



Averett University Employee Health Plan



Required Notices

Effective Date: January 1, 2012

There are specific changes to your health plan which are included below:

Notice of HIPAA Privacy Practices

Under the HIPAA Law (Health Insurance Portability and Accountability Act), the Department of Health and Human Services requires your health plan to periodically notify plan participants about the availability of its Notice of Privacy Practices.

A copy of the HIPAA Notice of Privacy Practices for your plan may also be requested at the following:

Primary PhysicianCare, Inc.
Attn: Privacy Officer
P.O. Box 11088
Charlotte, NC 28220-1088

By email at privacy@primarypc.com
or via website at: <http://www.primarypc.com>

-Or- Gateway Health
Attn: Privacy Officer
1500 Fulton Heights
Danville, VA 24541

Or via the website: www.gatewayhealth.com/contact

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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 later 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 towards 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 that sponsors that coverage stops contributing toward the 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.

Benefits Affected by COBRA

Any COBRA continuance option must include the offering of benefits for which the person was covered just prior to the COBRA “Qualifying Event”(an event which qualifies a person for continued coverage under COBRA). **A child born to or placed for adoption with the covered employee during the period of COBRA coverage must also be offered these benefits.** Dental benefits, vision care benefits, and flexible spending accounts may also apply.

If the Qualified Beneficiary was covered by these benefits prior to termination, the individual may, but is not required to, continue them under COBRA. The benefits, that are to be continued, if any, will be indicated by the Qualified Beneficiary at the time of COBRA enrollment. Employees may elect COBRA on behalf of their spouses and parents may elect coverage on behalf of their children.

Life insurance, accidental death and dismemberment benefits, weekly income or long term disability benefits, (if a part of the employer’s plan) are not considered for continuance under COBRA.

Maximum Time Periods

Continuation will be available for a qualified beneficiary up to the maximum time period shown in each item listed below:

1. When coverage terminates due to reduction of hours worked or termination of employment, either voluntary or involuntary, for reasons other than gross misconduct, an employee and his covered dependents may continue coverage under COBRA for **up to 18 months**.
2. COBRA coverage may be continued **up to 36 months** for:
 - a. A covered child who ceases to be an eligible dependent (**see Notification Responsibility**);
 - b. A covered dependent of a deceased employee;
 - c. A former covered spouse whose coverage ceases due to divorce or legal separation (**see Notification Responsibility**);
 - d. A covered dependent when the employee’s coverage ceases due to entitlement for Medicare.
3. There is a special continuation period for retired employees and their dependents when the employer declares bankruptcy under Title 11 of the United States Code and the retired employees and their dependents lose substantial coverage within one year before or after the date the bankruptcy proceeding commenced.
 - a. Coverage will be continued for the retired employee until the date of that person’s death.
 - b. The surviving spouse or children of a deceased retired employee may continue coverage for up to a maximum of 36 months following the retired employee’s death.

NOTE: For this item 3, coverage does not terminate when the person becomes eligible for Medicare.

The original 18 months may be extended to 36 months for qualified beneficiaries being affected by other events such as, the death of the employee, divorce, or legal separation, which may occur during the original 18 month period. If an employee is entitled to Medicare prior to a qualifying event, covered dependents will be entitled to COBRA coverage for up to the greater of 18 months from the date of the qualifying event, or 36 months from the earlier Medicare entitlement date. Combined qualifying events will not continue a beneficiary’s coverage beyond the date of the original qualifying event for more than 36 months.

A **disabled individual** may extend COBRA **from 18 months to 29 months**, for an extra fee, provided that:

- a. The individual is determined as being disabled for Social Security purposes on the date of the qualifying event or within the first 60 days of COBRA coverage; and
- b. The individual notifies the plan administrator in writing within 60 days of the Social Security Administration's determination of disability and within the original 18 month COBRA period that applies to the person.

Notification Responsibility

When coverage terminates due to an employee's death, termination, or eligibility for Medicare, the employer has 30 days in which to notify the Plan Administrator of the qualifying event.

When coverage terminates due to **divorce, legal separation, or change of dependent status, the qualified beneficiary has 60 days** from the qualifying event or from the date coverage terminates in which **to notify the employer and/or the Plan Administrator** that the qualifying event has occurred.

Trade Act of 2002

The Trade Act of 2002 created a tax credit for certain individuals who become eligible for trade adjustment assistance and for certain retired employees who are receiving pension payments from the Pension Benefit Guaranty Corporation (PBGC). Under the tax provisions, eligible individuals can either take a tax credit or get advance payment of 65% of premiums paid for qualified health insurance, including continuation coverage.

Termination of COBRA Coverage

Continued coverage may cease before the end of the maximum period on the earliest of:

1. The date that the employer ceases to provide a group health and dental plan to any employee;
2. The date that the qualified beneficiary first becomes, after the date of election:
 - a. Covered under any other group health and dental plan as an employee or otherwise. However, a qualified beneficiary who becomes covered under a group health and dental plan which has a pre-existing conditions limit must be allowed to continue COBRA coverage for the length of a pre-existing condition or to the COBRA maximum time period, if less. COBRA coverage may be terminated if the qualified beneficiary becomes covered under a group health plan with a pre-existing condition limit, if the pre-existing conditions limit does not apply to or is satisfied by the qualified beneficiary by reason of the group health plan portability, access and renewal requirements of the Health Insurance Portability and Accountability Act, ERISA, or the Public Health Services Act.
 - b. Entitled to benefits under Medicare, except as stated in item 3 of **Maximum Time Periods**.
3. The end of the month in which premiums were paid if the cost of continued coverage is not paid within the 30 day grace period of the due date;
4. For an individual who has extended COBRA coverage of 29 months due to disability, COBRA coverage will end in the month that begins more than 30 days after a final determination has been made by the Social Security Administration that the individual is no longer disabled.

Complete instructions on how to elect continuation will be provided by the plan administrator within 14 days of receiving notice of the qualifying event. This and all other information will be sent to your last known address. Covered persons then have 60 days in which to elect continuation. The 60-day period is measured from the later of the date coverage terminates or the date notice of the right to continue is sent. If continuation is not elected in that 60-day period, then the right to elect continuation ceases. If you reject COBRA coverage before the due date, you may change your mind as long as you furnish a completed election form before the end of the election period.

If you or your dependents have any questions regarding COBRA, or if you have changed marital status, or you or your spouse have changed addresses, you must contact Human Resources.

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, 2011. You should contact your State for further information on eligibility.

State	Medicaid / CHIP	Website	Phone
ALABAMA	Medicaid	www.medicaid.alabama.gov	1-800-362-1504
ALASKA	Medicaid	http://health.hss.state.ak.us/dpa/programs/medicaid/	1-888-318-8890 (Outside of Anchorage) 907-269-6529 (Anchorage)
ARIZONA	CHIP	www.azahcccs.gov/applicants/default.aspx	1-877-764-5437 (Outside Maricopa Co) 602-417-5437 (Maricopa County)
CALIFORNIA	Medicaid	www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx	1-866-298-8443

State	Medicaid / CHIP	Website	Phone
COLORADO	Medicaid and CHIP	www.colorado.gov (Medicaid) www.CHPplus.org (CHIP)	1-800-866-3513 (Medicaid) 1-800-221-3943 (Medicaid) (In State) 303-866-3243 (CHIP)
FLORIDA	Medicaid	www.flmedicaidtprecovery.com/	1-877-357-3268
GEORGIA	Medicaid	http://dch.georgia.gov/ (Click on Programs, then Medicaid)	1-800-869-1150
IDAHO	Medicaid and CHIP	www.accesstohealthinsurance.idaho.gov (Medicaid) www.medicaid.idaho.gov (CHIP)	1-800-926-2588 (Medicaid) 1-800-926-2588 (CHIP)
INDIANA	Medicaid	www.in.gov/fssa/	1-800-889-9948
IOWA	Medicaid	www.dhs.state.ia.us/hipp/	1-888-346-9562
KANSAS	Medicaid	www.kdheks.gov/hcf/	1-800-792-4884
KENTUCKY	Medicaid	http://chfs.ky.gov/dms/default.htm	1-800-635-2570
LOUISIANA	Medicaid	www.lahipp.dhh.louisiana.gov	1-888-695-2447
MAINE	Medicaid	www.maine.gov/dhhs/OIAS/public-assistance/index.html	1-800-572-3839
MASSACHUSETTS	Medicaid and CHIP	http://www.mass.gov/MassHealth	1-800-462-1120
MINNESOTA	Medicaid	www.dhs.state.mn.us/ (Click on Health Care, then Medical Assistance)	800-657-3739 (Outside of Twin City area) 651-431-2670 (Twin City area)
MISSOURI	Medicaid	www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
MONTANA	Medicaid	http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml	1-800-694-3084
NEBRASKA	Medicaid	www.dhhs.ne.gov/med/medindex.htm	1-877-255-3092
NEVADA	Medicaid	http://dwss.nv.gov/	1-800-992-0900
NEW HAMPSHIRE	Medicaid	www.dhhs.nh.gov/ombp/index.htm	603-271-8183
NEW JERSEY	Medicaid and CHIP	www.state.nj.us/humanservices/dmahs/clients/medicaid/ (Medicaid) www.njfamilycare.org/index.html (CHIP)	1-800-356-1561 (Medicaid) 1-800-701-0710 (CHIP)
NEW YORK	Medicaid	www.nyhealth.gov/health_care/medicaid/	1-800-541-2831
NORTH CAROLINA	Medicaid	http://www.nc.gov	919-855-4100
NORTH DAKOTA	Medicaid	www.nd.gov/dhs/services/medicalserv/medicaid/	1-800-755-2604
OKLAHOMA	Medicaid	www.insureoklahoma.org	1-888-365-3742
OREGON	Medicaid and CHIP	www.oregon.gov/OHA/OPHP/FHIAP/index.shtml	1-888-564-9669
PENNSYLVANIA	Medicaid	www.dpw.state.pa.us/hipp	1-800-692-7462
RHODE ISLAND	Medicaid	www.dhs.ri.gov	401-462-5300
SOUTH CAROLINA	Medicaid	www.scdhhs.gov	1-888-549-0820

State	Medicaid / CHIP	Website	Phone
TEXAS	Medicaid	www.gethipptexas.com	1-800-440-0493
UTAH	Medicaid and CHIP	health.utah.gov/upp	1-866-435-7414
VERMONT	Medicaid	www.greenmountaincare.org/	1-800-250-8427
VIRGINIA	Medicaid and CHIP	www.dmas.virginia.gov/rcp-HIPP.htm (Medicaid) www.famis.org/ (Medicaid and CHIP)	1-800-432-5924 (Medicaid) 1-866-873-2647 (CHIP)
WASHINGTON	Medicaid	http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm	1-800-562-3022 ext. 15473
WEST VIRGINIA	Medicaid	www.dhhr.wv.gov/bms/	304-558-1700
WISCONSIN	Medicaid	www.badgercareplus.org/pubs/p-10095.htm	1-800-362-3002
WYOMING	Medicaid	www.health.wyo.gov/healthcarefin/index.html	307-777-7531