

2017 Open Enrollment Benefits Plans

Effective 1/1/2017 – 12/31/2017

11/01/2016 – Supersedes All Earlier Versions

This summary is being provided in accordance with the Employee Retirement Income Security Act of 1974 (ERISA). If there is a discrepancy between this presentation and the applicable insurance contract, agreement, or Summary Plan Document (SPD) or plan document, the applicable insurance contract, agreement, SPD or plan document will prevail.

MOREHOUSE SCHOOL OF MEDICINE

2017 MSM Open Enrollment Overview

- Open Enrollment is your annual opportunity to make changes to your benefits coverage options

  - Change Medical Plans
  - Enroll in a New Plan/Coverage (Dental, Life*, Short Term Disability*)
  - Add/Drop a Dependent from Your Plan**
  - Re-Enroll in the Flexible Spending Account
    - Health Care
    - Dependent Care

- If you want to keep your current benefits coverages, no action is required. Your benefit coverages will transition to the new year at the new rates. NOTE: If you want to participate in the Flexible Spending Account Plans (Health Care and Dependent Care), you must re-enroll to authorize deductions in 2017.
- If you want to make any changes to your benefits coverages, please only submit what benefits plan(s) or coverage(s) is changing on the enrollment form. NOTE: If you want to participate in the Flexible Spending Account Plans (Healthcare and/or Dependent Care), you must re-enroll to authorize deductions in 2017.
- Open Enrollment Period Is: Friday, November 4, 2016 – Friday, November 18, 2016. Completed forms are due into the 2017openenrollment@msm.edu mailbox by 5pm Friday, November 18, 2016.
- Forms and benefits information can be found at: http://msmintra.msm.edu/hr/employeeBenefits.aspx
- Effective Date Of Benefits: January 1, 2017
- Beneficiaries – It is recommended you review and update, if desired, the beneficiaries designated in your benefits plans.

*Evidence of insurability required
**Original documents required to add or drop a dependent

Healthcare Reform

- Medical insurance is required by law
- Morehouse School of Medicine (MSM) benefits you because:
  - MSM pays part of the cost
  - You get tax savings on your share of the cost (pre-tax payroll deductions)
  - MSM benefit plans provide greater benefits and include more providers than Marketplace plans
- The value of your medical coverage is reported on your 2017 W-2 form (not taxable to you)
- Your will receive a 1095-C form that you will need in order to file your income taxes

MSM Benefits Eligibility

You are eligible if you are:

- Employed in a benefits eligible position; **and**
- A full-time or part-time employee scheduled to work at least 18.75 hours per week in a 37.5 hour work week **or** at least 20 hours per week in a 40 hour work week.

Your eligible family members are your:

- Spouse, if not legally separated
- Legal domestic partner (Contact HR for requirements)
- Children up to age 26
  - Natural children
  - Unmarried children over the age limit if:
  - Dependent on you for primary financial support and maintenance due to a physical or mental disability: incapable of self support; **and**
  - The disability existed before reaching age 19.

If you experience a qualifying life event*, and request applicable changes *within 31 days of the event to include providing the appropriate documentation.* The qualifying life event* also applies to increases/ decreases to your Flexible Spending Accounts (FSA) elections, these changes are not retroactive.

** Qualifying life events include, but are not limited to marriage/partnership, birth or adoption of a child, death and survivorship, and employment changes*.

**MSM requires original dependent certification documentation (such as marriage license, partnership affidavit, birth certificate, etc.) to add eligible dependent(s). In most cases coverage for a disabled child continues as long as the child is incapable of self-support, unmarried and fully dependent on you for support.*

When adding a dependent you will need to provide their Social Security Number. Centers for Medicare and Medicaid Services (CMS), the agency that monitors the claims collection from employers for Medicare ***requires all employers to provide the social security number of any employee and covered dependent covered through an employer-sponsored medical plan***. *If you are waiting for a Social Security number of a dependent you are newly adding to benefits, you may initiate the request; however, contact HR Benefits to update the Social Security number once it arrives.*

Changing Your Benefits Outside of Open Enrollment (Qualifying Life Events)

The Internal Revenue Service (IRS) states that employees enrolled in pre-tax benefit plans may only make benefit elections to these plans once a year. As such, your medical, dental, vision and Flexible Spending Account benefit choices are binding January 1 – December 31. The following special circumstances are generally the only reasons you may change your benefits during the plan year:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Loss of spouse's job or change in work status where coverage is maintained through the spouse's plan; a significant change in your or your spouse's health coverage attributable to your spouse's employment; the reduction or increase in hours of employment or other changes in employment category for you or your spouse of dependent, including a change between part-time and full-time
- Gain or loss of other coverage for your adult child
- Death of a spouse or dependent
- Loss of dependent status
- Change in place of residence that affects eligibility
- Becoming eligible for Medicare or loss or gain of Medicaid during the year
- Receiving a Qualified Medical Child Support Order (QMCSO)

These special circumstances, often referred to as "Qualifying Life Events" or life even changes, will allow you to make changes any time during the year in which they occur. For any allowable changes, you must notify Human Resources with 31 calendar days of the event and provide proof of the Qualifying Life Event to avoid a lapse in coverage. Original documents are required such as marriage license, partnership affidavit, birth certificate, divorce decree, etc.. An election change must be consistent with the change in status. Changes that are requested due to a "change of mind" are not allowed until the next annual open enrollment period. Changes (except for newborns) will be effective for the next pay period after all required documents are received. For additional information concerning plan changes, please contact Human Resources.

2017 Benefits Costs

Per Paycheck - 26

Medical Plans	Choice Plus Basic Option Plan	Choice Plus High Option Plan
Employee Only	$32.58	$59.97
Employee + Spouse	$141.98	$219.54
Employee + Child(ren)	$95.28	$163.70
Employee + Family	$207.24	$320.45

Dental Plan	
Employee Only	$2.04
Employee + Spouse	$8.14
Employee + Child(ren)	$6.14
Employee + Family	$13.01

Vision Plan	
Employee Only	$0.32
Employee + Spouse	$1.14
Employee + Child(ren)	$0.86
Employee + Family	$1.83

Other Benefits

Employee Supplemental Life	$0.30 per $1,000 of coverage
Supplemental Spouse Life	$0.30 per $1,000 of coverage
Supplemental Child(ren) Life	$0.20 per $1,000 of coverage
Employee Supplemental AD&D	$0.25 per $1,000 of coverage
Short-Term Disability (STD)	$0.24 per $10 of weekly covered benefit

Choice Plus – Basic Option Plan

UnitedHealthcare

	In-Network	Out-of-Network
Calendar year deductible • Individual • Family	 $500 (per individual) $1,500 (family limit)	 $1,000 (per individual) $3,500 (family limit)
Your maximum expense • Individual • Family	 $2,500 (per individual) $7,500 (family limit)	 $7,500 (per individual) $22,500 (family limit)
Preventive care	Plan pays 100%	50% after deductible
Office visits • Primary care providers • Specialist providers	 $30 copay $50 copay	 50% after deductible 50% after deductible
Hospitalization	Plan pays 90% after deductible	Plan pays 50% after deductible
Urgent Care Visit	$30 Copay	50% after deductible
Emergency Room Visit	$100 Copay, Waived if Admitted	$100 Copay, Waived if Admitted

For detailed information on the medical benefits available at www.myuhc.com

Choice Plus – High Option

UnitedHealthcare

	In-Network	Out-of-Network
Calendar year deductible • Individual • Family	None (per individual) None (family limit)	$300 (per individual) $900 (family limit)
Your maximum expense • Individual • Family	$2,000 (per individual) $6,000 (family limit)	$1,500 (per individual) $4,500 (family limit)
Preventive care	Plan pays 100%	50% after deductible
Office visits • Primary care providers • Specialist providers	$25 copay $50 copay	50% after deductible 50% after deductible
Hospitalization	Plan pays 90% after deductible	Plan pays 50% after deductible
Urgent Care Visit	$25 Copay	50% after deductible
Emergency Room Visit	$100 Copay, Waived if Admitted	$100 Copay, Waived if Admitted

For detailed information on the medical benefits available at www.myuhc.com

Prescription Drugs

UnitedHealthcare

	In Network Pharmacy	
	Retail	**Mail Order**
Tier 1	$10 copay; up to 31 day supply	$20 copay; up to 90 day supply
Tier 2	$30 copay; up to 31 day supply	$60 copay; up to 90 day supply
Tier 3	$50 copay; up to 31 day supply	$100 copay; up to 90 day supply

You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designed by United Healthcare. Certain drugs may have a pre-notification requirement or may result in a higher cost. If you use a non-network pharmacy (including a mail order pharmacy), you are responsible for any amount over the allowed amount. See www.myuhc.com *"manage my prescriptions"* for plan details.

Dental Plan Features

UnitedHealthcare

	In-Network	Out-of-Network
Benefit Year Maximum Benefits	$2,000 Overall $2,000 Ortho lifetime max	
Deductible (Individual/Family)	$50 / $150 (Waived for Preventive Services)	
• Preventive	100%	100%
• Basic	80%	80%
• Major	50%	50%
• Orthodontia	50%	50%
Basic Endodontics / Periodontics Covered As	Basic	
Out-of-Network Reimbursement Schedule	N/A	85th Percentile of Usual, Customary & Reasonable

Vision Plan Features

UnitedHealthcare

	In-Network	Out-of-Network
Vision Exam (1x per 12 months)	$10 copay	Plan reimburses up to $40
Materials	$10 copay then:	
• Eyeglass Lenses (1x per 12 months)	Plan pays 100% (single/bifocal/trifocal lens)	Plan reimburses $40-$80 (based on lens type)
• Frames (1x per 24 months)	Plan pays up to $130	Plan reimburses up to $45
• Contact Lenses* (1x per 12 months)	Plan pays up to $125	Plan reimburses up to $125

*Instead of eyeglasses and frames

Life & Accident Insurance

Benefit	Features	
Basic Life	MSM automatically provides life insurance coverage in an amount equal to 2x's your base annual salary (up to a max of $500,000) payable to your designated beneficiary while employed with MSM.	**MSM pays cost**
Accidental Death & Dismemberment (AD&D) *Does not cover a death resulting from illness or natural causes.*	Provides protection to you and / or your beneficiaries if you die or are seriously injured in an accident. MSM automatically provides this coverage in an amount equal to 2x's your base annual salary, not to exceed $500,000.	**MSM pays cost**
Supplemental Life* Employee	You may purchase additional life coverage up to 1x's your base annual salary; not to exceed $500,000. Evidence of insurability is required for amounts greater than $200,000.	**Employee paid**
Spouse	You may purchase up to $150,000, in increments of $5,000. Any amount greater than $50,000 will require EOI *(cannot exceed 50% of employee elected supplemental amount).*	**Employee paid**
Child(ren)	You may purchase insurance for your dependent child(ren) in units of $2,500 up to a maximum of $10,000. One policy covers each of your dependent child(ren) for the same amount to age 26.	**Employee paid**
Supplemental AD&D	You may purchase additional AD&D coverage of 1x's your base annual salary, not to exceed $500,000.	**Employee paid**

*Employee must purchase supplemental life in order to purchase spouse or child(ren) supplemental life coverage. If you are electing any supplemental life coverage for the first time, Evidence of Insurability (EOI) is required for any amount over the guaranteed issue amount. **Employee Life & AD&D (basic & supplemental) – coverage reduces to 65% at age 65. At age 70 it reduces to 45% of your original benefit. At age 75 it reduces to 30% of your original benefit. At age 80 it reduces to 20% of your original benefit. Coverage terminates at retirement.**

Income Protection

Short Term Disability	Long Term Disability
Income replacement of up to 60% of pre-disability income*	
Employee Paid	**Employer paid**
$2,500 maximum **weekly** benefit	$12,500 maximum **monthly** benefit
Benefits begin on **15th** day of disability after a covered illness/injury occurs	Benefits begin on **180th** day of disability
Benefits end at recovery or at 26 weeks	If disabled prior to age 60, benefits can be paid up to age 65 or your Social Security Normal Retirement Age (SSNRA) *Disabilities caused by mental illness or substance abuse have a limited benefit period of 12 months per disability.*
Your spouse or children may receive a lump sum benefit equal to **3 weeks** of your gross STD benefit up to $3,000, if you die while entitled to receive STD benefits.	Your spouse or children may receive a lump sum benefit equal to **3 months** of your gross LTD benefit, if you die while entitled to receive LTD benefits.
** These benefits may also be reduced by any other income that you may be receiving (i.e. social security or workers' compensation, etc.)*	

Flexible Spending Accounts (FSA)

UnitedHealthcare

Healthcare Spending Account	Dependent Care Spending Account
• Set aside up to $2,600 before taxes for qualified healthcare expenses • Access entire amount on 1st day of plan year • $500 Rollover Provision – Participants are allowed to rollover a maximum of $500 unused FSA dollars to the next plan year • Rollover Provision for Healthcare Spending Account ONLY	• Set aside up to $5,000 per calendar year before taxes for dependent care expenses • Access money only once it's deducted from your paycheck Eligible expenses include daycare/in-home care for children under 13 years and incapacitated tax-dependent adults

Claims due by March 31, 2017. **Use it or lose it!**

Care 24 – Employee Assistance Program

UnitedHealthcare

We have answers to your health questions.

Be educated to make the best decisions for yourself and your family — seven days a week, 24 hours a day.

Whenever you have a question, you can speak with registered nurses and master's-level counselors who can help with a variety of problems, ranging from medical and family matters to personal, legal, financial and emotional needs. One toll-free phone number gives you access to experienced professionals, including:

- Registered nurses
- Master's-level counselors
- Legal and financial professionals
- Community resources

When you call, a registered nurse or a master's-level counselor can discuss topics with you including:

- Choosing appropriate medical care
- Self-care information
- Minor illnesses and injuries
- Childhood illnesses
- Medication safety
- Information on medications
- Help finding a doctor
- Relationship worries
- Stress and anxiety
- Coping with grief and loss
- Personal, legal and financial issues
- General health information

When you call the same toll-free number, you can listen to audio messages on more than 1,100 health and well-being topics. To listen to your message of choice, press * to speak with a nurse who will provide you with information on the health topics along with the three-digit access pin number. More than 600 audio messages are recorded and available in Spanish, along with multilingual translation services, and service for callers with hearing impairments.

For more information, call:
1-888-887-4114
myuhc.com
TTY callers, please call 711 and ask for the number above.

Nurses or counselors are available 24 hours a day, seven days a week.

Benefit Vendor List

Vendor	Phone Number	Benefit/Additional Comments
United Healthcare – Medical/Dental/Vision Benefits	Medical: 866-633-2446 Dental: 877-816-3596 Vision: 800-638-3120	www.uhc.com www.myuhc.com
United Healthcare - Flexible Spending Accounts	866-755-2648	www.myuhc.com
United Healthcare - Care 24 Employee Assistance Program	888-887-4114	www.liveandworkwell.com
AFLAC	800-433-3036	Income Protection
VALIC / AIG Retirement TIAA-CREF	800-448-2542 800-842-2776	Retirement www.valic.com www.TIAA-CREF.org/msm

www.myuhc.com* - United Healthcare (UHC)Website

MAKE SMARTER CHOICES

myuhc.com helps you make more-informed decisions about your health care:

1. **Locate information on your benefits and coverage.** Learn about what's covered and what's not, deductibles and out-of-pocket costs. You'll also find tips for getting the most out of your benefits.

2. **Consider a doctor's Premium designation status,** based on national quality standards and local market benchmarks for cost efficiency, when you are choosing a doctor. You can even search for doctors who treat other patients of your age and gender with similar health conditions.

myuhc.com GIVES YOU PRACTICAL, PERSONALIZED INFORMATION SO YOU CAN:

- Understand your coverage
- Find a doctor in your area
- Manage your claims
- Organize your health information
- Estimate costs of future treatments
- Improve your health

BETTER MANAGE YOUR EXPENSES

You'll be in control of your health care-related expenses with **myuhc.com**:

3. **Manage your claims** with myClaims Manager to easily search for claims, track claims you need to watch, mark claims you've already paid, and use easy-to-read graphs to better understand your bills and what you owe. Subscribers can pay their health care providers online for any claim that has a 'You Owe' amount using the 'Make Payment' feature.

4. **Manage prescriptions** by ordering your refill medications online and tracking refill status and price. Available only if your pharmacy benefits are through UnitedHealthcare.

5. **Track your medical expenses**, including account balances and spending history.

6. **Estimate health care costs** before you have a test or procedure. With myHealthcare Cost Estimator, you can view treatment options and see variations in cost and quality by provider or facility all before seeking care.

Health4Me – United Healthcare (UHC) Mobile App

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2. **Consider a doctor's Premium designation status,** based on national quality standards and local market benchmarks for cost efficiency, when you are choosing a doctor. You can even search for doctors who treat other patients of your age and gender with similar health conditions.

Available on the App Store

Google play

myuhc.com GIVES YOU PRACTICAL, PERSONALIZED INFORMATION SO YOU CAN:

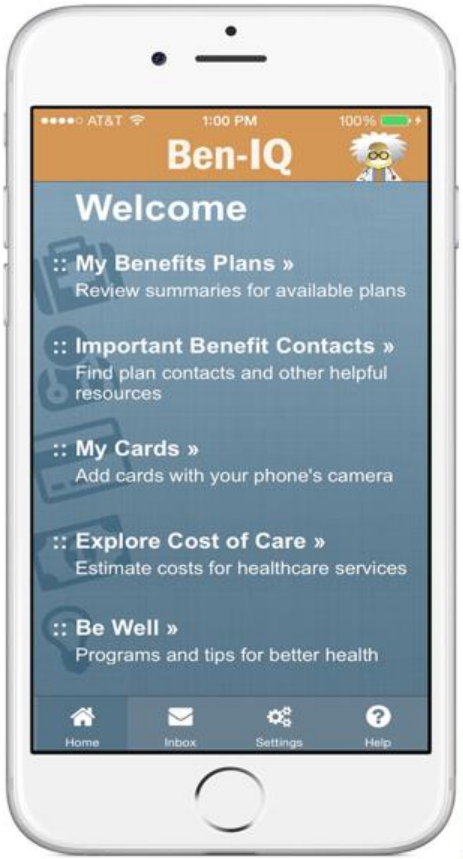
- Understand your coverage
- Find a doctor in your area
- Manage your claims
- Organize your health information
- Estimate costs of future treatments
- Improve your health

BETTER MANAGE YOUR EXPENSES

You'll be in control of your health care-related expenses with **myuhc.com**:

3. **Manage your claims** with myClaims Manager to easily search for claims, track claims you need to watch, mark claims you've already paid, and use easy-to-read graphs to better understand your bills and what you owe. Subscribers can pay their health care providers online for any claim that has a 'You Owe' amount using the 'Make Payment' feature.
4. **Manage prescriptions** by ordering your refill medications online and tracking refill status and price. Available only if your pharmacy benefits are through UnitedHealthcare.
5. **Track your medical expenses**, including account balances and spending history.
6. **Estimate health care costs** before you have a test or procedure. With myHealthcare Cost Estimator, you can view treatment options and see variations in cost and quality by provider or facility all before seeking care.

Resource: Ben-IQ: Health Plan Highlights



With Ben-IQ, you can:

- Get 24/7 access to your health plan highlights
- Find important contact numbers
- Locate in-network providers and other care options
- Store and organize your plan ID cards

IT'S EASY AS 1 2 3

1. If you have an iPhone, go to the Apple App Store; if you have an Android phone, visit Google Play
2. Search for "Ben-IQ"
3. Download and install the free app

USERNAME: MSM

More Questions?

This is an overview of the benefits plans in effect on January 1, 2017, generally offered to employees at Morehouse School of Medicine. It does not contain full details, and should be considered as a "Summary of Material Modifications" and is not the Summary Plan Description (SPD).

This summary is being provided in accordance with the Employee Retirement Income Security Act of 1974 (ERISA). If there is a discrepancy between this presentation and the applicable insurance contract, agreement, SPD or plan document, the applicable insurance contract, agreement, SPD or plan document will prevail. Every effort is made to ensure this presentation contains the most current information available.

Morehouse School of Medicine reserves the right to change (including, but not limited to, the right to amend, suspend or terminate) or make exceptions to its policies, procedures and benefit's plans, or to change contributions at its discretion ant any time with and without prior notice.

If you have additional questions, please contact:

Department of Human Resources
720 Westview Drive, SW
Atlanta, GA 30310
404-752-1600 (Office); 404-752-1639 (Fax)
2017benefits@msm.edu (Open Enrollment)
benefits@msm.edu (Outside of Open Enrollment)

Legal Notices

Legal Notices

HIPPA Privacy Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) requires health plans to protect the confidentiality of your private health information. More detailed information is provided in the heath's plan notice of HIPPA privacy.

Women's Health and Cancer Right Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits in the Women's Health and Cancer Rights Act of 198 (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 complication of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under MSM's medical plans. If you have questions, please contact your medical provider.

Summary of Benefits and Coverage

The Patient Protection and Affordable Care Act (also known as Health Care Reform law) requires that you receive a *Summary of Benefits and Coverage* (SBC).

The SBC is designed to help you understand and evaluate your health plan choices. The following link provides you with direct access to MSM's sponsored medical plans copy of the SBC:
http://msmintra.msm.edu/hr/employeeBenefits.aspx

Continuation of Benefits 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. This notice contains important information about your right to COBRA continuation of coverage, which is temporary extension of coverage under the Plan. The following link takes you to the Benefits section where the notice is posted.
http://msmintra.msm.edu/hr/employeeBenefits.aspx

Genetic Information Nondiscrimination Act

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) requires health plans to protect the confidentiality of your private health information. More detailed information is provided in the heath's plan notice of HIPPA privacy.

Health Insurance Marketplace Notice

Health Insurance Marketplace Notice

Effective January 1, 2014, the Affordable Care Act – also known as "healthcare reform" – requires most Americans to have health insurance. Individuals who don't have coverage by January 1, 2014, will be required to pay a penalty.

The Health Insurance Marketplace ("health insurance exchange") was created to ensure that everyone has access to affordable health insurance. The Marketplace is an option for someone who does not have employer-provided health coverage or for someone who chooses not to enroll in employer-provided health coverage. Because you have the option, for employer-provided health coverage, it is unlikely that you will be eligible for federal subsidies.

Why am I receiving this notice?

This notice provides you with information about the health Insurance Marketplace and where you can access more information about health plans offered to you by either your state or the U.S. Department of Health and Human Services.

MSM is required to provide this notice to every employee to comply with rules under the federal Affordable Care Act (ACA).

What do I need to do?

You're currently eligible to participate in a MSM sponsored medical plan. If you participate in the medical plan, you and the Institution share the cost of your coverage. Your share of the cost is paid before-tax dollars, unless you have elected otherwise.

If you choose not to participate in MSM's plan and you buy insurance in the Marketplace, you will be responsible for paying the entire premium yourself with after-tax dollars.

What is the individual mandate tax?

Under the ACA, most Americans are required to have health insurance or pay a penalty. If you elect coverage through MSM, you will satisfy this requirement. For more information about the individual mandate, please visit: https://www.irs.gov/Affordable-Care-Act/Affordable-Care-Act-Tax-Provisions-Questions-and-Answers

Questions:

Call (800) 318-2596

or visit: https://www.healthcare.gov

Prescription Drug Coverage and Medicare Notice

Important Notice about 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 Morehouse School of Medicine (MSM) 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.

The full notice was sent to the MSM Community email distribution list October 11, 2016 and is also located on the HR site in MSM Connect.

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. MSM has determined that the prescription drug coverage offered by MSM 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.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

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

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

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

A list of states as of July 31, 2016, or for more information on special enrollment rights, you can contact either:

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

- U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
http://www.cms.gov
(877)267-2323, menu option 4, ext.61565

Summary Annual Report 403(b) Plan
(01/01/2015 – 12/31/2015)

This is a summary of the annual report for Morehouse School of Medicine 403(b) Plan, 58-1438873/001 for 01/01/2015 through 12/31/2015. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by insurance and trust. Plan expenses were $6,067,764. These expenses included $7,370 in administrative expenses and $6,060,394 in benefits paid to participants and beneficiaries, and $0 in other expenses. A total of 2,143 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was $129,225,116 as of 12/31/2015, compared to $125,438,579 as of 01/01/2015. During the plan year the plan experienced an increase in its net assets of $3,786,537. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $9,854,301, including employer contributions of $4,386,190, employee contributions of $3,156,742, gains of $0 from the sale of assets and earnings from investments of $1,776,470.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

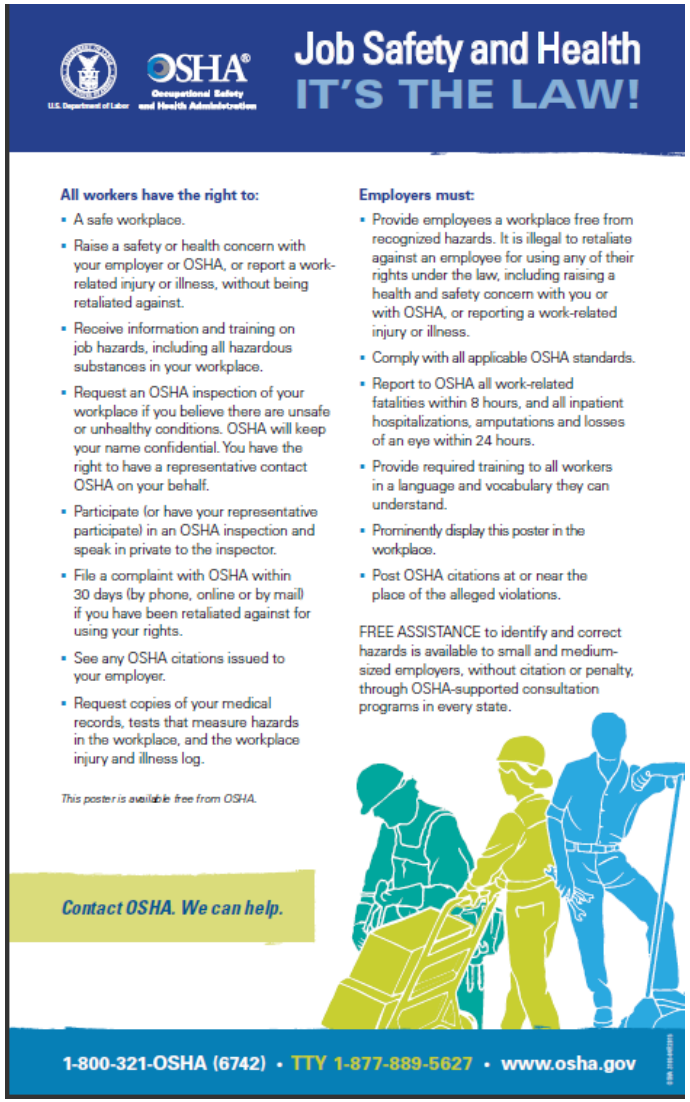
1. An accountant's report;
2. Financial and information on payments to service providers;
3. Assets held for investment;
4. Insurance information including sales commissions paid by insurance carriers;
5. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103 - 12 investment entities in which the plan participates;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Morehouse School of Medicine, who is Plan Administrator at 720 Westview Drive, S.W.,, Atlanta GA 30310-1458, (404) 752-1600. The charge to cover copying cost will be $2.50 for the full annual report, or $0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 720 Westview Drive, S.W.,, Atlanta GA 30310-1458 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.

OSHA



OSHA® Occupational Safety and Health Administration
U.S. Department of Labor

Job Safety and Health
IT'S THE LAW!

All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request an OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. OSHA will keep your name confidential. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

This poster is available free from OSHA.

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Report to OSHA all work-related fatalities within 8 hours, and all inpatient hospitalizations, amputations and losses of an eye within 24 hours.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

FREE ASSISTANCE to identify and correct hazards is available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

Contact OSHA. We can help.

1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov