EASTERN
MICHIGAN UNIVERSITY

Benefits Compliance Guide

Designed to provide employees and their dependents with a brief overview of required important notices and information related to healthcare and employee rights. This guide is for information purposes only. Please refer to the original resources for detailed information and further updates. Benefit eligible faculty and staff are required to review annually at open enrollment.

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IMPORTANT INFORMATION REGARDING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA) INDIVIDUAL MANDATE

Effective January 1, 2014 under the Patient Protection and Affordable Care Act (ACA) all individuals and their family members are required to obtain health insurance or they may be subject to a tax penalty. As an eligible participant in the Eastern Michigan University benefits program, several health plan options listed are available to you.

It is important to remember that if you waive your University coverage, you are still responsible for obtaining coverage for yourself through some other source, such as a spouse or your parent's plan (if you are under age 26); or you can obtain coverage via the Health Insurance Marketplace. Beginning with your 2014 tax filing, you will be required to report to the IRS that you have coverage, whether through the University or some other source. For each following tax year, the University will provide you with the required form (1095-C) in time for your tax filing. The 1095-C form will confirm that you were offered the minimum level of coverage each month and whether you elected the coverage or waived this coverage.

The Health Insurance Marketplace information sheet is posted on the HR/Benefits website under Employee Notices.

SPECIAL ENROLLMENT NOTICES

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).

However, you must request enrollment within 30 days after your loss of coverage or your dependents' loss of other coverage (or after the employer stops contributing toward the other coverage.) In addition, 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 30 days or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.
To request special enrollment or obtain information contact:

HR/Benefits Office
Eastern Michigan University
140 McKenny Hall
Ypsilanti, MI 48197
(734) 487-3195

Children's Health Insurance Program Reauthorization ACT 2009 (CHIPRA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health plans to permit special enrollment periods for eligible persons who experience a qualified change in status (e.g. birth, marriage, divorce, loss of coverage). Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) adds two new special enrollment events.

- You or your dependent(s) will be permitted to enroll or disenroll in Eastern Michigan University's medical coverage in either of the following circumstances.
  - You or your dependent's Medicaid or state Children's Health Insurance Program (CHIP) coverage is cancelled due to a loss of eligibility. You must request to enroll in our group health plan within sixty (60) days from the date you or your dependent loses coverage. You must provide written notification from Medicaid or state CHIP of the cancellation.
  - You or your dependent(s) enroll in Medicaid or the state CHIP. You may cancel coverage in our group health plan within sixty (60) days of you or your dependent's coverage effective date. We will need written verification of coverage through Medicaid or state 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 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.

- It is your responsibility to notify the Human Resources Benefits Office within sixty (60) days after gaining or losing coverage in Medicaid or the state CHIP. Your coverage will be in effect the date you lost or gained coverage in Medicaid or the state CHIP.

- For further details on Medicaid or the state CHIP (also known as MIChild), contact the Michigan Department of Community Health.
  - The toll-free number is 1-888-988-6300
  - To apply on-line, visit https://healthcare4mi.com/michild-web/
  - Contact the Benefits Office, 140 Mc Kenny Hall, (734) 487-3195

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, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	**FLORIDA – 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: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	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
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
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.

Women's Health and Cancer Rights Act of 1998

Under the Women's Health and Cancer Rights Act of 1998 (effective October 21, 1998), employer-sponsored group health plans offering mastectomy coverage must also provide coverage for breast reconstruction in connection with the mastectomy. Coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast for symmetrical appearance; and
- Prostheses and physical complications in all stages of mastectomy, including lymphedema therapy

All of Eastern Michigan University's group health care plans (Blue Cross/Blue Shield Community Blue PPO Plans, Traditional, and Priority Health) provide coverage for the procedures described above, subject to the same deductibles and co-payment provisions as other benefits under the plans. The patient, in consultation with the attending physician, must determine the manner in which these services are performed. If you have any questions, call your specific health care provider.

Michelle's Law

Under the Affordable Care Act, group health plans (i.e., large, small, self-funded, fully insured and governmental group health plans) and issuers are generally required to provide dependent coverage to age 26 regardless of student status of the dependent. If your plan provides dependent coverage beyond age 26 for a covered dependent who is enrolled in a post-secondary education, Michelle's Law is still applicable.

What does Michelle's Law require?

Plan sponsors and insurers are prohibited from terminating group health plan coverage if a covered dependent child takes a medically necessary leave of absence and the plan provides dependent coverage beyond age 26 for a covered dependent child who is enrolled in a post-secondary educational institution.
"Medically necessary leave of absence" means with respect to a dependent child in connection with a group health plan or health insurance coverage offered in connection with a group health plan, a leave of absence from or other change in enrollment status in a postsecondary educational institution that begins while the child is suffering from a serious illness or injury; is medically necessary; and causes the child to lose student status for purposes of coverage under the terms of the plan or coverage.

A "dependent child" is a beneficiary who is a dependent child under the terms of the plan or coverage, of a participant or beneficiary under the plan or coverage, and who was enrolled in the plan or coverage on the basis of being a student at a postsecondary educational institution immediately before the first day of the medically necessary leave of absence involved.

If your health plan provides coverage beyond age 26 for a covered dependent child who is enrolled in a postsecondary educational institution, it must continue plan coverage for the dependent child upon written certification by the dependent's treating physician that states the dependent is suffering from a serious illness or injury and that a leave of absence (or reduction in student hours) is medically necessary until the earlier of: one year after the first day of the medically necessary leave of absence; or the date on which the coverage under

the plan would otherwise terminate.

In the event that any dependent child is covered under the above circumstances and the dependent child has a change in their health coverage that results in a loss of plan coverage under the plan, but new coverage is provided under another plan, the new plan must honor the remaining period of leave. For example, if a covered dependent has been on a medically necessary leave of absence for six months and the individual's health coverage changes from Insurer A to Insurer B, the dependent child will still be eligible for the remaining six months of leave under Insurer B.

Newborns' Act Disclosure

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice of Patient Protection

The University's HMO Plan through Blue Care Network (BCN) requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the BCN network and who is available to accept you or your family members. Until you make this designation, BCN designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact BCN at 1-800-662-6667.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from BCN or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact BCN at 1-800-662-6667.

Prescription Drug Coverage and Medicare

Important Information About Your Prescription Drug Coverage and Medicare Prescription Drug Coverage

This Notice has information about:

- The availability of Medicare Prescription Drug Coverage (Part D).
- How Eastern Michigan University's existing prescription drug benefits for all Plan participants are, on average, at least as good as standard Medicare Prescription Drug Coverage.

- What your choices are and what happens to your coverage under Eastern Michigan University if you elect Medicare Prescription Drug Coverage.
- Where to find more information to help you make decisions about your prescription drug coverage.

Eastern Michigan University will continue to provide prescription drug coverage to Medicare eligible individuals for 2021. The prescription drug coverage provided by Eastern Michigan University is creditable coverage.

Read this Notice carefully as it explains the options you have under Medicare's Prescription Drug Coverage. Please keep this Notice in a safe place where you can find it.

Medicare Prescription Drug Coverage

Medicare Part D is available 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 offer more coverage for a higher monthly premium.

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 through December 7th**. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. In addition, if you lose or decide to leave employer/union sponsored coverage, you will be eligible to join a Medicare drug plan at that time using an Employer Group Special Enrollment Period.

Existing Coverage as Good as Standard Medicare Prescription Drug Coverage

Eastern Michigan University's existing prescription drug benefits are, on average, "Creditable Coverage," which means Eastern Michigan University is expected to pay as much in claims for all participants (or more in some cases) as standard Medicare Prescription Drug Coverage pays.

Because your current prescription drug benefits with Eastern Michigan University, on average, are as good as Medicare standard coverage, you can stay covered under the Plan and join a Medicare drug plan later and not be required to pay a higher premium (a penalty).

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. This Notice verifies that you have Creditable Coverage and that you are not required to pay a higher premium (a penalty).

Your Choices and the Consequences

If you are considering joining a Medicare drug plan, you should compare your current coverage, including which medications are covered, at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Remember that for most people there is a monthly premium for Medicare Prescription Drug Coverage.

See below for more information about what happens to your current coverage if you join a Medicare drug plan.

If you **do not enroll** for Medicare Prescription Drug Coverage, you will continue to receive prescription drug benefits under Eastern Michigan University (as long as you are otherwise eligible to continue Plan coverage). Remember that the Plan also covers medical benefits, in addition to prescription drug benefits. You will continue to be eligible to receive the Plan's medical and prescription drug benefits.

Active Participants and Their Dependents

If you are an active participant or the dependent of an active participant and are eligible and **enroll** for Medicare Prescription Drug Coverage, you will continue to be eligible for Eastern Michigan University's prescription drug benefits. However, your benefits will be coordinated with Medicare, in accordance with Eastern Michigan University's and

Medicare's coordination provisions.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you are entitled to Medicare and drop or lose your coverage with Eastern Michigan 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 for Medicare Prescription Drug Coverage may be higher. The increase may be at least 1% of the Medicare base beneficiary premium for every month that you were eligible but did not have coverage. For example, if you go 19 months without creditable coverage, your monthly 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 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. To get 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).

For More Information about this Notice or the Fund's Prescription Drug Benefits

If you have any questions about this Notice or would like more information about your prescription drug benefits under Eastern Michigan University, please call the EMU Benefits Office at 734-487-3195.

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 Eastern Michigan University changes. You also may request a copy of this Notice at any time by contacting the EMU Benefits Office at 734-487-3195.

Date: September 2020
Plan: Eastern Michigan University
Contact: EMU Benefits Office
Address: 140 McKenny, Ypsilanti, MI 48197
Telephone Number: 734-487-3195

Benefits under Eastern Michigan University are not vested or guaranteed. Full details of Eastern Michigan University are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, reduce, or discontinue all or part of the Plan at any time.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

In 1986 a Federal Law was enacted (Public Law 99-272. Title X) requiring employers sponsoring group health plans to offer employees and their families the opportunity for a temporary extension of health coverage (called" continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you of your rights and obligations under the continuation coverage provisions law. Both you and your spouse, if applicable, should take time to read this notice carefully.

An employee of Eastern Michigan University as well as his/her spouse covered by the medical and /or dental plan has the right to choose this continuation coverage for a period of eighteen (18) months if the employee loses group health coverage because of a reduction in employment hours or the termination of employment (for reasons other than gross misconduct).

Individuals (employees or their family members) who become disabled within 60 days of COBRA coverage can request an extension of an additional eleven (11) months of coverage beyond the original period of 18 months.

The spouse and dependents of an employee covered by the medical and/or dental plan have the right to choose continuation coverage for a period of thirty-six (36) months if he or she loses health coverage under the plan(s) for any of the following reasons:

- The death of a spouse or parent;
- Divorce or legal separation from spouse;
- The dependent ceases to be a "dependent child" under the plan(s).

Under the law, the employee or a family member is responsible for informing Eastern Michigan University of a divorce, legal separation, or a child losing dependent status under the plan(s).

When the Eastern Michigan University Benefits Office is informed of these events, they will notify you that you have the right to choose continuation coverage. You have 60 days from the date coverage terminated to inform Eastern Michigan University that you want continuation coverage. If you do not choose continuation coverage, your group health insurance will end.

The Law also provides that continuation coverage may be cut short for any of the following four reasons:

- Eastern Michigan University no longer provides group health coverage for any of its employees;
- The premium for your continuation coverage is not paid;
- You become covered under a new group plan after the election of COBRA coverage and only if that coverage contains no pre-existing condition limitation;
- You were divorced from a covered employee and subsequently remarry and are covered under your new spouse's health plan.

Once coverage under COBRA has been terminated, it will not be reinstated.

You will be required to pay the entire premium plus a 2% administrative fee for your continuation coverage. At the end of eighteen (18) month or (36) month continuation period, you may apply for an individual coverage health plan as provided under the applicable health carrier's plan if it is available at that time. Currently there is no individual Dental plan available.

Questions about COBRA should be directed to the Benefits Office, Eastern Michigan University, 140 McKenny Hall, Ypsilanti, MI – 48197 (734-487-3195). Also, notify the Benefits Office of any address changes or marital status changes.

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

This is your Notice of Privacy Practices provided by Eastern Michigan University (EMU). This notice refers to EMU by using the terms "us," "we," or "our." EMU must collect information about you to provide you with health insurance. We know that information we collect about you and your health is private. EMU is required to protect this information by federal and state law.

This notice will tell you how we may use or disclose information about you. Not all situations will be described. EMU is required to give you a notice of our privacy practices for the information we collect, keep and disclose about you. We are required to follow the terms of the notice currently in effect.

The Genetic Information Discrimination Act of 2008 (GINA) includes provisions related to genetic information that affect HIPAA nondiscrimination rules. Genetic information is defined as information about genetic tests of an individual or an individual's family members, information about the manifestation of a family member's disease or disorder and an individual's request for or receipt of genetic services.

Effective May 21, 2009, GINA mandates that a group health plan cannot:

- Adjust premiums or contribution amounts based on genetic information;
- Request or require an individual or an individual's family member to undergo a genetic test;
- Request, require or purchase genetic information prior to or in connection with enrollment in the plan; or
- Use genetic information for underwriting purposes Group health plans may use the results of genetic tests for payment purposes explained below, as long as the minimum amount of information necessary is used.

HOW EMU MAY USE AND DISCLOSE INFORMATION WITHOUT YOUR AUTHORIZATION

- **For Payment:** We may use or disclose information to pay for the health care services you receive. For example, EMU may receive and review health information contained on claims to reimburse providers for services rendered or to verify insurance enrollment and eligibility information with providers seeking to receive payment for healthcare services provided to you or your covered dependents.

- **For Health Care Operations:** We may use or disclose health information for our insurance operations or to manage our programs or activities. For example, we may use PHI to process transactions requested by you, to review the quality of services you receive or to audit the services for which our insurance carriers have been contracted to perform.

- **Where Required by Law or for Law Enforcement:** We will use and disclose information when required by law. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

- **When Required for Public Health Activities:** We will disclose information when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities about communicable diseases, or providing information to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.

- **For Health-Related Benefits or Services:** We may use health information to provide you with information about benefits available to you under your current Insurance coverage and, in limited situations, about health-related products or services that may be of interest to you.

- **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate may disclose health information about you in response to a court or administrative order. We may disclose Protected Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

- **For Government Programs:** We may use and disclose information for public benefits under other government programs. For example, we may disclose information for the determination of benefits under Medicare.

- **Disclosures to Family, Friends and Others:** We may disclose information to your family or other person(s) who are involved in your medical care or payment for your medical care. You have the right to object to the sharing of this information.

- **Other Uses of Health Information:** For other situations, EMU will ask for your written authorization before using or disclosing information.

To revoke an authorization, you must submit a written revocation to:

Brett I. Last
HIPAA Privacy Officer
Eastern Michigan University
140 McKenny Hall
Ypsilanti, Michigan 48197
Phone: (734) 487-3044
Fax: (734) 487-7590

YOUR PRIVACY RIGHTS

- **Right to See and Get Copies of Your Records:** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

- **Right to Amend Your Records:** You may ask EMU to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request.

- **Right to Get a List of Disclosures:** You may request a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for payment or health care operations or releases required by law or for law enforcement. The list also will not include information provided directly to you or information that was sent with your authorization.

- **Right to Request Limits on Uses or Disclosures:** You may request that EMU limit how information is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. EMU is not required to agree to the limitation. You can request, in writing, that the limitation be terminated or EMU may terminate the limitation with advance notice to you.

- **Right to Request Confidential Communications:** You may request that we share information with you in a certain way or in a certain place. For example, you may ask us 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 reason for your request.

- **Right to Revoke Authorization:** 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. This will not affect information that has already been disclosed under the authorization.

- **Right to File a Complaint:** You have the right to file a complaint if you do not agree with how EMU has used or disclosed information about you.

- **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.

COMMUNICATIONS ABOUT YOUR RIGHTS

You may contact EMU to:

- Ask to look at or copy your records
- Ask to limit how information about you is used or disclosed
- Ask to cancel your authorization
- Ask to amend your records
- Ask for a list of the times EMU disclosed information about you EMU may deny your request to look at, copy or amend your records. If EMU denies your request, it will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with EMU or with the U.S. Department of Health and Human Services, Office of Civil Rights. If you wish to ask questions about this notice, exercise your rights under this notice, communicate with us about privacy issues or file a complaint, you can contact:

Brett I. Last
HIPAA Privacy Officer
Eastern Michigan University
140 McKenny Hall
Ypsilanti, Michigan 48197
Phone: (734) 487-3044
Fax: (734) 487-7590

You may file a complaint with the federal government at:

U.S. Office of Civil Rights:
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
(866) 627-7748
TTY: (866) 788-4989
Email: ocrprivacy@hhs.gov

Changes to This Notice: We reserve the right to revise this notice at any time. The revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required to comply with whatever notice is currently in effect. We will communicate any changes to this notice.

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New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

PART A: General Information

When key parts of the health care law take effect in 2020 there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2020 for coverage starting as early as January 1, 2021.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact *Eastern Michigan University, Benefits Office, 140 McKenny Hall, Ypsilanti, MI 48197, or call 734-487-3185*.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

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This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<tr><td colspan="2">3. Employer name: EASTERN MICHIGAN UNIVERSITY</td><td colspan="2">4. Employer Identification Number (EIN) 38-6005986</td></tr>
<tr><td colspan="2">5. Employer address: 140 MCKENNY HALL</td><td colspan="2">6. Employer phone number
734-487-3195</td></tr>
<tr><td colspan="2">7. City: YPSILANI</td><td>8. State
MICHIGAN</td><td>9. ZIP code
48197</td></tr>
<tr><td colspan="4">10. Who can we contact about employee health coverage at this job?
HUMAN RESOURCES – BENEFITS OFFICE</td></tr>
<tr><td>11. Phone number (if different from above)</td><td colspan="3">12. Email address
HR_BENEFITS@EMICH.EDU</td></tr>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

Employment classifications with at least 50% appointment: Athletic coaches (AC), Administrative Hourly (AH), Administrative Professional (AP), Confidential Assistant (CA), Clerical/Secretarial (CS), Campus Police (CP), Faculty (FA), Food Service, Custodial and Maintenance (FM), Full-time Lecturer (LE), Exempt Professional Technical (PE), Professional Technical (PE), Police Sergeants (PS and Visiting Faculty (VF).

- With respect to dependents:
  - ☒ We do offer coverage*: Eligible Dependents Are:*
    - Eligible employee's spouse
    - Eligible employee's natural child or legally adopted child under the age of 26
    - A child placed with an eligible employee for adoption
    - Eligible employee's stepchild, provided the stepchild is under age 26 and his/her parent is married to the employee
    - A child for whom the eligible employee is recognized as the legal guardian who is under age 18
    - Eligible employee's child who is 26 or older and is totally and permanently disabled
    - A child named as an alternate recipient under a medical child support order
  - ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your premiums.
*Benefit costs covered by the plan is no less than 60% of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**
☐ **Yes (**Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? ______________________(mm/dd/yyyy) (Continue)

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☐ **No (**STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
    [x] Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

    a. How much would the employee have to pay in premiums for this plan? $31.07

    b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month [x] Monthly ☐ Quarterly ☐ Yearly