

## Annual Open Enrollment ■ Benefit Plan Legal Notices Plan Year July 1, 2018 – June 30, 2019

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### Enclosed Notices:

1. Qualified Status Change Events / Changing Your Pre-Tax Contribution Amount Mid-Year
2. HIPAA Notice of Special Enrollment Rights
3. Women's Health and Cancer Rights Act of 1998
4. Disclosure About the Benefit Enrollment Communications
5. Notice of Non-Discrimination Statement
6. Summary of Notice of Privacy Practices
7. General Notice of COBRA Continuation Coverage Rights
8. Medicaid and the Children's Health Insurance Program (CHIP)
9. Your Prescription Drug Coverage and Medicare

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

**Please see page 13 for more details.**

## Qualified Status Change Events / Changing Your Pre-Tax Contribution Amount Mid-Benefit Year

We sponsor a flexible benefit program that allows you to pay for certain benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation.

*Changes in Family or Employment Status:* Flexible benefit programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the benefit year, July 1<sup>st</sup>. The IRS permits you to change your pre-tax contribution amount during the middle of the benefit year only if you experience a change in status, which includes the following:

1. An employee's marriage, divorce, legal separation or annulment.
2. The death of an employee's spouse or a dependent.
3. The birth, adoption, placement for adoption, or legal guardianship of a child.
4. The commencement or termination of employment by the employee's spouse.
5. A change from part-time to full-time employment status or vice versa by the employee or the employee's spouse except for a Health Care Flexible Spending Account (HCFSA). A HCFSA may not be changed in the event of a change in the employee's status from part-time to full-time or vice versa.
6. An update leave of absence taken by either the employee or the employee's spouse.
7. A significant change in an employee or spouse's health coverage that is attributable to the spouse's employment.

*IRS Consistency Rules:* The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and he/she loses employer-sponsored coverage, you may elect coverage for yourself and your spouse under our program.

Many events do not necessarily affect eligibility for coverage per se. For example, the request to decrease a health care FSA due to losing a dependent would not be permissible, if the employee still remains eligible for the health care FSA election. In the event of a marital or employment status change, an employee may drop the election only if he or she actually enrolls in the spouse or dependent's plan.

Please review the [CMU Choices](#) flexible benefit program for details on when the program allows you to elect or cancel coverage, add or drop dependents, and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program.

*Prospective Election Changes:* Election changes must be made using the [Status Change Request form](#), which is a salary reduction agreement. Both funding and coverage for a qualifying status change must be on a prospective basis except for the retroactive enrollment that applies in the case of an election made within 30 calendar days of a birth, adoption or place for adoption.

All status changes except for birth, adoption and placement of adoption must be executed prospectively. For example, in the case of a marriage, spousal coverage would be effective only after the date of the status change event, if the request is made within 30 calendar days of the event and after a status change form is completed. The start date of coverage for a prospective status change will be the first day in the effective pay period, which may or may not be the actual date of the status change event.

*Separation from Service:* An employee who terminates employment may revoke the benefit elections and stop receiving benefits. However, if he or she returns as an employee of CMU during the benefit year (July 1 – June 30), a new benefit elections can't be made for the remainder of the benefit year.

*Cessation of Required Contributions:* **CMU Choices** can terminate coverage if an employee fails to make the required premium payments for the benefits elected and the employee may not make new elections for the remainder of the benefit year (July 1 – June 30).

*Plan Coverage Changes:* An employee may also change to a *similar* health plan if a third party provider of health benefits *significantly* curtails or stops providing health coverage during the plan year.

*Status Changes for Life Insurance and Disability:* An employee can increase or decrease coverage in the event of a change in status in all events listed above.

*Health Care Flexible Spending Accounts:* Plan cost and coverage provisions (see above) do not apply to Health Care Flexible Spending Accounts. In addition, IRS final regulations clarify that if an employee goes from full-time to part-time status or part-time to full-time status, he or she may not change the health care FSA election. Despite going part-time, the employee remains eligible to participate in the flexible spending account plan.

**YOU MUST CONTACT HUMAN RESOURCES / BENEFITS & WELLNESS OFFICE, 108 ROWE HALL, WITHIN 30 CALENDAR DAYS OF A STATUS CHANGE.**

**ACTUAL START DATE OF COVERAGE WILL DEPEND ON THE STATUS CHANGE AND IF IT IS ELIGIBLE FOR A RETROACTIVE ELECTION.**

**IF POSSIBLE, CONTACT THE BENEFITS & WELLNESS OFFICE PRIOR TO AN ANTICIPATED STATUS CHANGE SO WE CAN WORK WITH YOU TO DETERMINE THE EFFECTIVE DATE OF COVERAGE.**

### **HIPAA 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 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 calendar 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 calendar days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact the Benefits & Wellness office at 989-774-3661.

The Children's Health Insurance Program Reauthorization Act of 2009 added the following two special enrollment opportunities:

- The employee's or dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

It is your responsibility to notify the Benefits & Wellness office within 60 calendar days of the loss of Medicaid or CHIP coverage, or within 60 calendar days of when eligibility for premium assistance under Medicaid or CHIP is determined. More information on CHIP is provided later in this document.

## **Women’s Health and Cancer Rights Act of 1998**

The Women’s Health and Cancer Rights Act (WHCRA) of 1998 is also known as “Janet’s Law.” This law requires that our health plan provide coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Benefits will be payable on the same basis as any other illness or injury under the health plan, including the application of appropriate deductibles, coinsurance and copayment amounts. Please refer to your benefit plan booklet for specific information regarding deductible and coinsurance requirements. If you need further information about these services under the health plan, please contact the Customer Service number on your member identification card.

## **Disclosure About the Benefit Enrollment Communications**

The benefit enrollment communications contain a general outline of covered benefits and do not include all the benefits, limitations and exclusions of the benefit programs. If there are any discrepancies between the illustrations contained herein and the benefit proposals or official benefit plan documents, the benefit proposals or official benefit plan documents prevail. See the official benefit plan documents for a full list of exclusions. Central Michigan University reserves the right to amend, modify or terminate any plan at any time and in any manner.

## **Notice of Non-Discrimination Statement**

Central Michigan University complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Central Michigan University does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Central Michigan University:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters; and
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters; and
  - Information written in other languages

If you need these services, contact Benefits & Wellness office at 989-774-3661 or [benefits@cmich.edu](mailto:benefits@cmich.edu).

If you believe that Central Michigan University has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Benefits & Wellness Office, 108 Rowe Hall, Mt Pleasant MI 48859, 989-774-3661 phone, 989-774-1058 fax or [benefits@cmich.edu](mailto:benefits@cmich.edu) email.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, The CMU Benefits & Wellness office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or telephone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019 or 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Central Michigan University Flexible Benefit Plan**  
**Summary of Notice of Privacy Practices**

*This is a summary of our Central Michigan University Flexible Benefit Plan Notices of Privacy Practices and describes how as the sponsor of self-funded group health plans we may use and disclose your protected health information (PHI) and how you can access this information. Please review this information carefully.* This Summary applies to Human Resources – Benefits and Wellness, which is responsible for the administration of the self-funded group health benefits offered under the Plan. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires that we protect the privacy of health information that identifies individuals covered under our self-funded health plans, or when there is reasonable basis to believe the information can be used to identify an individual. This notice describes your rights as someone covered under CMU’s self-funded health plans and obligation regarding the use and disclosure of PHI. Individuals covered under an insured coverage are subject to the Notice of Privacy Practices issued by the insurer with respect to that coverage.

We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you (e.g. catalog or telemarketing firms). We must have your authorization to use or disclose your PHI, except for the use and disclosures described below.

<b>USES AND DISCLOSURES</b>	
Uses and Disclosures Statement	
<ul style="list-style-type: none"> <li>• We may use or disclose your PHI without your authorization or opportunity to agree or object, to provide for your treatment, to pay benefits, and to operate CMU’s health plan.</li> <li>• Other uses and disclosures can be made without your authorization or opportunity to agree or object, e.g., if the law requires us to disclose information to government authorities, such as law enforcement agencies request for information or to response to subpoenas.</li> <li>• In most situations not associated with payment, treatment, or operations, we may use or disclose your PHI only with your written authorization.</li> </ul>	
<b>Examples of Uses and Disclosures for Treatment</b>	<b><i>Authorization Not Required</i></b>
<ul style="list-style-type: none"> <li>• We may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and in certain cases to designated family members) who request it in connection with your eligibility for treatment or for claims processing.</li> <li>• We may disclose PHI when you need a prescription, lab work, an x-ray or other health care services.</li> <li>• If you are referred to a physician or new provider, we may disclose PHI relating to your eligibility and enrollment to your new physician/provider or to the health plan.</li> </ul>	
<b>Examples of Use and Disclosures to/for Payment Purposes</b>	<b><i>Authorization Not Required</i></b>
<ul style="list-style-type: none"> <li>• We may use and disclose your PHI for payment related activities and those of health care providers and other health plans including, for example: <ul style="list-style-type: none"> <li>○ Obtain medical information from your health care provider in order to evaluate and pay claims for benefits;</li> <li>○ Submit PHI to other insurers that cover you for coordination of benefit purposes; and</li> <li>○ Respond to inquiries relating to payment and to resolve benefit appeals.</li> </ul> </li> </ul>	
<b>Examples of Uses and Disclosures to Operate the Health Plan</b>	<b><i>Authorization Not Required</i></b>
<ul style="list-style-type: none"> <li>• We may mail an explanation of benefits containing PHI to the participating employee to describe benefits provided and amounts paid by the plan.</li> <li>• We may leave telephone message asking that you return our call.</li> <li>• We may use and disclose your PHI to audit billing processes. We may also use or disclose your PHI to complete underwriting, rating, and reinsurance activities, except we will not use genetic information for use purposes.</li> <li>• We may share PHI with organizations that provide disease management or wellness counseling services.</li> <li>• We may communicate with you about your treatment alternatives or about other health related benefits and services that we offer. Other communications that are considered marketing require your authorization.</li> </ul>	

<b>YOUR RIGHTS</b>
<p>You have the following rights regarding your PHI, and HR – Benefits &amp; Wellness must generally act on your written request within 60 days.</p> <ul style="list-style-type: none"> <li>• You may request restrictions on certain uses and disclosures of PHI, but we are not required to agree to a requested restriction.</li> <li>• You may request access to PHI in alternative communication format and/or location.</li> <li>• You may request that you receive confidential communication of PHI.</li> <li>• You may request to inspect and receive a copy of your PHI.</li> <li>• You may request that your information be amended.</li> <li>• You may request a copy of our Notices of Privacy Practices on paper or in an alternative format, e.g. electronic.</li> <li>• You may revoke an authorization, except to the extent that we have taken action on it.</li> </ul>
<b>OUR RESPONSIBILITIES</b>
<ul style="list-style-type: none"> <li>• The law requires that HR – Benefits &amp; Wellness maintain the privacy of PHI.</li> <li>• The law requires that we provide notice of our privacy practices.</li> <li>• The law requires that we notify affected individuals of any breach of unsecured PHI.</li> <li>• The law requires us to abide by the terms of the Notice of Privacy Practices and provide notice of revisions.</li> </ul>
<b>QUESTIONS/CONCERNS</b>
<p>For more information, or a copy of the entire Notice of Privacy Practices, contact the Privacy Officer, Central Michigan University Benefits &amp; Wellness, 108 Rowe Hall, Mt. Pleasant, MI 48859, (989) 744-3661, TTY (989) 774-6566, or <a href="http://www.hipaa.cmich.edu">www.hipaa.cmich.edu</a>.</p>
<b>COMPLAINTS</b>
<p>If you believe your privacy rights have been violated, you may submit a complaint in writing to: Central Michigan University HIPAA Complaint Officer, Office of General Counsel, Central Michigan University, Mount Pleasant, MI 48859, (989) 774-3971, or to the U.S. Department of Health and Human Services (<a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html">http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html</a>). No one will retaliate against you for filing a complaint.</p>

Revised and Effective September 23, 2013

## General Notice Of COBRA Continuation Coverage Rights

You're receiving this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description (referred to as "CMU Choices Plan Document") or contact Central Michigan University (referred to as the "Plan Administrator").

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

**What is COBRA continuation coverage?** COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;

- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

**When is COBRA continuation coverage available?** The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.** You must provide this notice to: Central Michigan University, Benefits & Wellness Office either in person at 108 Rowe Hall, Mt. Pleasant, MI 48559, by calling (989) 774-3661, sending a fax to (989) 774-1058 or email to [benefits@cmich.edu](mailto:benefits@cmich.edu).

**How is COBRA continuation coverage provided?** Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

**Disability extension of 18-month period of COBRA continuation coverage.** If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You or a covered dependent must provide the Plan Administrator in writing on or before the 60th day after the latest of: (a) the date of the Social Security Administration’s disability determination, (b) the date on which the employment-related Qualifying Event occurred, or (c) the date on which the Qualified Beneficiary lost Plan coverage as a result of the Qualifying Event. The disability notice must include the name of the disabled person, the effective date of the Social Security Administration’s disability determination, and a copy of the Social Security disability determination.

**Second qualifying event extension of 18-month period of continuation coverage.** If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to

Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?** Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

**If you have questions.** Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

**Keep your Plan informed of address changes.** To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

#### **Plan contact information**

Name of Entity/Sender:	Central Michigan University
Contact--Position/Office	Benefits & Wellness Office
Address:	108 Rowe Hall, Mt. Pleasant, MI 48859
Phone Number:	989-774-3661

## 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](http://www.healthcare.gov).

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

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

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

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**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 January 31, 2017. Contact your State for more information on eligibility –**

### **ALABAMA – Medicaid**

Website: [www.myalhipp.com](http://www.myalhipp.com)

Phone: 1-855-692-5447

### **ALASKA – Medicaid**

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicare Eligibility:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

### **Arkansas – Medicaid**

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

### **COLORADO – Health First Colorado (Medicaid) & Child Health Plan Plus (CHP+)**

Health First Colorado:

Website: <https://www.healthfirstcolorado.com/>

Member Contact Center: 1-800-221-3943/ State Relay 711

CHP+:

Website: [Colorado.gov/HCPF/Child-Health-Plan-Plus](http://Colorado.gov/HCPF/Child-Health-Plan-Plus)

Customer Service: 1-800-359-1991/ State Relay 711

### **FLORIDA – Medicaid**

Website: <http://flmedicaidprecovery.com/hipp/>

Phone: 1-877-357-3268

### **GEORGIA – Medicaid**

Website: <http://dch.georgia.gov/medicaid>

Click on Health Insurance Premium Payment (HIPP)

Phone: 1-404-656-4507

### **INDIANA – Medicaid**

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.hip.in.gov>

Phone: 1-877-438-4479

All other Medicaid

Website: <http://www.indianamedicaid.com>

Phone: 1-800-403-0864

### **IOWA – Medicaid**

Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

Phone: 1-888-346-9562

### **KANSAS – Medicaid**

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-785-296-3512

### **KENTUCKY – Medicaid**

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: 1-800-635-2570

### **LOUISIANA – Medicaid**

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>

Phone: 1-888-695-2447

### **MAINE – Medicaid**

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003

TTY: Maine relay 711

### **MASSACHUSETTS – Medicaid and CHIP**

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-462-1120

**MINNESOTA – Medicaid**

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

Phone: 1-800-657-3739

**MISSOURI - Medicaid**

Website:

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Telephone: 1-800-694-3084

**NEBRASKA – Medicaid**

Website: [http://dhhs.ne.gov/Children\\_Family\\_Services/AccessNebraska/Pages/accessnebraska\\_index.aspx](http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx)

Phone: 1-855-632-7633

**NEVADA – Medicaid**

Medicaid Website: <http://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>

Phone: 1-603-271-5218

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 1-609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

**NEW YORK – Medicaid**

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)

Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid and CHIP**

Website: <https://dma.ncdhhs.gov/>

Phone: 1-919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>

Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid**

Website: <http://www.eohhs.ri.gov/>

Phone: 1-401-462-5300

**SOUTH CAROLINA – Medicaid**

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: <https://www.gethipptexas.com/>

Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

**VERMONT– Medicaid**

Website: <http://www.greenmountaincare.org/>

Telephone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Medicaid Website:

[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

Medicaid Phone: 1-800-432-5924

CHIP Website:

[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

CHIP Phone: 1-855-242-8282

**WASHINGTON – Medicaid**

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>

Phone: 1-800-562-3022, ext.15473

**WEST VIRGINIA – Medicaid**

Website:

<http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>

Phone: 1-877-598-5820, HMS Third Party Liability

**WISCONSIN – Medicaid**

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <https://wyequalitycare.acs-inc.com/>

Telephone: 1-307-777-7531

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To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor, Employee Benefits Security Administration: [www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
Phone: 1-866-444-EBSA (3272)
- U.S. Dept. of Health and Human Services, Centers for Medicare & Medicaid Services:  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
Phone: 1-877-267-2323, menu option 4, extension 61565

OMB Control Number 1210-0137 (expires 12/31/2019)

# Important Notice from Central Michigan University 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 Central Michigan University (CMU) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Central Michigan University has determined that the prescription drug coverage offered by Blue Cross Blue Shield, CVS/Caremark and MESSA are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Central Michigan University coverage will not be affected. Just like Medicare Parts A & B, you (or your dependent) do not have to enroll in Medicare Part D if you or your dependents are enrolled in the insurance through Central Michigan University.

If you do decide to join a Medicare drug plan and drop your current Central Michigan University coverage, be aware that you and your dependents may not be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Central Michigan University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the office listed below for further information. **NOTE:** You'll get this notice each year. You will also get it if this coverage through Central Michigan University changes. You also may request a copy of this notice at any time.

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

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

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your state Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	July 1, 2018 – June 30, 2019
Name of Entity/Sender:	Central Michigan University
Contact--Position/Office	Benefits & Wellness Office
Address:	108 Rowe Hall, Mt. Pleasant, MI 48859
Phone Number:	989-774-3661