

SOUTHWESTERN UNIVERSITY EMPLOYEE BENEFITS PLAN

LEGAL NOTICES

November 2016

Notice of Privacy Practices

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

GENERAL INFORMATION

This Notice describes the practices that the Southwestern University Employee Benefits Plan (the "Plan," "us" or "we") will follow with regard to your "protected health information" ("PHI") with respect to the following Covered Component Plans: the Southwestern University Group Health Plan, the Southwestern University Group Prescription Drug Plan, the Southwestern University Group Dental Plan, the Southwestern University Group Vision Plan and the Southwestern University Flexible Benefits Plan.

PHI is a special term, defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its regulations (the "Privacy Rule"). PHI means individually identifiable health information (including demographic information) that is created or received by a health care provider, a health plan, your employer, or a health care clearinghouse and relates to: (i) your past, present, or future physical or mental health or condition; (ii) the delivery of health care to you; or (iii) the past, present, or future payment for the delivery of health care to you. For purposes of the Plan and this Notice, PHI includes information related to the medical claims that are submitted to the Plan about you, and information about the payment of those claims. It does not include most of the information that is kept in your personnel file. For example, it does not include the doctor's notes that you give to your manager at Southwestern University in order to obtain leave under the Family Medical Leave Act or to obtain a disability accommodation.

This Notice applies to all PHI the Plan maintains. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. The insurance company who provides your insurance may also have different policies or notices.

You may have additional rights under state law. State laws that provide greater privacy protection or broader privacy rights will continue to apply.

OUR RIGHTS AND OBLIGATIONS

- We are required by law to maintain the privacy of your PHI.
- We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI.
- We are required to follow the privacy practices described in this Notice. These privacy practices will remain in effect until we replace or modify them.
- We are required to notify you following a breach of unsecured PHI.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided that the change is permitted by law. We reserve the right to have such a change affect all PHI we maintain, including PHI we received or created before the change. When we make a material change in our privacy practices, we will revise this Notice and post it at southwestern.edu/hr/benefits/, Employee Benefits Plan Legal Notices by the effective date of the material change and we will provide the revised Notice, or information about the material change and how to obtain the revised Notice, in the next annual mailing to participants .

HOW THE PLAN MAY USE AND DISCLOSE YOUR PHI.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

For Treatment. We do not provide treatment. However, we may disclose your PHI to health care providers who require it in connection with your treatment. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated with prior prescriptions.

For Payment. We may use and disclose your PHI for all activities that are included within the definition of "payment" set out in the Privacy Rule. For example, we may use and disclose your PHI to determine eligibility for the Plan's benefits, to facilitate or make payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate the Plan's coverage. The definition of "payment" includes many more items, so please refer to the Privacy Rule for a complete list.

For Health Care Operations. We may use and disclose your PHI for all activities that are included within the definition of "health care operations" set out in the Privacy Rule. For example, we may use and disclose your PHI for purposes of: (a) conducting quality assessment and improvement activities; (b) underwriting; (c) premium rating and other activities relating to the Plan's coverage; (d) submitting claims for stop-loss (or excess loss) coverage; (e) conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; (f) business planning and development such as cost management and business management; and (g) the Plan's general administrative activities. The definition of "health care operation" includes many more items, so please refer to the Privacy Rule for a complete list.

If the Plan uses or discloses PHI for underwriting purposes, the Plan is prohibited from using or disclosing PHI that is genetic information for such purposes.

Uses & Disclosures to Other Entities

Business Associates. We may disclose your PHI to a "business associate." Our business associates are the individuals and entities we engage to perform various duties on behalf of the Plan, or to provide services to the Plan. For example, our business associates might provide claims management services or utilization reviews. Business associates are permitted to receive, create, maintain, use, or disclose PHI, but only as provided in the Privacy Rule, and only after agreeing in writing to appropriately safeguard your PHI.

Other Covered Entities. We may use or disclose your PHI to a HIPAA-covered health care provider, health plan, or health care clearinghouse, in connection with their treatment, payment, or health care operations.

Uses and Disclosures for Which Your Permission May Be Sought.

For purposes of this subsection only, the following conditions apply: If you are present and able to give your verbal permission, we will only use or disclose your PHI with your permission. This verbal permission will only cover a single encounter, and is not a substitute for a written authorization. If you are not present or are unable to give your permission, we will use or disclose your PHI only if we determine (based on our professional judgment) that the use or disclosure is in your best interest.

To Others Involved in Your Care. We may use or disclose your PHI to a relative or other individual who you have identified as being involved in your health care. If you are not present, our disclosure will be limited to the PHI that directly relates to the individual's involvement in your health care.

For Limited Notification Purposes. We may use or disclose your PHI to help notify a relative or other individual who is responsible for your health care, of your location, general condition or death.

To Assist in Disaster Relief We may disclose your PHI to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate uses and disclosures to relatives or other individuals involved in your health care.

Other Permitted Uses and Disclosures

To the Secretary. We will disclose your PHI to the Secretary of the Department of Health and Human Services, when required to do so, to enable the Secretary to investigate or determine our compliance with HIPAA and the Privacy Rule.

As Required By Law. We will disclose your PHI when required to do so by federal, state or local law.

For Public Health Activities. We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI to a public health entity that is authorized by law to collect information for the purpose of reporting diseases, illnesses, births, or deaths.

Disclosures About Abuse, Neglect, and Domestic Violence. We may disclose your PHI, consistent with applicable federal and state laws, if we believe that you have been a victim of abuse, neglect, or domestic violence. Such disclosure will be made to the governmental entity or agency authorized to receive such information.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. The relevant agencies include governmental units that oversee or monitor the health care system, government benefit and regulatory programs, and compliance with civil rights laws. The relevant activities include, for example, audits, investigations, inspections, and licensure.

Legal Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding.

Law Enforcement. Under limited circumstances (such as required reporting laws or in response to a grand jury subpoena), we may disclose your PHI to law enforcement officials.

Coroners, Medical Examiners, and Funeral Directors. We may disclose your PHI to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.

Organ and Tissue Donation. If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research. We may disclose your PHI to researchers when an institutional review board or a privacy board has (a) reviewed the research proposal and established protocols to ensure the privacy of the information; and (b) approved the research.

Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or to the health and safety of others. Any such disclosure will be made to someone who would be able to help prevent the threat.

Specialized Government Functions. We may disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veterans Affairs, or to foreign military authorities if you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities (including for the provision of protective services to the President of the United States) or to the Department of State to make medical suitability determinations. If you are an inmate at a correctional institution, then under certain circumstances we may disclose your PHI to the correctional institution.

Workers' Compensation. We may disclose your PHI to the extent necessary to comply with laws concerning workers' compensation or to comply with similar programs that are established by law and provide benefits for work-related injuries or illness.

Reminders. We may use and disclose your PHI by sending you a reminder for important services, such as annual checkups.

Additional Services. We may use or disclose your PHI to send you information about alternative medical treatments and programs, or about health-related products and services that may be of interest to you, provided the Plan does not receive financial remuneration for making such communications.

Disclosure to Health Plan Sponsor. We may disclose your PHI to designated personnel at Southwestern University so that they may carry out their Plan-related administrative functions. These individuals will protect the privacy of your PHI and will ensure that it is only used as described in this Notice and as permitted by law. Your PHI will not be used by Southwestern University for any employment-related actions or decisions or in connection with any other benefit plan offered by Southwestern University.

Uses and Disclosures with an Authorization

Before we can use or disclose your PHI for a reason that is not listed in this Section III, we are required to obtain your written authorization. In addition, we are required to obtain your authorization under the following circumstances:

Psychotherapy Notes. Most uses and disclosures of psychotherapy notes will require your authorization.

Marketing. Uses and disclosures of PHI which result in the Plan receiving financial payment from a third party whose product or services is being marketed will require your authorization.

Sale of PHI. Disclosures that constitute a sale of PHI will require your authorization.

You may revoke your authorization at any time, but you must do so in writing. You can obtain an authorization form by contacting us at the address or phone number listed at the end of this Notice.

YOUR RIGHTS REGARDING YOUR PHI

Some of your PHI is maintained by our business associates, particularly the ones who handle claims administration. In order to help you exercise the rights discussed below, we may ask you to contact our business associates directly.

Right to Inspect and Copy.

You have the right to inspect and copy your PHI that may be used to make decisions about your benefits. To inspect and copy the PHI that may be used to make decisions about you, you must submit your request in writing to the Contact Office listed at the end of this Notice. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances; if we deny you access to your PHI, you may request that the denial be reviewed.

The Privacy Rule contains a few exceptions to this right. You do not have the right to inspect or copy, among other things, psychotherapy notes or materials that are compiled in anticipation of litigation or similar proceedings.

Right to Request an Amendment.

If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI. You have the right to request an amendment for as long as the PHI is kept by or for the Plan. Your request must be in writing and must include a reason or explanation that supports your request. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice.

If we approve your request, we will include the amendment in any future disclosures of the relevant PHI. If we deny your request for an amendment, you may file a written statement of disagreement, which we may rebut in writing. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant PHI.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that: is not part of the PHI kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. All denials will be made in writing.

Right to an Accounting of Disclosures.

You have the right to request an "accounting" of the instances in which we disclosed your PHI.

If the PHI disclosed is an "electronic health record," the accounting will include disclosures up to three years before the date of your request.

If the PHI disclosed is not an "electronic health record," the accounting will include disclosures up to six years before the date of your request. In this case, the accounting is not required to include all disclosures. For example, the accounting will not include any disclosures made for treatment, payment, or health care operations. The accounting also will not include any disclosures we made before April 14, 2004.

Your request must be in writing. Your request must include the time frame that you would like us to cover (this may be no more than six years before the date of the request). Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. We may charge you for

the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions.

You have the right to request a restriction or limitation on the **PHI** about you that we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the **PHI** about you that we disclose to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request.

Your request must be in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. Again, we are not required to agree to your request.

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request.

Your request must be in writing. In your request, you must tell us how or where you wish to be contacted. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. We will make reasonable efforts to accommodate your request.

Right to a Paper Copy of This Notice.

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may also obtain a paper copy of this Notice from the Contact Office listed at the end of this Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the Department of Health and Human Services. To file a complaint with us, send a written complaint to the Contact Office listed at the end of this Notice. We will not retaliate against you for filing a complaint, and you will not be penalized in any other way for filing a complaint.

CONTACT OFFICE

Human Resources Department
Southwestern University
1001 University Avenue
Georgetown, TX 78626
(512) 863-1807

EFFECTIVE DATE: September 23, 2014

Special Enrollment Rights

HIPAA Special Enrollment Rules

HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in Southwestern's health plans under "special enrollment provisions" briefly described below.

- *Loss of Other Coverage.* If you decline enrollment for yourself or for an eligible dependent because you have other group health plan coverage or other health insurance, you may be able to

enroll yourself and your dependents under Southwestern's health plans if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 31 days after your or your dependents' other coverage ends, or after the other employer stops contributing toward the other coverage.

- *New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.* If you gain a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents under Southwestern's health plans. You must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. In the event you acquire a new dependent by birth, adoption, or placement for adoption, you may also be able to enroll your spouse, if your spouse was not previously covered.
- *Enrollment Due to Medicaid/CHIP Events.* If you or your eligible dependents are not already enrolled in Southwestern's health plan, you may be able to enroll yourself and your eligible dependents if: (i) you or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event. The CHIP Model Notice containing additional information about this right as well as contact information for state assistance is included below. You may also request a copy from the Plan Administrator.

Please contact Southwestern University's Human Resources Department at (512) 863-1807 for details, including the effective dates of coverage applicable to each of these special enrollment provisions. Additional information regarding your rights to enroll in group health coverage is found in the applicable group health plan summary plan description(s) or insurance contract(s).

Women's Health & Cancer Rights Act

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;
- Prostheses;
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this Plan. Therefore, the deductibles and coinsurance shown in the medical section of this guide apply.

If you would like more information on WHCRA benefits, call the Human Resources Department at (512) 863-1807.

Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, 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 cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Continuation Coverage Rights Under COBRA

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or

- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Human Resources Department.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage. If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to

get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage. If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

For more information about the Plan and COBRA continuation coverage, contact the Human Resources Department at (512) 863-1807.

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.

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** or 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 at 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, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	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
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820

<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">WEST VIRGINIA – Medicaid</p> <p>Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability</p>
<p align="center">UTAH – Medicaid and CHIP</p> <p>Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p>
<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282</p>	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Important Notice from Southwestern University About Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage with Southwestern University and about your options under Medicare's prescription drug coverage. If you or your family members are not currently covered by Medicare and will not become covered by Medicare in the next 12 months, this notice does not apply to you.

Information contained in this notice 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. Southwestern University has determined that the prescription drug coverage offered by the Southwestern University Prescription Drug Plan (the "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 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 decide to join a Medicare drug plan, your current Southwestern University coverage will not be affected. Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

If you decide to join a Medicare prescription drug plan and drop your current Southwestern University coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Southwestern University and do not 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 19 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 ...

For more information about this notice or your current prescription drug coverage, contact the Human Resources Department at (512) 863-1807. **NOTE:** You will 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 Southwestern University changes. You may also request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will receive 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 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 or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 2016
Name of Entity/Sender:	Southwestern University
Contact-Position/Office:	Christie Sponsel, Benefits Administrator/ Senior HR Generalist
Address:	Southwestern University Human Resources Department 1001 University Avenue Georgetown, TX 78626
Phone Number:	(512) 863-1807