomy-related services including all stages of reconstruction.
HIPAA Notice of Privacy Practices	Covered entities are required to provide a notice in plain language that describes: <ul style="list-style-type: none"> • How the covered entity may use and disclose protected health information about an individual. • The individual’s rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity. • The covered entity’s legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of protected health information. • Whom individuals can contact for further information about the covered entity’s privacy policies.
HIPAA Notice of Special Enrollment Rights	Provided to inform you that should you decline enrollment at the time of hire, or open enrollment periods you are still entitled to enrollment if you meet the provisions of HIPAA special enrollment rules. 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. Additionally 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. In both cases you must request enrollment within 30 days of the event date.
CHIP Annual Notice	Provided to you to inform you of possible premium assistance that may be available to you under Medicaid and the Children’s Health Insurance Program.
WESA Notice	Nursing others, Lactating employees, and Pregnancy Accommodations employee notice
EEOC Wellness Notice	Notifies you of our Wellness Program along with a disclosure on protecting medical information
Summary of Benefits of Coverage. (provided online in a separate link)	Provided to you to give you standard information so you can compare medical plans as you make decisions about which plan to choose. It gives you information on coverage to help you pick a plan that best meets your needs by providing easy to understand language on the health plans offered to you.

For more information about your plan, you can obtain your Certificate of Coverage by logging into your HealthPartners account at www.healthpartners.com or you may request a copy by calling HealthPartners Member Services at 952-883-5868.