

# Annual Notices Required by the Federal Government

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## Profit Sharing and Savings Plan Notice on Deferrals

The Profit Sharing and Savings Plan (“PSSP,” also known as the “401(k) Plan”) includes an automatic-increase arrangement (commonly known as “Bump It”). Under the default election for Bump It, each January 1 your current 401(k) savings rate will increase by 1%.

If you do not want the default election for Bump It, you can elect to 1) decline Bump It, or 2) change your maximum Bump It rate to a different percentage (up to 50%, subject to IRS limits). Your election will remain in effect from year to year, until you make a new election. To make an election:

- Submit an **Automatic Enrollment and Override Election Form** to your HR representative,
- Make the election online: visit **www.CoalBenefits.com**, click on “Access account” under PROFIT SHARING AND SAVINGS PLAN – 401(K), or
- Call the PSSP Benefits Center at 1-866-412-9026.

Your 401(k) savings rate will not automatically increase by 1% on January 1 if: 1) you elect to decline Bump It, 2) your rate is already at your Bump It maximum, or 3) your rate is 0%.

## Reminder: COBRA Notices by Employees and Beneficiaries

For more information about continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), please review the Health Care Program section of your benefits handbook. To view the handbook online, go to **CoalBenefits.com** and log in with the username and password provided by your HR representative.

Covered employees or qualified beneficiaries must provide written notice to the Plan Administrator within 60 days of a divorce, or the date a child reaches age 26 or otherwise ceases to be an eligible dependent under the Alliance Health Care Program.

The written notice must describe the event and provide the date of the event. In addition, an Election Form must be completed and supporting documentation (e.g., divorce decree) must be provided upon request of the Plan Administrator.

A disabled employee or qualified beneficiary must provide notice of a disability within the first 18 months of COBRA and within 60 days of the latest of:

1. The date of Social Security Administration’s disability determination,
2. The date of the qualifying event, or
3. The date on which the qualified beneficiary would lose coverage under the Health Care Program.

If a required notice is not provided within the required timeframe to the Plan Administrator, COBRA coverage will not be provided (or extended, in the case of disability).

Your written notice will be treated as given when faxed to 918-295-7353, or when hand-delivered or mailed (the postmark date) to:

**Alliance Coal Health Plan  
COBRA Administration  
PO Box 22027  
Tulsa, OK 74121-2027**

If you have any questions, please contact your local HR representative.

## Important Notice About Prescription Drug Coverage and Medicare

If you or a dependent have Medicare or will become eligible for Medicare in the next 12 months, please read the following notice. It highlights the options you have under Medicare prescription drug coverage, and it can help you decide whether or not you want to enroll.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare drug plan or join a Medicare Advantage Plan (like an HMO or a 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.

**CREDITABLE COVERAGE INFORMATION:** Alliance Coal has determined that the prescription drug coverage offered under the Alliance Health Care Program (the “Plan”) is, on average for all Plan participants, expected to pay out as much as standard Medicare drug coverage pays, and is 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.

**GENERAL INFORMATION:** Individuals can enroll in a Medicare drug plan when they first become eligible for Medicare and each year from October 15 through 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-month Special Enrollment Period (SEP) to join a Medicare drug plan.

You should compare this Plan’s coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare drug coverage in your area. Be aware that this Plan’s prescription drug coverage is provided in a package with medical coverage, and you may not drop this Plan’s prescription drug coverage without also dropping the medical coverage. If you decide to enroll in a Medicare drug plan and drop medical and prescription drug coverage under this Plan, you may not be able to get this Plan’s coverage back later.

You may contact us for more information about what happens to your coverage if you enroll in a Medicare drug plan.

**PENALTY FOR LATE ENROLLMENT:** You should also know that if you drop or lose this Plan’s Creditable Coverage 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 enroll in a Medicare drug plan later. Specifically, if you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium for Medicare drug coverage 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 19 months without Creditable Coverage, your premium may consistently be 19% higher than the Medicare base beneficiary premium. You may have to pay the higher premium (a penalty) as long as you have Medicare drug coverage. In addition, you may have to wait until the following October to enroll.

**HOW TO OBTAIN ADDITIONAL INFORMATION:** More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You should get a copy of the handbook in the mail every year from Medicare if you are eligible. You may be contacted directly by Medicare drug plans. For more information about Medicare prescription drug plans, visit [www.medicare.gov](http://www.medicare.gov) or call your State Health Insurance Assistance Program (see your 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 Medicare drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call SSA at 1-800-772-1213 (TTY 1-800-325-0778).

Remember to keep this notice. If you enroll in one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount (a penalty).

You will receive this notice each year and at other times in the future, such as if this Plan's coverage changes. You may also request a copy. You may contact Member Services toll-free at 1-855-979-5192 for further information about this notice or this Plan's prescription drug coverage.

## **Women's Health and Cancer Rights Act Notice**

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,
- Prosthesis, and
- Treatment of physical complications of the mastectomy, including lymphedema.

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 Member Services toll-free at 1-855-979-5192.

## **Notice of Privacy Practices Availability**

The Alliance Coal Health Plan and the Alliance Coal Dental, Vision, and Flexible Benefits Plan maintain a Notice of Privacy Practices for Protected Health Information that provides information to individuals whose protected health information will be used or disclosed by the plans. If you would like a copy of the Notice, please call Corporate Benefits toll-free at 1-918-295-7522, or download a copy at [www.coalbenefits.com/privacy](http://www.coalbenefits.com/privacy).

## **Special Enrollment Notice**

If you are declining enrollment in the Alliance Health Care Program for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself and your dependents in the Alliance Health Care Program if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within the 31-day period beginning on the date your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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. However, you must request enrollment within the 31-day period beginning on the date of the marriage, birth, adoption, or placement for adoption, and you must also submit any other required documentation within the same 31-day period.

An employee or dependent who is eligible, but not enrolled, for coverage under the Alliance Health Care Program may enroll for coverage under the terms of the Plan if either of the following conditions is met:

- The employee or dependent loses Medicaid or Children’s Health Insurance Plan (CHIP) coverage due to a loss of eligibility for such coverage. The employee must request coverage under the Alliance Health Care Program no later than 60 days after the date of termination of such coverage.
- The employee or dependent becomes eligible for premium assistance under Medicaid or CHIP with respect to coverage under the Alliance Health Care Program. The employee must request coverage under the Alliance Health Care Program no later than 60 days after the date the employee or dependent is determined to be eligible for such assistance.

To request special enrollment or obtain more information, call Member Services toll-free at 1-855-979-5192.

## **Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW (543-7669)** or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor — Employee Benefits Security Administration at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**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 July 31, 2018. Contact your state for more information on eligibility.**

**ALABAMA** – Medicaid

**Website:** <http://www.myalhipp.com>  
**Phone:** 1-855-692-5447

**ALASKA** – Medicaid

**Website:** <http://myakhipp.com>  
**Phone:** 1-866-251-4861

**ARKANSAS** – Medicaid

**Website:** <http://myarhipp.com>  
**Phone:** 1-855-MyARHIPP (1-855-692-7447)

**COLORADO** – Medicaid and Child Health Plan *Plus*  
**Medicaid Website:**

<https://www.healthfirstcolorado.com>

**Medicaid Phone:** 1-800-221-3943

**CHP+ Website:** <https://www.colorado.gov/HCPF/Child-Health-Plan-Plus>

**CHP+ Phone:** 1-800-359-1991

**FLORIDA** – Medicaid

**Website:** [www.flmedicaidprecovery.com/hipp](http://www.flmedicaidprecovery.com/hipp)  
**Phone:** 1-877-357-3268

**GEORGIA** – Medicaid

**Website:** <http://dch.georgia.gov/medicaid>  
Click on *Health Insurance Premium Payment (HIPP)*  
**Phone:** 404-656-4507

**INDIANA** – Medicaid

**Website:** <http://www.in.gov/fssa/hip>  
**Phone:** 1-877-438-4479

**IOWA** – Medicaid and CHIP

**Website:** <http://dhs.iowa.gov/ime/members/>  
**Phone:** 1-800-338-8366

**KANSAS** – Medicaid

**Website:** <http://www.kdheks.gov/hcf>  
**Phone:** 1-785-296-3512

**KENTUCKY** – Medicaid and CHIP

**Medicaid Website:** <https://chfs.ky.gov/Pages/index.aspx>

**Phone:** 1-800-635-2570

**CHIP Website:** <https://kidshealth.ky.gov>

**Phone:** 1-877-524-4718

**LOUISIANA** – Medicaid

**Website:** <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>

**Phone:** 1-888-695-2447

**MAINE** – Medicaid

**Website:** <http://www.maine.gov/dhhs/ofipublic-assistance/index.html>  
**Phone:** 1-800-442-6003

**MASSACHUSETTS** – Medicaid and CHIP

**Website:** <http://www.mass.gov/eohhs/gov/departments/masshealth>  
**Phone:** 1-800-862-4840

**MINNESOTA** – Medicaid

**Website:** <https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>  
**Phone:** 1-800-657-3739

**MISSOURI** – Medicaid

**Website:** <https://dss.mo.gov/mhd/participants/pages/hipp.htm>  
**Phone:** 573-751-2005

**MONTANA** – Medicaid

**Website:** <https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
**Phone:** 1-800-694-3084

**NEBRASKA** – Medicaid

**Website:** <http://www.AccessNebraska.ne.gov>  
**Phone:** 1-855-632-7633

**NEVADA** – Medicaid

**Website:** <https://dwss.nv.gov/>  
**Phone:** 1-800-992-0900

**NEW HAMPSHIRE** – Medicaid

**Website:** <https://www.dhhs.nh.gov/ombp/nhhpp/>  
**Phone:** 603-271-5218

**NEW JERSEY** – Medicaid and CHIP

**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

**NEW YORK** – Medicaid

**Website:** [https://www.health.ny.gov/health\\_care/medicaid](https://www.health.ny.gov/health_care/medicaid)

**Phone:** 1-800-541-2831

**NORTH CAROLINA** – Medicaid  
Website: <https://dma.ncdhhs.gov>  
Phone: 919-855-4100

**NORTH DAKOTA** – Medicaid  
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid>  
Phone: 1-844-854-4825

**OKLAHOMA** – Medicaid and CHIP  
Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

**OREGON** – Medicaid  
Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

**PENNSYLVANIA** – Medicaid  
Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>  
Phone: 1-800-692-7462

**RHODE ISLAND** – Medicaid  
Website: <http://www.eohhs.ri.gov>  
Phone: 1-855-697-4347

**SOUTH CAROLINA** – Medicaid  
Website: <https://www.scdhhs.gov/>  
Phone: 1-888-549-0820

**SOUTH DAKOTA** – Medicaid  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

**TEXAS** – Medicaid  
Website: <http://www.gethipptexas.com>  
Phone: 1-800-440-0493

**UTAH** – Medicaid and CHIP  
Medicaid Website: <https://medicaid.utah.gov>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

**VERMONT** – Medicaid  
Website: <http://www.greenmountaincare.org>  
Phone: 1-800-250-8427

**VIRGINIA** – Medicaid and CHIP  
Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 1-800-432-5924  
CHIP Phone: 1-855-242-8282

**WASHINGTON** – Medicaid  
Website: <https://www.hca.wa.gov/health-care-services-supports/program-administration/premium-payment-program>  
Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA** – Medicaid  
Website: <http://mywvhipp.com>  
Phone: 1-855-MyWVHIPP  
(1-855-699-8447)

**WISCONSIN** – Medicaid and CHIP  
Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 1-800-362-3002

**WYOMING** – Medicaid  
Website: <https://wymedicaid.portal.conduent.com/>  
Phone: 1-855-294-2127

To see if any more states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, you can contact either:

**U.S. DEPARTMENT OF LABOR**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323,  
Menu Option 4, Ext. 61565

