



TD CONSORTIUM BENEFITS TRUST

Annual Notices

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Notice of Privacy Practices

Effective Date: October 1, 2020

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

As your health plan administrator for your employer's self-insured health plan, TD Consortium Benefits Trust provides administrative services related to your health services under the health plan. TD Consortium Benefits Trust staff must collect information about you to process health services claims and authorization for you and your dependents on behalf of your health plan. TD Consortium Benefits Trust knows that the information we collect about you and your health is private. TD Consortium Benefits Trust is required to protect this information by federal and state law. This information is known as Protected Health Information ("PHI").

This Notice of Privacy Practices tells you how TD Consortium Benefits Trust may use or disclose your PHI. This notice may not be all inclusive of all situations. TD Consortium Benefits Trust is required to give you notice of our privacy practices for the information we collect and keep about you. TD Consortium Benefits Trust is required to follow the terms of the notice currently in effect.

TD Consortium Benefits Trust is required by law to maintain the privacy of your PHI, provide you with notice of our legal duties and privacy practices with respect to PHI, and notify you if your PHI is affected in a breach of unsecured PHI.

How We Protect Your Privacy

Our employees are trained on the need to maintain your PHI in the strictest confidence. We restrict access to your PHI to authorized workforce members who need that information for your treatment, for payment purposes and/or for health care operations. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.

In addition, in situations where we rely on a third-party to perform business, professional or insurance services or functions for us, that third-party must agree to safeguard your PHI. That Business Associate must also agree to use it only as required to perform its functions for us and as otherwise permitted by our contract and the law.

When TD Consortium Benefits Trust May Use and Disclose Information Without Your Authorization:

- **For Treatment.** TD Consortium Benefits Trust may use or disclose information with health care providers who are involved in your health care. This may include health care providers (doctors, nurses, licensed practitioners) employed by or outside of the health plan. *For example, information may be shared to create and carry out a plan for your treatment.*
- **For Payment.** TD Consortium Benefits Trust may use or disclose information to get payment for the health care services you receive. *For example, TD Consortium Benefits Trust may provide PHI in relation to a bill received for health care services provided to you.*
- **For Health Care Operations.** TD Consortium Benefits Trust may use or disclose information in order to manage its programs and activities. These uses and disclosures are necessary to run the health plan and to make sure that people covered by the health plan receive quality care. For example, TD Consortium Benefits Trust may use PHI to review the quality of services you receive or to evaluate a provider's performance prior to providing payment.

- **Other Disclosures for Plan Operations.** TD Consortium Benefits Trust may use or disclose PHI for the following activities:
 - TD Consortium Benefits Trust may disclose PHI to your plan sponsor as required under the plan's contract.
 - TD Consortium Benefits Trust may use or disclose PHI for underwriting purposes, but TD Consortium Benefits Trust is prohibited from using or disclosing any genetic information for such purposes.
 - TD Consortium Benefits Trust may use or disclose PHI for fundraising purposes; however, you have the right to opt out of any fundraising communications.
- **Appointments and Other Health Information.** TD Consortium Benefits Trust may send you reminders for medical care checkups or information about health services that may be of interest to you. You have a right to place restrictions on these communications and request how these communications occur.
- **For Public Health Activities.** TD Consortium Benefits Trust may send PHI to the state or local public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases. We may disclose medical information to these agencies as required by law.
- **For Health Oversight Activities.** TD Consortium Benefits Trust may use or disclose information to inspect or investigate health care providers. We may disclose medical information to health oversight agencies for activities authorized by law.
- **As Required by Law and For Law Enforcement.** TD Consortium Benefits Trust may use and disclose information when required by federal or state law; by court order, subpoena, warrant, summons, administrative request or similar process; or in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **For Abuse Reports and Investigations.** TD Consortium Benefits Trust is required by law to receive and investigate reports of abuse.
- **For Government Programs.** TD Consortium Benefits Trust may use and disclose information for public benefits under other government programs.
- **To Avoid Harm.** TD Consortium Benefits Trust may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person(s) or the public.
- **For Research.** TD Consortium Benefits Trust uses information for studies and to develop research reports. These reports do not identify specific people. These types of disclosures may only occur without specific member authorization when you (the member) have previously agreed to participate in a research study and the report disclosures are included in participation agreements.
- **Disclosures to Family, Friends and Others Who Are Involved In Your Medical Care.** TD Consortium Benefits Trust may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information. Disclosures may only occur without authorization in instances of emergency or incapacity to effect treatment or care.
- **Other Uses and Disclosures Require Your Written Authorization.** For other situations, TD Consortium Benefits Trust will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. TD Consortium Benefits Trust cannot take back any uses or disclosures already made with your authorization; and disclosures made in conjunction with a valid

authorization and prior to a written revocation cannot be withdrawn.

You have the following privacy rights regarding health information TD Consortium Benefits Trust maintains about you:

- **Right to Inspect and Receive Copies of Your Records.** In most cases, you have the right to inspect or receive copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records. TD Consortium Benefits Trust may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.
- **Right to Request a Correction or Update of Your Records.** You may ask TD Consortium Benefits Trust to amend information you feel to be incorrect or add missing information to your records. You must make the request in writing, and provide a reason for your request. TD Consortium Benefits Trust may deny your request in certain limited circumstances.
- **Right to Get a List of Disclosures.** You have the right to ask TD Consortium Benefits Trust for a list of disclosures or access report made within the last three years. You must make the request in writing. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that TD Consortium Benefits Trust limit how your information is used or disclosed. You must make the request in writing to **HIPAA Privacy Officer, TD Consortium Benefits Trust, 24 Arnett Avenue, Suite 115, Lambertville, NJ 08530**, tell TD Consortium Benefits Trust what information you want to limit and to whom you want the limits to apply. TD Consortium Benefits Trust is not required to agree to the restriction, unless the restriction is for disclosures to a health plan for carrying out payment or health care operations that are not otherwise required by law, and the PHI pertains solely to a health care item or service for which you personally, and not your plan, have paid in full. You can request that the restrictions be terminated in writing or verbally.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing to:
 - HIPAA Privacy Officer
 - TD Consortium Benefits Trust
 - 24 Arnett Avenue, Suite 115
 - Lambertville, NJ 08530This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to request that TD Consortium Benefits Trust share information with you in a certain way or in a certain place. For example, you may ask TD Consortium Benefits Trust to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how TD Consortium Benefits Trust has used or disclosed information about you, or if you believe your privacy rights have been violated. You will not be penalized for filing a complaint. To file a complaint, you may write to us at: **HIPAA Privacy Officer, TD Consortium Benefits Trust, 24 Arnett Avenue, Suite 115, Lambertville, NJ 08530**. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights by following the instructions on their website at www.hhs.gov/hipaa/filing-a-complaint/index.html

- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

In the future, TD Consortium Benefits Trust may change its Notice of Privacy Practices. Any changes will apply to information TD Consortium Benefits Trust already has, as well as information TD Consortium Benefits Trust receives in the future. A copy of the new notice will be posted on the TD Consortium Benefits Trust website at <https://tdahealthplan.com/> as required by law. You may ask for a copy of the current notice at any time. If you have any questions regarding this notice, please contact your Human Resources department or call the toll-free member services number on your I.D. card.

Medicare Part D - Creditable Coverage Notice

If you are enrolled in Plans: ACO \$0, ACO \$5000, Classic 500, Classic 1000, Classic 2000, Classic 3500, Classic 5000, HSA 5000, HSA 6650, Value 7350

Important Creditable Coverage Notice from TD Consortium Benefits Trust 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 TD Consortium Benefits Trust 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. TD Consortium Benefits Trust has determined that the prescription drug coverage offered by AETNA 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 15th to December 7th. 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 do decide to enroll in a Medicare drug plan and drop your AETNA prescription drug coverage through TD Consortium Benefits Trust, be aware that you and your dependents may not be able to get this coverage back.

Before dropping coverage, you should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

TD Consortium Benefits Trust offers your prescription drug benefit through AETNA one of the leading Pharmacy Benefit Managers in the State of Tennessee. AETNA gives members the option of going to retail pharmacies for a 30-day supply of medication or use AETNA Mail Order which allows a member to receive an extended supply. AETNA provides a formulary listing that is alphabetized by drug category as well as brand name. These listings are to help members identify medication with lower co-payments and/or coinsurance. TD Consortium Benefits Trust pays for health expenses, in addition to prescription drugs. If you choose to enroll in a Medicare prescription drug plan you will lose your prescription coverage. In addition, you will not be able to obtain this coverage back once you disenroll.

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 TD Consortium Benefits Trust 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...

You may contact our office for further information or call Stephanie Alfonso at 908-293-6105.

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 TD Consortium Benefits Trust 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
- 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).

If you need additional information or have any questions regarding the TD Consortium Benefits Trust prescription drug coverage and Medicare, please give us a call at 800-282-8626.

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: September 30, 2020
Name of Entity: TD Consortium Benefits Trust
Contact- Position Officer : Stephanie Alfonso, Director Client Operations
Address: 80 Cottontail Ln, Suite 204, Somerset NJ 08773
Phone Number: 908-293-6105

Notice of Federal Requirements

ANNUAL NOTICE TO TD CONSORTIUM BENEFITS TRUST PARTICIPANTS

The 1998 Federal budget passed by Congress requires all health plans to cover reconstructive surgery following a mastectomy. Although the TD Consortium Benefits Trust covers reconstructive surgery after a mastectomy, Legislation mandates that we provide you with this notice on an annual basis.

I. **COVERAGE FOR RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMY**

When a covered individual receives benefits for a mastectomy and decides to have breast reconstruction, based on consultation between the attending physician and the patient, the health plan must cover:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Prosthesis and physical complications in all stages of mastectomy, including lymphedema; and
- The Plan will cover the breast reconstruction anytime following the mastectomy provided that you are an eligible plan participant and your coverage is in effect. There are no time limitations from the date of the mastectomy.

This coverage must be the same as for any other benefit under the Plan.

II. **MENTAL HEALTH PARITY ACT**

Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. This law requires that all ERISA-qualified plans, group health plans and group health insurers apply the same treatment and financial limits to medical and surgical benefits and to mental health and substance use disorder benefits.

III. **MICHELLE'S LAW**

This law affects all ERISA-qualified plans and ensures that seriously ill college students can continue to receive health care insurance through their family's health insurance policy even if they are unable to maintain their full-time student status. This law prevents a group health plan from removing coverage from a "dependent child" due to a "medically necessary leave of absence" before the earlier of:

- (a) one year after the first day of the medically necessary leave of absence; or
- (b) the date on which the coverage under the plan would otherwise terminate.

The law also requires that a notice of the new law be included with any communications to members asking for documentation of student status.

IV. **CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT**

This law requires that all ERISA-qualified plans, group health plans, must allow for a special enrollment for eligible but not enrolled employees or dependent children who either:

- (a) lose coverage under a Medicaid or a State Children's Health Insurance Plan (SCHIP) under titles XIX and XXI of the Social Security Act, respectively, or
- (b) become eligible for group health plan premium assistance under Medicaid or SCHIP (Special Enrollment Right). The member must request coverage no later than sixty (60) days after the date eligibility is lost or the date member or dependent are determined to be eligible for State premium assistance.

If you have any questions regarding your benefits, please do not hesitate to contact the Plan at 908-293-6105.

Summary Annual Report

For

TD CONSORTIUM BENEFITS TRUST

This is a summary of the annual report for the **TD CONSORTIUM BENEFITS TRUST, 81-6950155, 501**, for the plan year **2019**. The annual report has been filed with the U.S. Department of Labor's Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The plan has a contract with Allied to pay certain claims incurred under the terms of the plan. The total premiums paid for the plan year ending 2019 were \$1,181,981.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$378,379 as of December 31, 2019 compared to \$474,439 as of December 31, 2018. During the plan year the plan experienced an increase in its net assets of \$96,060. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$1,183,822 including employer contributions of \$1,181,981, and earnings from investments of \$1,841. Plan expenses were \$1,087,762. These expenses included \$185,393 in administrative expenses, \$751,255 in benefits paid to participants and beneficiaries, and \$151,114 in other expenses.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Financial information and information on payments to service providers;
2. Transactions in excess of 5 percent of the plan assets;
3. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of:

Concord Management Resources
80 Cottontail Lane, Suite 204
Somerset, NJ 08873
908-293-6105

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (**Concord Management Resources, 80 Cottontail Lane, Suite 204, Somerset, NJ 08873**) and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.