Schreiner University
Employee Health Plan

REQUIRED NOTICES

June 1, 2013
There are specific changes to your health plan which are included below:

**HIPAA**
A copy of the HIPAA Notice of Privacy Practices for your Plan may be obtained from this website: [http://www.primarypc.com](http://www.primarypc.com) and click on Privacy Policy.

A copy may also be requested in writing to: Or by email: primary@primarypc.com
Primary PhysicianCare, Inc.
Attn: Privacy Officer
P.O. Box 11088
Charlotte, NC 28220-1088

**LIFETIME LIMIT NO LONGER APPLIES AND ENROLLMENT OPPORTUNITY:**
The lifetime limit on the dollar value of benefits under the Employee Health Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. For more information please contact your Human Resources representative.

**SPECIAL ENROLLMENT NOTICES:**
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (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. To request special enrollment or obtain more information, contact your Human Resources representative.

**WOMEN’S HEALTH AND CANCER RIGHTS:**
If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you have any questions about coverage for mastectomies and post-operative reconstructive surgery, please contact your Human Resources department.
PRE-EXISTING CONDITIONS:

This plan does not impose a pre-existing condition exclusion for plan participants under the age of 19. This plan does have a pre-existing condition exclusion which applies to enrollees and dependents over the age of 19. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy nor to a participant who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior “creditable coverage.” Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to:

Primary PhysicianCare
PO Box 11088
Charlotte, NC 28220-1088
Phone: 1-800-446-5439

MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES:

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the
plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

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, 2012. You should contact your State for further information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Plan</th>
<th>Website</th>
<th>Phone</th>
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<tbody>
<tr>
<td>ALABAMA</td>
<td>Medicaid</td>
<td><a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a></td>
<td>1-855-692-5447</td>
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<tr>
<td>ALASKA</td>
<td>Medicaid</td>
<td><a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a></td>
<td>907-269-6529</td>
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<tr>
<td>ARIZONA</td>
<td>CHIP</td>
<td><a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a></td>
<td>1-877-764-5437</td>
</tr>
<tr>
<td>IDAHO</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.accesothealthinsurance.idaho.gov">www.accesothealthinsurance.idaho.gov</a></td>
<td>1-800-926-2588</td>
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<tr>
<td>INDIANA</td>
<td>Medicaid</td>
<td><a href="http://www.in.gov/fssa">www.in.gov/fssa</a></td>
<td>1-800-889-9949</td>
</tr>
<tr>
<td>IOWA</td>
<td>Medicaid</td>
<td><a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a></td>
<td>1-888-346-9562</td>
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<tr>
<td>KANSAS</td>
<td>Medicaid</td>
<td><a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a></td>
<td>1-800-792-4884</td>
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<tr>
<td>KENTUCKY</td>
<td>Medicaid</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
<td>1-800-635-2570</td>
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<td>LOUISIANA</td>
<td>Medicaid</td>
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<td>MONTANA</td>
<td>Medicaid</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a></td>
<td>1-800-383-4278</td>
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<tr>
<td>NEBRASKA</td>
<td>Medicaid</td>
<td><a href="http://dwss.nv.gov">http://dwss.nv.gov</a></td>
<td>1-800-992-0900</td>
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<tr>
<td>NEVADA</td>
<td>Medicaid</td>
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<td>FLORIDA</td>
<td>Medicaid</td>
<td><a href="https://www.f1medicaidtplrecovery.com/">https://www.f1medicaidtplrecovery.com/</a></td>
<td>1-800-869-1150</td>
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<tr>
<td>COLORADO</td>
<td>Medicaid</td>
<td><a href="http://www.colorado.gov/">http://www.colorado.gov/</a></td>
<td>1-800-221-3943</td>
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<tr>
<td>MONTANA</td>
<td>Medicaid</td>
<td><a href="http://www.accesothealthinsurance.idaho.gov">www.accesothealthinsurance.idaho.gov</a></td>
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<tr>
<td>NEBRASKA</td>
<td>Medicaid</td>
<td><a href="http://dwss.nv.gov">http://dwss.nv.gov</a></td>
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<td>State</td>
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<td>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></td>
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<td>Maine</td>
<td>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a></td>
<td>1-800-977-6740</td>
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<td>TTY 1-800-977-6741</td>
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<tr>
<td>Massachusetts</td>
<td>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></td>
<td>1-800-462-1120</td>
<td>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a></td>
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<td>Minnesota</td>
<td>Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance</td>
<td>1-800-657-3629</td>
<td>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a></td>
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<td>Missouri</td>
<td>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>573-751-2005</td>
<td>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
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<td>North Carolina</td>
<td>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a></td>
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<td>North Dakota</td>
<td>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
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<tr>
<td>State</td>
<td>Medicaid and CHIP</td>
<td>Phone/Website</td>
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| OKLAHOMA      | Medicaid and CHIP | Website: [http://www.insureoklahoma.org](http://www.insureoklahoma.org)  
                 Phone: 1-888-365-3742 |
| UTAH          | Medicaid and CHIP | Website: [http://health.utah.gov/upp](http://health.utah.gov/upp)  
                 Phone: 1-866-435-7414 |
| OREGON        | Medicaid and CHIP | Website: [http://www.oregonhealthykids.gov](http://www.oregonhealthykids.gov)  
                 Phone: 1-877-314-5678 |
| VERMONT       | Medicaid         | Website: [http://www.greenmountaincare.org/](http://www.greenmountaincare.org/)  
                 Phone: 1-800-250-8427 |
| PENNSYLVANIA  | Medicaid         | Website: [http://www.dpw.state.pa.us/hipp](http://www.dpw.state.pa.us/hipp)  
                 Phone: 1-800-692-7462 |
| VIRGINIA      | Medicaid and CHIP| Website: [http://www.dmas.virginia.gov/rcp-HIPP.htm](http://www.dmas.virginia.gov/rcp-HIPP.htm)  
                 Medicaid Phone: 1-800-432-5924  
                 CHIP Website: [http://www.famis.org/](http://www.famis.org/)  
                 CHIP Phone: 1-866-873-2647 |
| RHODE ISLAND  | Medicaid         | Website: [http://www.ohhs.ri.gov](http://www.ohhs.ri.gov)  
                 Phone: 401-462-5300 |
| WASHINGTON    | Medicaid         | Website: [http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm](http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm)  
                 Phone: 1-800-562-3022 ext. 15473 |
| SOUTH CAROLINA| Medicaid         | Website: [http://www.scdhhs.gov](http://www.scdhhs.gov)  
                 Phone: 1-888-549-0820 |
| WEST VIRGINIA | Medicaid         | Website: [http://www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)  
                 Phone: 1-877-598-5820, HMS Third Party Liability |
| SOUTH DAKOTA  | Medicaid         | Website: [http://dss.sd.gov](http://dss.sd.gov)  
                 Phone: 1-888-828-0059 |
| WISCONSIN     | Medicaid         | Website: [http://www.badgercareplus.org/pubs/p-10095.htm](http://www.badgercareplus.org/pubs/p-10095.htm)  
                 Phone: 1-800-362-3002 |
| TEXAS         | Medicaid         | Website: [https://www.gethipptexas.com/](https://www.gethipptexas.com/)  
                 Phone: 1-800-440-0493 |
| WYOMING       | Medicaid         | Website: [http://health.wyo.gov/healthcarefin/equalitycare](http://health.wyo.gov/healthcarefin/equalitycare)  
                 Phone: 307-777-7531 |

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

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

- U.S. Department of Health and Human Services  
  Centers for Medicare & Medicaid Services  
  [www.cms.hhs.gov](http://www.cms.hhs.gov)  
  1-877-267-2323, Ext. 61565
Important Notice About Your Prescription Drug Coverage and Medicare

NOTICE OF CREDITABLE COVERAGE

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 Health Plan and Medicare’s prescription drug program. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

1. The Medicare prescription drug coverage is available to everyone with Medicare.

2. The Plan has determined that the prescription drug coverage offered by this Health Plan may, on average for all plan participants, be expected to pay out as much as the standard Medicare prescription drug coverage will pay.

3. Read this notice carefully - it explains the options you have under Medicare prescription drug coverage, and can help you decide whether or not you want to enroll.

The Plan has determined that your prescription drug coverage with this Health Plan may, on average for all plan participants, be expected to pay out as much as the standard Medicare prescription drug coverage will pay.

Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.

People with Medicare can enroll in a Medicare prescription drug plan from October 15 through December 7. However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to join a Medicare prescription drug plan later.

If you do decide to enroll in a Medicare prescription drug plan and drop your Health Plan prescription drug coverage, be aware that you may not be able to get this coverage back.
If you drop your coverage with this Health Plan and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Your current coverage pays for other health expenses, in addition to prescription drugs. You may not still be eligible to receive all of your current prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with this Health Plan and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go for 63 days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage; your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You’ll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until next November to enroll.

For more information about this notice or your current prescription drug coverage...

Contact the Health Plan administrator for further information. NOTE: You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

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 for personalized help,
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. You may be asked for a copy of this notice if you enroll in one of the new prescription drug plans approved by Medicare. This notice will let your new plan know that you are not required to pay a higher premium amount.

(Credible)