

# Campbell University



## 2020 Employee Benefits Guide

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**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 22 for more details.**

# Welcome to Your Benefits Open Enrollment!

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Our 2020 Benefits Guide will provide you with an overview of the comprehensive and rewarding benefits package offered by Campbell University. We value your service as an employee and our competitive benefits are one way that we thank you for all that you bring to our team. We are proud to offer you a benefits program designed to protect the health and financial security of you and your family.

## Employee Benefit Resources

View a short presentation on our 2020 benefits:

Visit <https://www.brainshark.com/marshmma/vu?pi=zIXz15FUiwzZWHmz0>

## Highlights for 2020

Campbell University carefully evaluates our employee benefit offerings each year to ensure we are providing our employees a competitive program. We are pleased to share the following for 2020:

- Our medical plans will continue to be offered by Blue Cross Blue Shield of North Carolina, however there will be a slight change to the plan designs.
- The dental insurance will be offered by BCBSNC.
- The life and disability coverages will be offered through Voya Financial
- Critical Illness, Accident and Hospital Indemnity will be offered through Voya Financial
- You will be required to complete your elections by using an online portal, Employee Navigator
- **All employees will need to re-enroll in their prior coverage as there will be no grandfathering of elections for all benefits.**



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and the actual plan documents, the actual plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, please contact Human Resources.

# Eligibility & Enrollment

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## Benefits Eligibility

This booklet contains an overview of the benefit plans that are available to Campbell University full-time employees beginning plan year January 1, 2020. Elections you make during Open Enrollment will become effective on that date. All full time employees (minimum 30 hours per week) are eligible for medical benefits on the first day of the first month following the hire date, unless the hire date is the first day of the month. All other benefits begin on the first of the month following a 60-day waiting period from your DOH, with the exception of the long-term disability which begins after satisfying a year of continuous service at Campbell University.

**To enroll in coverages for the 2020 plan year, you are required to log in to Employee Navigator and process your elections.**

Open Enrollment will be held November 18<sup>th</sup> – December 6<sup>th</sup>, 2019. Elections will become effective on January 1, 2020.

Eligible dependents may enroll in medical, dental, and vision coverage, as well as the voluntary benefit plans. Eligible dependents include:

- Your legal spouse
- Children up to age 26 and unmarried children over age 26 who are incapable of self-support

## When to Enroll or Make Changes

Several benefits may only be elected or changed during open enrollment or with a qualified change in status. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.

Please log in to Employee Navigator and update your information if any of the following situations occur:

- If your home address and/or phone number change
- If your marital status changes. HR will need the social security number and marriage license for any new marriages
- If your dependent children age off of the plan(s)
- If your spouse has a work status change and needs to be added to our plan

Please contact one of the contacts below if you have a claim question you cannot resolve, or if you are disabled and/or need an extended absence from work due to health reasons (this includes you and/or immediate family members).



**Open Enrollment is November 18th – December 6th, 2019**  
**Elections will take effect on January 1st, 2020**

## Human Resources Contacts

Deborah Ennis  
(910) 893-1255  
[ennisd@campbell.edu](mailto:ennisd@campbell.edu)

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Human Resources  
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PO Box 595  
Buies Creek, NC 27506  
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# How to Enroll – Welcome to Employee Navigator!

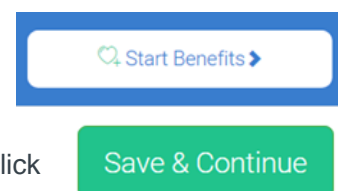
New this year, we will be using Employee Navigator as a one-stop resource for your benefits information and enrollment options. Please follow these steps to create your account and elect or waive coverage for the 2020 plan year. **Please note ALL employees eligible for benefits must elect or waive coverage through Employee Navigator this year.**

## Create Your Account

1. Go to <https://www.employeenavigator.com/Benefits/Login/Registration.aspx>
2. Enter your personal information and the Company Identifier – **Campbell University**
3. Click “Next”
4. Select a username and password

## Enroll in Benefits

1. In the blue “Welcome” banner, click the Start Benefits button to begin
2. Review and confirm your employee information; if you make any changes be sure to click the Save & Continue button
3. Next, click on “Dependent Information” and enter your dependents and click the Save & Continue button
4. You will now enroll or waive coverage for each product available to you, here is a sample benefit election screen and what actions you need to take:



The screenshot shows the "Medical" plan selection screen in the Employee Navigator system. The page has a header with the user's name "TEST SMITH" and navigation tabs: "EMPLOYEE INFO", "BENEFITS", "REQUIRED TASKS", and "RESOURCES". On the left, there is a sidebar with "EMPLOYEE INFO" and "BENEFITS" sections. The "BENEFITS" section is expanded, showing options for "Medical", "Dental", "Vision", "Life", and "Voluntary Short-Term Disability". The main content area is titled "Medical" and contains two sections: "Who am I enrolling?" and "Which plan do I want?". The "Who am I enrolling?" section lists "Myself", "Spouse Smith (Spouse)", and "Baby Smith (Child)". The "Which plan do I want?" section shows two plan options: "BLUE OPTIONS 1-2-3" with a cost of \$0.00 and "BLUE OPTIONS HIGH PLAN" with a cost of \$46.15. Both plans are effective on 06/01/2015. Each plan has a "select plan" button, a "compare" button, and a "details" button. At the bottom, there are buttons for "Save & Continue" and "Don't want this benefit?". Annotations with orange arrows point to various elements: "Select your dependents for each line of coverage you wish to" points to the "Who am I enrolling?" section; "View available plan options for benefits that have more than one" points to the "Which plan do I want?" section; "Click 'compare' to show the plan(s) and cost for all coverage levels" points to the "compare" button; "Click 'select plan' to choose your option" points to the "select plan" button; "Click 'details' to see a brief benefit plan" points to the "details" button; "Click 'Save & Continue' to move to the next benefit plan election" points to the "Save & Continue" button; and "Click 'Don't want this benefit?' if you wish to waive coverage for that plan" points to the "Don't want this benefit?" button.

# Medical & Pharmacy Coverage

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**BCBSNC** | [www.blueconnectnc.com](http://www.blueconnectnc.com) | 800-446-8053

Campbell University offers 2 medical plans from Blue Cross Blue Shield for employees to choose from. All plans include comprehensive medical coverage and prescription drug benefits. You have the flexibility to choose any doctor you like, but you will pay less out-of-pocket when visiting an in-network provider.

## High Deductible Health Plan (HDHP)

This is a high deductible health plan that is paired with a tax-advantaged health savings account (HSA).

- You will pay a negotiated rate for doctor visits and prescriptions. Each of these costs count toward your deductible.
- Once your deductible has been met, the plan will pay 80% for future service.
- To help you pay for out-of-pocket costs, you can contribute money to a HSA before taxes are taken out.
- Since you will pay more out-of-pocket at the doctor with this plan, you will pay a lower premium out of your paycheck to enroll in this plan.
- To find a BCBS provider, visit [www.blueconnectnc.com](http://www.blueconnectnc.com)

## PPO Plan

This is a traditional plan offering copays for doctor visits and prescriptions.

- This plan has a lower deductible and annual out-of-pocket maximum. The annual deductible and member out of pocket responsibility will increase slightly for the 2020 plan year. The pharmacy copays have also changed.
- In exchange for lower out-of-pocket costs and standard fees at the doctor, you will pay a higher premium out of your paycheck to enroll in this plan.
- To find an in-network provider, please visit [www.blueconnectnc.com](http://www.blueconnectnc.com)



### Things to Consider When Choosing a Plan:

- **How much did I spend on health care last year?** Consider your premiums and out-of-pocket expenses.
  - Choose a plan with limits that fit your budget.
- **Do I have major events coming up this year?** This may include planned medical procedures or life events like having a baby.
  - Compare hospital benefits in addition to what you'll pay in plan premiums

## Medical Plan Comparison

	HDHP	PPO
<b>Deductible</b>		
Individual	\$2,250	\$1,250
Family Member	\$4,450	\$1,250
Family	\$4,450	\$2,500
<b>Out of Pocket Max</b>		
Individual	\$4,250	\$4,500
Family Member	\$7,900	\$4,500
Family	\$8,500	\$9,000
<b>Preventive Care</b>	Covered 100%	Covered 100%
<b>Primary Care</b>	Covered 80% after deductible	\$30 copay \$5 copay at Campbell Health Center
<b>Specialist</b>	Covered 80% after deductible	\$70 copay \$5 copay at Campbell Health Center
<b>Inpatient Hospital</b>	Covered 80% after deductible	Covered 70% after deductible
<b>Urgent Care</b>	Covered 80% after deductible	Covered 70% after deductible
<b>Emergency Room</b>	Covered 80% after deductible	Covered 70% after deductible
<b>Prescription Drugs</b>		
Tier 1	Covered 80% after deductible	\$10 copay
Tier 2	Covered 80% after deductible	\$20 copay
Tier 3	Covered 80% after deductible	\$50 copay
Tier 4	Covered 80% after deductible	\$100 copay
Tier 5	Covered 80% after deductible	\$100 copay

*\*Out-of-Network benefits are available; see your summary of benefits for coverage details*



### Tips for Keeping Costs Down:

- Choose in-network providers
- Take advantage of preventive care services
- Request generic prescriptions
- Use Urgent Care providers instead of the Emergency Room
- Try a Virtual Visit for non-emergent health consultations



## Health Savings Account

If you enroll in the High Deductible Health Plan (HDHP), you can also open a Health Savings Account (HSA) to help pay for eligible medical expenses. These plans put you in control by giving you a health fund account to pay for eligible healthcare expenses and promote good health. You are able to set aside pre-tax dollars to use toward qualified medical expenses.

A HSA is a deposit account that you can use to pay for qualified medical expenses – tax-free. Plus, the account is yours to keep – **the money you save will roll over year to year.**

### → How can I use a HSA?

A HSA is a great way to save money for future medical expenses like having a baby, planned surgeries, or unexpected hospital visits. Many people also save money in a HSA for medical expenses during retirement.

### → Who is eligible to open a HSA?

To open a HSA, you must be enrolled in a qualified HDHP plan. You cannot be a dependent on another person's tax return, be enrolled in Medicare if you're over 65, or have received Veterans Affairs medical benefits at any time over the past three months.

### → What is the tax benefit associated with a HSA?

The money you contribute to your HSA is tax-deductible and can be used for expenses for yourself and your dependents. You can maximize your tax savings by contributing up to the maximum annual amount allowed by the Internal Revenue Service (IRS). Your HSA balance plus investment earnings carry over from year to year – tax-free.

**Plus – your HSA funds are yours to keep – even if you switch health plans, change jobs, or retire.**

Maximum HSA Contributions	2020
Individual	\$3,550
Family	\$7,100
Catch-up – 55 or older	\$1,000

### → What are qualified medical expenses?

The IRS maintains a list of all eligible medical expenses, common qualified expenses include:

- Acupuncture
- Ambulance services
- Dental treatment
- Contact lenses
- Doctor's fees
- Hearing aids



# Supplemental Health Benefits

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[www.voya.com](http://www.voya.com) | [www.presents.voya.com/EBRC/CampbellU](http://www.presents.voya.com/EBRC/CampbellU) | 877-236-7564

Campbell University knows that employees value the opportunity to customize their insurance coverage to best fit their individual needs. We are pleased to offer all full-time employees the ability to add-on any of the following supplemental health programs from Voya to complement your medical plan coverage.

**Please note that all employees will need to re-enroll in their prior supplemental health coverage as there will be no grandfathering of prior elections for the Critical Illness, Accident, or Hospital Indemnity coverage.**

## Group Critical Illness Insurance

Critical Illness insurance helps guard against financial hardship if you or a dependent is diagnosed with a covered condition. Some of the expenses this benefit can help pay include initial diagnosis, treatment, and follow-up care. This plan will pay you a lump sum cash benefit in the event you are diagnosed with a critical illness. This plan offers benefits for occurrence and re-occurrence of certain illnesses, and provides a heart rider that covers surgeries and invasive heart procedures. You can choose between a \$5,000, \$10,000 or \$20,000 benefit for employees. Coverage for spouses and children under 26 are also available.

### Covered Illnesses Include:

- Invasive cancer
- Heart attack
- Stroke
- Paralysis
- End-stage kidney failure
- Major organ transplant

See benefit summary for all covered conditions. This plan also features a **\$100 annual health screening benefit** for employees and spouses, and a \$50 benefit for children.

Premium varies by age and benefit amount, see rates in Employee Navigator.



## Accident Insurance

Accident insurance can help protect you, your spouse, or your children from the unexpected expense of an accident. Voya's accident plan pays for accidents that happen to you on and off the job, 24 hours a day. Some of the common reasons for claims under this plan include broken bones, burns, and sports related injuries – including kids organized sports. There is no limit to the number of claims that can be filed.

This plan includes a **\$50 annual health screening benefit** paid annually to employee & spouse, \$25 for children, for having completed a covered health screen.

Benefit Highlights	
Dislocations	Up to \$10,000
Fractures	Up to \$10,000
Hospital admission	\$1,750

Accident Insurance Premium			
Employee Only	Employee & Spouse	Employee & Children	Employee & Family
\$15.04	\$24.62	\$28.77	\$38.35

## Hospital Indemnity

The Hospital Indemnity plan provides a benefit for hospital admission and confinement for an illness or injury. The cash benefit is paid directly to you and can be used however you need. This plan includes benefit for initial admission, intensive care stays, and hospital confinement – including for maternity stays.

This plan also includes a **\$50 annual health screening benefit** per covered member.

### Plan Features Include:

- Guarantee Issue at open enrollment, meaning no health questions are required to enroll in coverage!
- No pre-existing condition or waiting period; any hospital admission after 1/1/2020 will be covered
- Waiver of premium after 90 days of total disability due to a covered sickness or accidental injury for up to 12 months

Benefit Highlights	
Hospital Admission (per confinement)	\$1,500
Hospital Confinement (per day / max of 30 days per covered illness)	\$150
Hospital critical care unite (per day / max of 15 days per covered illness)	\$300
Rehabilitation facility (per day / max of 30 days per covered illness)	\$75

Hospital Indemnity Premium			
Employee Only	Employee & Spouse	Employee & Children	Employee & Family
\$24.77	\$47.93	\$40.51	\$63.37

# Dental

**BCBSNC** | [www.bcbsnc.com/dental](http://www.bcbsnc.com/dental) | 800-446-8053

Our dental plan allows you and your dependents to visit the dentist of your choice. Employees have the option of selecting between two plans, a low and high plan. The low plan provides greater coverage and will cost more to per pay period contribution. Preventive services are covered by both plans at 100% and other services are covered with coinsurance.

When using an in-network dentist with BCBSNC, you may save on out-of-pocket costs.

See an overview of the coverage below and view full details in your dental summary of benefits.

Services	Low Plan	High Plan
<b>Deductible</b> Applies to basic and major services	\$50 individual / \$150 family	\$50 individual / \$150 family
<b>Preventive Services</b> Exams, cleanings, x-rays, fluoride treatments	100%	100%
<b>Basic Services</b> Fillings, simple and surgical extractions, anesthesia, endodontics, and periodontics	80%	80%
<b>Major Services</b> Bridges, full and partial dentures, crowns, inlays, onlays	Not Covered	50%
<b>Orthodontia</b>	Not covered	50% to \$1,000 maximum
<b>Annual Maximum</b>	\$1,000 Preventive services do not count toward your annual maximum	\$1,250 Preventive services do not count toward your annual maximum



# Vision

**BCBSNC** | [www.blueconnectnc.com](http://www.blueconnectnc.com) | 800-446-8053

Campbell University provides the following Vision Coverage through BCBSNC if you are enrolled in the medical plan, at no cost to you.

Below is an overview of the benefits included with our plan. You have the freedom to choose any eye doctor, but you will pay less out of pocket when using an in-network provider.

Services	Benefit	Frequency
<b>Vision Exam</b>	\$20 copay	Once every 12 months
<b>Standard Lenses</b>	\$25 copay	Once every 12 months
<b>Frames</b>	Up to \$130 allowance, then you pay 80% of remaining balance	Once every 12 months
<b>Contact Lenses</b> Conventional	Up to \$130 allowance, then you pay 85% of remaining balance	Once every 12 months
Disposable	Up to \$130 allowance, then you pay 100% of remaining balance	



# Employee Monthly Contributions in 2020

Your premium for elected plans will be deducted pre-tax from each paycheck.

## Medical Coverage – HDHP Plan

Tier	Wellness Non-Smoker	Wellness & Smoker	Non-wellness & Non-Smoker	Non-wellness & Smoker
Employee only	\$74.00	\$104.00	\$104.00	\$139.00
Employee + 1	\$321.00	\$385.00	\$385.00	\$420.00
Employee + Family	\$535.00	\$710.00	\$710.00	\$745.00

## Medical Coverage – PPO Plan

Tier	Wellness Non-Smoker	Wellness & Smoker	Non-wellness & Non-Smoker	Non-wellness & Smoker
Employee only	\$86.00	\$115.00	\$115.00	\$150.00
Employee + 1	\$402.00	\$460.00	\$460.00	\$495.00
Employee + Family	\$642.00	\$817.00	\$817.00	\$852.00

## Dental Coverage

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Low	\$33.12	\$65.96	\$85.07	\$130.64
High	\$39.40	\$79.48	\$98.89	\$153.16



### Key Terms

- A **premium** is the amount you pay out of your paycheck for insurance coverage
- A **deductible** is the amount you pay before the plan helps pay for the cost of services
- A **copay** is the dollar amount you pay for medical services or prescription drugs
- **Coinsurance** is the percent of charges you pay after you reach the deductible until you reach the plan's out-of-pocket maximum
- The **out-of-pocket maximum** is the most you will pay during the plan year for health care expenses, including your deductible, copays, and coinsurance



# Flexible Spending Accounts

**SHDR** | [www.shdr.com](http://www.shdr.com) | 336-601-4113

Campbell University provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through a Flexible Spending Account (FSA) with SHDR.

Contributions to your FSA are deducted from your paycheck before any taxes are taken out. You should contribute the amount of money you expect to spend on eligible expenses for the year. Any leftover money will not be refunded per IRS regulations.

## Health Care FSA

The maximum you can contribute to a health care FSA for 2020 is \$2,750. The full amount you elect is available at the beginning of the plan year.

Examples of qualified expenses include:

- Prescriptions
- Doctor visit copays
- Contact lenses
- Dental care
- Flu shots

### Health Care Tax Savings Example

Prescription drugs	\$225
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Doctor co-pays	\$80
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Orthodontia (braces)	\$1,500
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<b>Suggested Plan Year Election</b>	<b>\$1,805</b>
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Taxes (30%)	x 0.30
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<b>Estimated Annual Savings</b>	<b>\$541.50</b>
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## Dependent Care FSA

The maximum you can contribute to the dependent care FSA is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately. Funds are available only after they are deducted from your paycheck.

Examples of qualified expenses include:

- Child care
- Before or after school program
- Elder care

### Dependent Care Tax Savings Example

Day care for child	\$3,500
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Summer child care	\$1,500
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<b>Suggested Plan Year Election</b>	<b>\$5,000</b>
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Taxes (30%)	x 0.30
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<b>Estimated Annual Savings</b>	<b>\$1,500</b>
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\*Tax savings examples are for illustrative purposes only and are not intended to reflect actual costs of care. 30% tax rate is used for illustration only and may be different than your rate.

# Disability Income Benefits

Voya | [www.presents.voya.com/EBRC.CampbellU](http://www.presents.voya.com/EBRC.CampbellU) | 877-236-7564

Should you become unable to work due to a non-work related illness or injury, disability coverage acts as income replacement to protect you and your family from serious financial hardship. **Please note that all employees will need to re-enroll in their prior disability coverage as there will be no grandfathering of prior elections for the voluntary short-term disability.**

## Voluntary Short-Term Disability Coverage

Campbell University provides all full-time employees with the option to enroll in short-term disability coverage.

Short-term disability coverage is available to you on a voluntary basis. Employees are responsible for the cost of coverage. To determine the monthly cost of this benefit, please log in to Employee Navigator.

Short-Term Disability			
	Option 1	Option 2	Option 3
Benefits Begin	31 <sup>st</sup> day accident / 31 <sup>st</sup> day illness	15 <sup>th</sup> day accident / 15 <sup>th</sup> day illness	1 <sup>st</sup> day accident / 8 <sup>th</sup> day illness
Benefits Payable / Duration	22 weeks	24 weeks	26 weeks
Percentage of Income Replaced	60%	60%	60%
Maximum Benefit	\$1,500 / week	\$1,500 / week	\$1,500 / week

## Long-Term Disability Coverage

Campbell University offers Long-Term Disability to all eligible employees through Voya and pays the full cost of this benefit. In the event you become disabled from a non-work related injury or sickness, this disability plan becomes a source of income to you. This coverage is effective after one year of service.

Long-Term Disability	
Benefits Begin	After 180 days
Benefits Payable / Duration	To age 65 or Social Security Normal Retirement Age
Percentage of Income Replaced	60% of monthly earnings
Maximum Benefit	\$2,000 per month

# Life Insurance

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**Voya** | [www.presents.voya.com/EBRC.CampbullU](http://www.presents.voya.com/EBRC.CampbullU) | 877-236-7564

## Basic Life and AD&D Insurance

Campbell University provides all full-time employees with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost to you. Employees are automatically covered at 1x your annual earnings to a maximum of \$150,000. Benefits for this plan reduce by 65% to age 70, 50% at age 75.

Please make sure Employee Navigator has your designated beneficiary for this plan.

## Voluntary Life and AD&D Insurance

You are also eligible to elect Voluntary Life and AD&D Insurance for yourself and your dependents. Employees pay the full cost for this plan; premiums will be deducted from your paycheck.

### Employee Coverage

- Elect \$5,000 increments of coverage up to a maximum of \$500,000 or 6x your annual earnings, whichever is less.
- Guarantee issue: \$150,000

Employees who enroll in the voluntary plan can also elect coverage for their dependents in the following amounts:

### Spousal Coverage

- Elect \$5,000 increments of coverage up to a maximum of \$250,000.
- Guarantee issue: \$25,000

### Child Coverage

- Elect \$2,000 increments of coverage up to a maximum of \$10,000.



### Key Terms

- The **guarantee issue** amount is the minimum amount a policy will pay on an insured person's claim regardless of health status
- **Evidence of insurability** is an application process detailing your health condition that is required for certain types of insurance coverage
- An insurance plan that is **portable** gives the insured person the right to retain their coverage when switching employers

# Wellness Program

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**The Campbell University Health Center.** Not just for runny noses! Come to the Health Center for all your primary care needs and orthopedic needs. Our staff physicians and nurses are here to help you with current health issues and preventive care to help you stay in good health! Need to get a prescription filled? Our Health Center pharmacy can do that for you too. You can contact the pharmacy at (910) 893-1400, the pharmacy is open Monday through Friday. You may also fill prescriptions at the Campbell Pharmacy for discounted medications!

**Smoking Cessation.** Campbell University continues to offer a free tobacco smoking cessation program at the Health Center. A non-smoking discount is automatically applied toward your monthly medical premiums. In order to continue receiving this discount, subscribers will be asked to either sign an attestation stating they are non-tobacco users, or sign up for the free Health Center program prior to 2/28/20 (or upon enrollment in medical insurance). Non-compliance will result in the loss of the non-smoker discount.

**Diabetic Program.** For years, Campbell University has offered Diabetes Management in the form of education and pharmacy assistance. This program has been continued for 2020 and offers a free cellular enabled Accu-Check glucometer.

**Wellness Discount.** A wellness discount is automatically applied toward your monthly medical premiums if you are enrolled in our wellness plan. To complete your Health Risk Assessment, you will need to register your account with BCBSNC. Sign up between January 1st and February 28th, or within 30 days of your medical insurance eligibility to complete the Health Risk Assessment. Here's how to participate. . .

- **Step One: Obtain a Biometric Screen**

A biometric screening will give you key factors regarding your health, such as blood- glucose level, cholesterol levels and blood pressure. If left unchecked, these factors can contribute to future health problems. You can obtain your biometric screening from your own provider, or, at Campbell University 's Health Center (at no charge). Contact the Health Center for an appointment at (910) 893-1561.

- **Step Two: Complete your Health Risk Assessment**

A Health Risk Assessment is a questionnaire regarding your overall health. Go to [www.blueconnectnc.com](http://www.blueconnectnc.com) to complete your Health Risk Assessment. Use your biometric results when completing the Health Risk Assessment.

## Wellness Benefit Included with Our Supplemental Health Plans

If you enroll in the Critical Illness, Accident, or Hospital Indemnity plan with Voya, you're eligible for an annual wellness benefit. Each plan member is eligible for this incentive one time per year.

You can earn your wellness benefit for getting a routine health screening – you're probably getting some of these tests already! Common screenings include:

- Blood test
- Mammogram
- Chest x-ray
- Colonoscopy
- Serum cholesterol test for HDL & LDL
- Stress test
- Pap smear
- Fasting blood glucose test

# Additional Benefits

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## Tuition Assistance

Campbell University offers a range of tuition benefits to its full-time employees and their spouses and dependents for undergraduate and various program enrollees, in addition to some educational opportunities outside the University. Full-time employees are eligible for tuition benefits the following term after completion of the probationary employment period. Please check the personnel manual for details.

A dependent child of an eligible full-time employee is eligible for assistance if the employee is able to claim the child as a dependent on his/her federal income tax.

## IDShield and LegalShield

As a Campbell University employee, you have the option of enrolling in IDShield or LegalShield products designed to help you protect your identity and provide legal assistance.

IDShield provides privacy monitoring of your name, social security number, email address, and other personal information as well as security monitoring to protect you financially. Individual and family coverage is available.

LegalShield offers unlimited personal legal advice on topics such as contract review, will preparation, and moving traffic violations among others. Individual and family coverage is available.

For more information on these products, visit [www.legalshield.com/info/campbelledu](http://www.legalshield.com/info/campbelledu).

## Employee Assistance Program

The Employee Assistance Program (EAP) offers confidential resources and referral services through ComPsych. This program is provided to you and your dependents at no cost by Campbell University.

The EAP provides assistance to you and your dependents on a variety of issues including:

- Relationship counseling
- Mental health counseling including depression and anxiety
- Work/life balance resources
- Family assistance including help finding childcare or elder care

Employees can take advantage of this resource with the full confidence that all information discussed with ComPsych will be kept confidential.

This program provides 3 confidential phone counseling sessions with experienced clinicians available to you 24/7.

# Contact Information

Benefit	Provider	Phone	Website
Medical and Pharmacy	BCBSNC	800-446-8053	<a href="http://www.blueconnectnc.com">www.blueconnectnc.com</a>
Dental	BCBSNC	800-446-8053	<a href="http://www.bcbsnc.com/dental">www.bcbsnc.com/dental</a>
Vision	BCBSNC	800-446-8053	<a href="http://www.blueconnectnc.com">www.blueconnectnc.com</a>
Supplemental Health Critical Illness Accident Hospital Indemnity	Voya	877-236-7564	<a href="http://www.presents.voya.com/ERBC/CampbellU">www.presents.voya.com/ERBC/CampbellU</a>
Health Savings Account	SHDR	336-601-4113	<a href="http://www.shdr.com">www.shdr.com</a>
Flexible Spending Account	SHDR	800-768-4873	<a href="http://www.shdr.com">www.shdr.com</a>
Basic Life and AD&D Voluntary Life and AD&D	Voya	877-236-7564	<a href="http://www.presents.voya.com/ERBC/CampbellU">www.presents.voya.com/ERBC/CampbellU</a>
Short-Term Disability Long-Term Disability	Voya	877-236-7564	<a href="http://www.presents.voya.com/ERBC/CampbellU">www.presents.voya.com/ERBC/CampbellU</a>
Millennium Advisory Services	Financial Advisory	877-435-2489	<a href="http://www.mas-edu.com">www.mas-edu.com</a>
IDShield and LegalShield	LegalShield	919-645-7020	<a href="http://www.legalshield.com/info/campbelledu">www.legalshield.com/info/campbelledu</a>
TIAA	403(b)	800-842-2252	<a href="http://www.tiaa.org">www.tiaa.org</a>





# Frequently Asked Questions

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1. What changes can be made effective January 1, 2020?
  - Elect or change individual and/or dependent coverage in medical, dental, or vision plans
  - Enrollment in a Flexible Spending Account
  - Add voluntary life and AD&D coverage
  - Elect supplemental health benefits
2. Where can I submit my plan elections?
  - Log-in to Employee Navigator to elect or change your plans
3. What will happen if I miss the enrollment deadline?
  - You MUST log in to Employee Navigator and elect or waive your plans for 2020
  - If you do not enroll or re-enroll in the Flexible Spending Account, you will not be able to participate this plan year unless you experience a qualified life event
  - You must re-elect coverage for voluntary short term disability, voluntary life, and all supplemental health coverages. Your prior coverage will not automatically roll over.

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.*

## Notes

[illegible]

# Required notices

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Dear Valued Employee,

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law.

Enclosures:

- ☐ Medicare Part D Creditable Coverage Notice
- ☐ HIPAA Special Enrollment Rights Notice
- ☐ HIPAA Notice of Privacy Practices
- ☐ Children's Health Insurance Program (CHIP) Notice
- ☐ Women's Health and Cancer Rights Act (WHCRA) Notice
- ☐ Newborns' Mothers Health Protection Act (NMHPA) Notice
- ☐ COBRA General Notice

Campbell University will herein be referred to as "Employer" or "Entity"

HDHP / PPO will herein be referred to as "Medical Plan(s)"

Deborah Ennis will herein be referred to as "Plan Administrator"

January 1, 2020 – December 31, 2020 will herein be referred to as "Plan Year"

## MEDICARE PART D CREDITABLE COVERAGE NOTICE

### **Important Notice from your Employer About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your Employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans**

offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
  2. Entity has determined that the prescription drug coverage offered by 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.
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### **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<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan while enrolled in Employer coverage as an active employee, please note that your Entity coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Employer coverage as a former employee.

You may also choose to drop your Employer coverage. If you do decide to join a Medicare drug plan and drop your current Employer 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 [Insert Name of Entity] and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month

that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Employer changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://www.socialsecurity.gov), or call them at 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).**

## **HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE**

If you are declining enrollment in [insert name of employer] group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (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 after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the Campbell University and enroll in the plan.

To request special enrollment or obtain more information, contact your Plan Administrator.

## HIPAA 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 IT CAREFULLY.**

ABC Campbell University, Inc. ("ABC Campbell University") sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of ABC Campbell University, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully-insured group health plans offered by ABC Campbell University, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

### Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the Plan Administrator.

### Effective Date

This Notice as revised is effective [REDACTED], 201[REDACTED].

### Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above or on our intranet at [insert intranet address]. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

### How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.



**For Treatment**

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

**For Payment**

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations**

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

**To Business Associates**

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

**As Required by Law**

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety**

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

**To Plan Sponsors**

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

**Special Situations**

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Organ and Tissue Donation**

If you are an organ donor, we may release your protected health information 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.

### **Military and Veterans**

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation**

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Risks**

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

### **Health Oversight Activities**

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Law Enforcement**

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **Inmates**

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Research**

We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

### **Required Disclosures**

The following is a description of disclosures of your protected health information we are required to make.

### **Government Audits**

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

### **Disclosures to You**

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

### **Notification of a Breach.**

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

### **Other Disclosures**

### **Personal Representatives**

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- (2) treating such person as your personal representative could endanger you; or
- (3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

### **Spouses and Other Family Members**

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

### **Authorizations**

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

## **Your Rights**

You have the following rights with respect to your protected health information:

### **Right to Inspect and Copy**

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable 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 you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

### **Right to Amend**

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. 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 information that:

- is not part of the medical information 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 that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

### **Right to an Accounting of Disclosures**

You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years and may not include dates prior to your request. Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, 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 your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. 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, disclosures to your spouse.

### **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. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

### **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. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see [Your Rights Under HIPAA](#).

### Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

### PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your child(ren) 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 child(ren) aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>

Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIP program: 1-800-852-3345, ext 5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>



Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

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

#### WOMEN'S HEALTH CANCER RIGHTS ACT (WHCRA) NOTICE

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at [insert phone number] for more information.

NEWBORNS' AND MOTHERS'  
HEALTH PROTECTION ACT (NMHPA) NOTICE

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 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).

MODEL GENERAL NOTICE OF  
COBRA CONTINUATION COVERAGE RIGHTS

**\*\* Continuation Coverage Rights Under COBRA \*\***

**Introduction**

You're getting this notice because you recently gained coverage under a group health plan (the Plan). 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.”

**[If the Plan provides retiree health coverage, add the following paragraph:]** Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to [enter name of employer sponsoring the Plan], and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### **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;
- **[add if Plan provides retiree health coverage: Commencement of a proceeding in bankruptcy with respect to the employer;];** 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.**

### **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](http://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](http://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](http://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.

## GRANDFATHERED PLAN STATUS NOTICE

The **[insert name of grandfathered medical plan option(s)]** is a "grandfathered health plan" under the Affordable Care Act (ACA). Being a grandfathered health plan means that the plan is not required to include certain consumer protections under the ACA that apply to other plans, such as providing coverage for ACA-mandated preventive services without cost sharing when received in-network. However, grandfathered health plans must comply with certain other consumer protections under the ACA, such as the elimination of lifetime limits on essential health benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at **[insert contact information]**.

**[For ERISA plans, insert: You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).]**

## HIPAA WELLNESS PROGRAM REASONABLE ALTERNATIVE STANDARDS NOTICE

Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **[insert contact information]** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## ADA WELLNESS PROGRAM NOTICE

### NOTICE REGARDING WELLNESS PROGRAM

**[Name of wellness program]** is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination

Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for [be specific about the conditions for which blood will be tested.] You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of [indicate the incentive] for [specify criteria]. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive [the incentive].

Additional incentives of up to [indicate the additional incentives] may be available for employees who participate in certain health-related activities [specify activities, if any] or achieve certain health outcomes [specify particular health outcomes to be achieved, if any]. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting [name] at [contact information].

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as [indicate services that may be offered]. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and [name of employer] may use aggregate information it collects to design a program based on identified health risks in the workplace, [name of wellness program] will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) [indicate who will receive information such as "a registered nurse," "a doctor," or "a health coach"] in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. [Specify any other or additional confidentiality protections if applicable.] Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact [insert name of appropriate contact] at [contact information].