

2016 Employee Benefits



Things you need to know

Effective January 1, 2016

1 Who is eligible for Morehouse School of Medicine (MSM) Benefits?

You are eligible for MSM Benefits 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*
- ❖ 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.

**MSM requires 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.*

2 When does coverage start?

If you are an **existing employee**, changes you make during open enrollment take effect January 1, the next year.

If you are a **new hire**, coverage under most plans starts 30 days from your date of hire, assuming all applicable actions and documentation are received in good order.

If you are a **new resident**, coverage under the medical plan (only) is effective on the first date of employment.

If you elect more than the guaranteed issue amount of any supplemental life coverage for yourself or dependents, coverage starts after the Evidence of Insurability (EOI) is submitted and approved by the insurance company.

When does coverage end?

Coverage ends at midnight on the last day of active employment.

If you experience a **qualifying life event***, and request applicable changes **within 31 days of the event to include providing the appropriate documentation**; generally, the date of the event is the date the coverage will start. 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.*



How am I affected by Healthcare Reform?

- Medical insurance is required by law
- Morehouse School of Medicine (MSM) coverage benefits you because:
 - MSM pays on average **75 - 80%** of your plan cost
 - You get tax savings on your share of the cost (pre-tax payroll deductions)
 - MSM plans provide greater benefits and include more providers than Marketplace plans
- The value of your medical coverage is reported on your 2016 W-2 form (not taxable to you)
- You will receive a 1095-C form that you will need in order to file your income taxes

4

What plans do we offer?

- ❖ Medical plan options –Basic and High Option
 - Point of Service Plans (POS)
 - Mental health and substance abuse
 - Prescription Drug Plan
- ❖ Dental Plan
- ❖ Vision Plan
- ❖ Flexible Spending Accounts(s)
- ❖ Life and Accident Insurance
- ❖ Disability (Income Protection)
 - Short Term Disability
 - Long Term Disability
- ❖ Retirement Savings Plan
- ❖ Time Away from Work

Choice Plus – Basic Option



	In Network	Out of network
Calendar year deductible - Individual - Family	\$ 500 (per individual) \$1,500 (family limit)	\$1,000 (per individual) \$3,000 (family limit)
Out of pocket maximum - Individual - Family	\$2,500 (per individual) \$7,500 (family limit)	\$ 7,500 (per individual) \$22,500 (family limit)
Preventive care*	Plan pays 100%	Plan pays 50% after deductible
Office visits - Primary care providers - Specialist providers <i>*Receive additional \$10 discount for using MSM physician(s).</i>	\$30 copay* \$50 copay*	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



	In Network	Out of network
Calendar year deductible - Individual - Family	\$0 (per individual) \$0 (family limit)	\$300 (per individual) \$900 (family limit)
Out of pocket maximum - Individual - Family	\$2,000 (per individual) \$6,000 (family limit)	\$1,500 (per individual) \$4,500 (family limit)
Preventive care*	Plan pays 100%	Plan pays 50% after deductible
Office visits - Primary care providers - Specialist providers <i>*Receive additional \$10 discount for using MSM physician(s).</i>	\$25 copay* \$50 copay*	50% after deductible
Hospitalization	Plan pays 90%	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

Detailed information on the medical benefits is available at www.myuhc.com



Prescription Drugs

		Retail	Mail Order *
	Tier 1	\$10 copay 31 - day supply	\$20 copay 90 - day supply
	Tier 2	\$30 copay 31 - day supply	\$60 copay 90 - day supply
	Tier 3	\$50 copay 31 - day supply	\$100 copay 90 - day supply

*Ordering your prescriptions via mail service is fast and convenient. If you are managing long term or chronic conditions, using the mail service pharmacy makes sense – you can purchase up to a three-month supply of most prescription medications. Learn more about using the OptumRX Mail service at www.myuhc.com “manage my prescriptions”.



Dental Plan



	In-Network	Out-of-Network
Benefit Year Maximum Orthodontia Max - Adults and Children	\$2,000 \$2,000 Lifetime	
Deductible (Individual/Family)	\$50 / \$150 (waived for preventive services)	
Preventive ➤ Exams ➤ Cleanings	100%	100%
Basic ➤ Minor restorative ➤ Single extractions ➤ Oral surgery ➤ Endodontics and Periodontics	80%	80%
Major ➤ Crown/Bridges ➤ Dentures ➤ Orthodontia	50%	50%
Out-of-Network Reimbursement Schedule	N/A	85th Percentile of Usual, Customary & Reasonable

You save on services when using a network dentist; however, you also have the freedom to visit an out-of-network dentist, and receive reimbursement up to the reasonable and customary amount for each service. You will be responsible for the excess charges. Visit www.myuhc.com for a listing of network dentist, and additional information.

Vision Plan



	Frequency	In-Network	Out-of-Network
Exam	Every 12 months	\$10 copay	Reimburses up to \$40
Frames	Every 24 months	\$130 allowance	Reimburses up to \$45
Lens* Single, Bi-Focal, Trifocal, Lenticular Progressive Lenses ➤ Tier 1 (standard) ➤ Tier 2 (deluxe) ➤ Tier 3 (premium) ➤ Tier 4 (platinum) ➤ Tier 5 (non-formulary)	Every 12 months	\$10 copay \$ 80 \$120 \$160 \$ 260 \$10 plus 80% of billed charges	<u>Reimburses</u> Single vision up to \$40 Bifocals up to \$60 Trifocal up to \$80 Lenticular up to \$80
Contact Lenses (in lieu of eyeglasses)	Every 12 months	\$125 allowance	reimburses up to \$125

You will not receive a membership card for eye care services, you may print one from the www.myuhc.com site if desired.

**other lens options are available at discounted rate*

Seeing is clear... you get the greatest cost savings with a network provider. If you prefer to utilize a provider outside of our network, you will receive a scheduled reimbursement. Visit www.myuhc.com for a listing of network eye care professionals, and additional plan information.

Employee Assistance Program (EAP)

Care24® services

For life's daily challenges...

Care 24 services offer you access to a wide range of health and well being information - **24 hours a day, seven days a week.**

Life is full of ups and downs, you have access to a great source for support and information who can help with almost any problem- ranging from medical and family matters to personal legal, financial and emotional needs.

When you call, you will have access to experienced professionals:

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

You will initially receive up to 3 telephonic conversations*

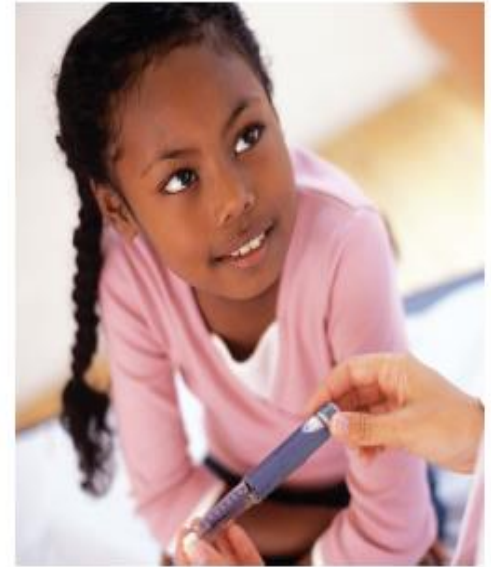


For more information, call:

1-888-887-4114

myuhc.com

TTY callers, please call 711 and ask for the number above.



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.

***If additional counseling sessions are needed, you may be referred through the mental health benefit portion of the medical program, if you are currently enrolled.**

Flexible Spending Accounts



Flexible Spending Accounts (FSA) allow you to set aside before-tax money to pay for certain health and dependent care expenses including copayments, deductibles and dependent day care expenses. After paying your provider you then file a claim for reimbursement (unless using the UHC debit MasterCard to pay for expenses).

Two types of Flexible Spending Accounts

Health Care Spending

Used to pay out of pocket medical expenses not covered by insurance (exclusions exist).

- Set aside up to **\$2,550** before taxes per year for qualified healthcare expenses
- When enrolling in the FSA plan(s) you will receive a debit MasterCard for your convenience, which will have your 2016 FSA election loaded and may only be used in the plan year expenses were incurred
- When you use your FSA debit card for eligible expenses the provider is immediately reimbursed the full amount from your account
- You may be asked for a copy of your itemized receipts to prove your purchase. Be sure to save all itemized receipts when using your FSA debit card
- When electing the health care FSA, you may submit expenses for yourself and your eligible dependents, even if you are not covering your dependents under your medical, dental or vision plans
- **\$500 Rollover Provision** – participating active employees are allowed to rollover a maximum of \$500 unused FSA dollars to the next plan year; this rollover provision is in addition to the \$2,550 that you may contribute for the 2017 plan year. Any amount greater than \$500 will be forfeited.
- Rollover Provision applies to **Healthcare Spending Account ONLY**
- If you and your spouse/partner participate in an FSA plan, remember your annual contribution collectively can not exceed the IRS limit of \$2,550.

Flexible Spending Accounts



Important: Flexible Spending Accounts *have restrictions, and cannot be used if you claim these type of expenses on your annual tax returns. Consult your tax preparer in making your determination, before enrolling.*

Dependent Care Spending

Used to pay for non-medical day care expenses for your eligible dependent child(ren) up to age 13, elder dependent and disabled dependents (incapable of self support).

- Set aside up to **\$5,000** before taxes per year for qualified dependent care expenses
- Funds are available upon deduction from your paycheck
- The IRS limit for pre-tax contributions to your dependent care account is \$5,000 per household
- You can only be reimbursed up to the amount that is in your account at the time you submit a claim

Annual Plan Limits:

Minimum Contribution \$200

**Maximum Contribution \$2,550 Health Care
\$5,000 Dependent Care**

All expenses incurred during the current plan year must be submitted for reimbursement by March 31, 2017.

For more information on how these plans work and which expenses are eligible, visit www.myuhc.com "Flexible Spending Accounts".





Life and 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) <i>Does not cover a death resulting from illness or natural causes.</i>	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* <u>Employee</u>	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
<u>Spouse</u>	You may purchase up to \$150,000, in increments of \$5,000. Any amount greater than \$50,000 will require EOI <i>(cannot exceed 50% of employee elected supplemental amount).</i>	Employee paid
<u>Child(ren)</u>	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

United Healthcare Specialty Benefits



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) <i>Disabilities caused by mental illness or substance abuse have a limited benefit period of 12 months per disability.</i>
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.
<i>* These benefits may also be reduced by any other income that you may be receiving (i.e. social security or workers' compensation, etc.)</i>	

AFLAC

More information available
by calling (800) 433-3036
Policy # 0000012663

Accident, Critical Illness, and Hospital Indemnity supplemental coverage available; for details and bi-weekly rates please click the [AFLAC Brochure](#) link. Please complete the [application](#), if enrolling.

Employee paid

5

**What will the plans
cost this year?**

What is My contribution toward My Health Plan(s)?

Medical Plans	Basic Option		High Option	
	<u>Total Monthly Rates</u>	<u>Employee Bi-weekly Rates</u>	<u>Total Monthly Rates</u>	<u>Employee Bi-weekly Rates</u>
Employee Only	\$525.97	\$29.13	\$580.91	\$53.62
Employee + Child(ren)	\$1,025.58	\$85.20	\$1,132.75	\$146.39
Employee + Spouse	\$1,100.32	\$126.96	\$1,215.31	\$196.32
Employee + Family	\$1,606.06	\$185.31	\$1,773.87	\$286.55

Dental Plan	<u>Total Monthly Rates</u>	<u>Employee Bi-weekly Rates</u>
Employee Only	\$38.04	\$1.93
Employee + Child(ren)	\$74.18	\$5.82
Employee + Spouse	\$79.59	\$7.71
Employee + Family	\$116.17	\$12.33

Vision Plan	<u>Total Monthly Rates</u>	<u>Employee Bi-weekly Rates</u>
Employee Only	\$5.40	\$0.27
Employee + Child(ren)	\$9.52	\$0.75
Employee + Spouse	\$10.22	\$0.99
Employee + Family	\$14.90	\$1.58

These rates are effective January 1 - December 31, 2016

Retirement Savings Plan

Participating in a retirement savings plan is one of the best investments you can make towards your future.

MSM provides a generous seven (7) percent contribution toward your retirement readiness for employees in **certain employment classifications*** and **after 90 days of continuous employment** (**residents, postdoc fellows and research scholars do not qualify*).

Start immediately

Start saving for retirement with your first paycheck. You decide how much you want to contribute to the plan, and the deduction is automatically taken out of your paycheck.

Maximize your dollar

Your contributions are pre-taxed; therefore, it reduces your taxable income, and you pay less in taxes.

Entry Date: Employees may enroll or makes changes to their enrollment at any time.

Salary Deferrals: You may defer 1% to 100% of your compensation on a before tax basis. The Internal Revenue Service (IRS) sets maximum deferral limits, which may change each year. Please refer to the [2016 IRS COLA Table](#) for details.

Vesting: You are always vested in the contributions you make; however, those that you receive from MSM vest after 24 months of continuous employment.

Catch-up Contributions: Over the age of 50 (or will attain age 50 by the end of the calendar year, and have or will reach the initial maximum deferral limit, you may make additional contributions to the Plan. [Please see IRS table for current year limit.](#)

Retirement Savings continued

Not certain how to start or how much you should contribute?
Visit www.tiaa-cref.org to learn more about retirement readiness, and how you can grow your retirement account (s), to include investment options and assigning beneficiaries on your account(s).

Rollover(s): from previous 401(a)Plan, 403(b) Plan, or an IRA are accepted into the plan.

Loans: MSM plans permits loans. The minimum amount that can be requested is \$1,000. The maximum number of outstanding loans at any given time is one (1). The interest rate applicable is the prime rate, as found in the Wall Street Journal on the date the loan, plus 1%. Non-residential loans must be repaid within five (5) years; residential loans must be repaid in no more than fifteen (15) years.

Distributions: May be taken from the 403(b) plan only for the following qualifying events: termination of employment, attainment of age 59 ½, retirement, permanent disability or death. Distribution options are determined based on the Individual Agreements for which you invested. Financial hardship withdrawals are available if you qualify (based on the IRS definition of hardship).

Ready to contribute towards your retirement?

Complete the [**Retirement Plan Enrollment Form**](#), to start your salary deferral(s).

Time Away from Work

2016 Holidays

MSM provides eleven paid holidays throughout the year. Please see the [Holidays Listing](#) for details.

Vacation

You accrue time or receive an allocation of days starting your first month of regular employment. If you work less than full time, vacation is credited on a prorated basis.

Note: *You are eligible to receive paid vacation time after completion of 90 day introductory period. There is a limit on the amount of vacation time you may accumulate, and all vacation time not used by June 30, will be forfeited.*

Vacation Accrual Schedule*

Years of Service	Bi-Weekly Accrual Rate 37.5 hr/wk Staff	Bi-Weekly Accrual Rate 40 hr/wk Staff	Days per Year
0-3	2:53	3:08	10
4-6	4:20	4:37	15
7-8	5:46	6:09	20
9 +	6:21	6:46	22

Faculty and Executives Allocation*

Annual	165:00	176:00	22 days
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Residents Annual Allocation*

Annual	112:30	N/A	15 days
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*Time is listed in hh:mm format



Time Away from Work continued

Sick Leave

Sick time hours are accrued on a bi-weekly schedule. For less than full time employees, sick time is accrued on a prorated basis. Sick hours roll over year to year with a maximum number and are not paid out upon termination of employment.

Sick Accrual Schedule*

Employee Class	Bi-weekly Accrual Rate	Approx. Days per Year	Maximum Hours Allowed
37.5 hr/wk Staff	3:28	11	675
40 hr/wk Staff	3:41	11	720
Residents Allocation	N/A	15	112:30

Military Training

You have up to fifteen (15) calendar days each year for military training. This is in addition to vacation. See [Military Leave Policy](#) for full details.

Jury Duty

MSM pays your full salary for regularly scheduled work hours missed due to jury duty. See the [Jury Duty Policy](#) for full details.

Bereavement Leave

You may be eligible to take up to five (5) working days off with pay if you experience the death of a close family member. See the [Bereavement Policy](#) for more details on approved time off for this purpose.

Flexible Work Arrangements

Should we include?

Meet Ben-IQ: Benefits at the speed of life

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

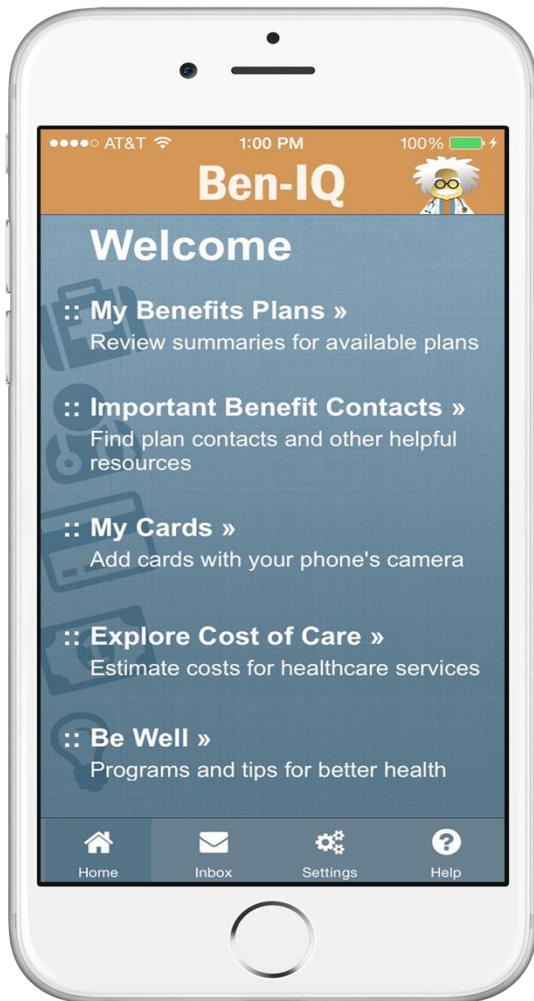
If you have an iPhone, go to the Apple App Store; if you have an Android phone, visit Google Play

2

Search for “Ben-IQ”

3

Download and install the free app



USERNAME: MSM

Health4Me – UHC Mobile App



Health care management resources at your finger tips



United Healthcare Health4Me™ lets you easily access **your** health care information and gives you tools to help estimate costs, manage claims and find providers – anytime and anywhere.

Health4Me

More useful info

Get information to help you stay connected to **your** care management.

- View and share health plan ID cards via email or fax
- Check account balances and benefit amounts
- Collect, track and share past and current **Personal Health Records**
- View and manage claims
- Pay providers for out of pocket expenses

More great tools

Get access to resources to help you get the most out of your benefit plan.

- Estimate costs of common procedures and conditions up front
- Find nearby providers, hospitals and quick care facilities
- Connect to helpful professionals 24/7



The screenshot shows the myuhc.com website. At the top, there's a navigation bar with links like Message Center, Account Settings, Print, Help, Contact Us, Feedback, and Sign Out. Below this is a main navigation bar with tabs: Home, Claims & Accounts, Physicians & Facilities, Pharmacies & Prescriptions, Benefits & Coverage, Personal Health Record, and Health & Wellness. The main content area is titled 'Hello, Chrisdemo' and shows 'My Coverage: Active 01/01/08' with a link to 'More Details'. It also lists 'Plan Name: Choice Plus', 'Group/Acct#: 111111', and 'Member ID: 7891234567'. Under 'Plan Details', there are buttons for 'Account Balances' and 'Benefit Details'. A section for 'Deductible' shows '\$1,000 individual' and '\$3,000 family'. Another section for 'Out-of-Pocket Max' shows '\$3,000 individual' and '\$9,000 family'. The 'myClaims Manager' section features a pie chart titled 'What would you like to do today?' with segments for 'PLAN DISCOUNTS', 'YOUR RESPONSIBILITY', and 'YOUR PLAN PAID'. To the right of the pie chart are numbered buttons: 1. Look up My Benefits, 2. Find a Doctor, 3. Manage My Claims, 4. Manage My Prescriptions, 5. View Account Balances, 6. Estimate Health Care Costs. Other options include 'View Online Statement', 'Print an ID Card', 'Health Assessment', 'Extra Programs & Discounts', and 'Look Up Health Topics'.

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.

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 health'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 1980 (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 above link provides you direct access to MSM's sponsored medical plans copy of the SBC.

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 health's plan notice of HIPPA privacy.

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 coverage](#), which is temporary extension of coverage under the Plan.

Legal Notices continued

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state on the attached list, 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 (877) KIDS-NOW (543-7669) or visit the website at <http://www.insurekidsnow.gov/state/georgia/index.html> 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, as well as eligible under your employer plan, our employer must permit you to enroll in your employer plan if you are not 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 any questions about enrolling in your employer plan, you can contact the Department of Labor electronically at <https://www.dol.gov> or by calling toll free at (866)444-EBSA (3272).

Listing of states as of July 31, 2013, 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/ebsa/>
(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

Legal Notices continued

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>

Legal Notices continued

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.

Please read the full notice as provided in the link above.

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.

Additional Questions?

This is an overview of the benefits plans in effect on January 1, 2016, 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 any time with and without prior notice.

Should you have additional questions, please contact a member of the HR – Benefits Team

Kim Seeley- E: kseeley@msm.edu T: (404) 752-1607

Quinyata Cameron- E: qcameron@msm.edu T: (404) 756-5200

Cassandra Williams- E: cwilliams@msm.edu T: (404) 752-1964

All enrollment/change forms and supporting documentation should be received via benefits@msm.edu within the required time, based on the applicable enrollment/change requested.

Benefits Vendor Listing

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
Department of Human Resources 720 Westview Drive, SW Atlanta, Georgia 30310 404-752-1600 (Office) 404-752-1639 (Fax)	<u>Benefits</u> www.benefits@msm.edu 404-752-1607, 404-752-5200 or 404-752-1964	