Notice of Patient Protection
The University's Healthy Blue Living HMO Plan through Blue Care Network (BCN) requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the BCN network and who is available to accept you or your family members. Until you make this designation, BCN designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact BCN at 1-800-662-6667.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from BCN or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact BCN at 1-800-662-6667.

Women’s Health and Cancer Rights Act (WHCRA) of 1998
The Women’s Health and Cancer Rights Act of 1998, a federal law, provides certain rights to participants who have undergone a mastectomy. Specifically, a group health plan must provide benefits for all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction for the other breast to produce a symmetrical appearance, prostheses and treatment of physical complications relating to all stages of the mastectomy, including lymphedemas. Benefits for these items are generally comparable to those provided for similar types of medical services and supplies, and will be provided in a manner determined in consultation with the attending provider and the patient.

COBRA Continuation Coverage
Under federal COBRA law, currently covered employees, spouses, and dependents have the right to continue medical, wellness, dental, vision, FSA, and EAP coverage due to a qualifying event, such as termination of employment, reduction in scheduled hours, or disability as determined by the Social Security Act. In addition, spouses and/or dependents may be eligible for qualifying events such as death of the covered employee, divorce or legal separation from a covered employee, dependent child’s loss of medical or dental eligibility due to age, marriage, change in student status, or covered employee becoming covered by Medicare. This COBRA coverage may be continued from 18 – 36 months (depending on your individual situation) provided that you pay the monthly premium.

Notice of COBRA insurance continuation eligibility is mailed to the eligible person soon after the employer is notified that a qualifying event has occurred. Thereafter, there are specific deadlines in which a person has to elect the coverage and make premium payments. Contact Human Resources for additional information.
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).

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 August 10, 2017. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Program Details</th>
</tr>
</thead>
</table>
| ALABAMA – Medicaid | Website: http://myahipp.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  
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx |
| ARKANSAS – Medicaid | Website: http://myarhipp.com/  
Phone: 1-855-MyARHIP (855-692-7447)                   |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) | Health First Colorado Website: https://www.healthfirstcolorado.com/  
Health First Colorado Member Contact Center:  
1-800-221-3943/ State Relay 711  
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus  
| FLORIDA – Medicaid | Website: http://flmedicaidtplrecovery.com/hipp  
Phone: 1-877-357-3268               |
| GEORGIA – Medicaid | Website: http://dch.georgia.gov/medicaid  
- Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507               |
| IOWA – Medicaid | Website: http://dhss.arkansas.gov/ime/members/medicaid  
Phone 1-800-403-0864               |
| 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://dhhs.louisiana.gov/index.cfm/subhome/1/n/331  
Phone: 1-888-695-2447               |
| NEW HAMPSHIRE – Medicaid | Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf  
Phone: 603-271-5218               |
| NEW JERSEY – Medicaid | Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/  
Medicaid Phone: 609-631-2392  
CHIP Website: http://www.njfamilycare.org/index.html  
CHIP Phone: 1-800-701-0710               |
| NEW YORK – Medicaid | Website: https://www.health.ny.gov/health_care/medicaid/  
Phone: 1-800-541-2831               |
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Phone</th>
<th>Medicaid Website</th>
<th>CHIP Phone</th>
<th>CHIP Website</th>
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<tbody>
<tr>
<td>MAINE – Medicaid</td>
<td>1-800-442-6003</td>
<td><a href="http://www.maine.gov/dhhs/ot/public-assistance/index.html">Website</a></td>
<td>TTY: Maine relay 711</td>
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<tr>
<td>NORTH CAROLINA – Medicaid</td>
<td>919-855-4100</td>
<td><a href="https://ncdhhs.gov/">Website</a></td>
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<td>MASSACHUSETTS – Medicaid and CHIP</td>
<td>1-800-862-4840</td>
<td><a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">Website</a></td>
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<tr>
<td>NORTH DAKOTA – Medicaid</td>
<td>1-844-854-4825</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">Website</a></td>
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<tr>
<td>MINNESOTA – Medicaid</td>
<td>1-800-657-3739</td>
<td><a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">Website</a></td>
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<td>OKLAHOMA – Medicaid and CHIP</td>
<td>1-888-365-7422</td>
<td><a href="http://www.insureoklahoma.org">Website</a></td>
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<td>MISSOURI – Medicaid</td>
<td>573-751-2005</td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">Website</a></td>
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<tr>
<td>OREGON – Medicaid</td>
<td>1-800-699-9075</td>
<td></td>
<td><a href="http://www.oregonhealthcare.gov/index-es.html">Website</a></td>
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<td>MONTANA – Medicaid</td>
<td>1-800-693-3084</td>
<td>[Website](<a href="http://dphhs">http://dphhs</a> mt.gov/MontanaHealthcarePrograms/HIPP)</td>
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<tr>
<td>PENNSYLVANIA – Medicaid</td>
<td>1-800-549-0820</td>
<td><a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">Website</a></td>
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<tr>
<td>NEBRASKA – Medicaid</td>
<td>855-697-4347</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">Website</a></td>
<td>(855) 632-7633</td>
<td>(402) 595-1178</td>
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<tr>
<td>RHODE ISLAND – Medicaid</td>
<td>855-697-4347</td>
<td><a href="http://www.eohhs.ri.gov/">Website</a></td>
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<td>NEVADA – Medicaid</td>
<td>1-800-992-0900</td>
<td><a href="https://dwss.nv.gov/">Website</a></td>
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<tr>
<td>SOUTH CAROLINA – Medicaid</td>
<td>1-888-549-0820</td>
<td><a href="https://www.scdhhs.gov">Website</a></td>
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<tr>
<td>SOUTH DAKOTA – Medicaid</td>
<td>1-800-692-7462</td>
<td><a href="http://health.utah.gov/chip">Website</a></td>
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<td>WASHINGTON – Medicaid</td>
<td>1-800-562-3022 ext. 15473</td>
<td><a href="http://www.hca.wa.gov/freehealthcare/">Website</a></td>
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<tr>
<td>TEXAS – Medicaid</td>
<td>1-855-MyWVHIPP (1-855-699-8447)</td>
<td><a href="http://gethipptexas.com">Website</a></td>
<td>Toll-free phone: 1-855-MyWVHIPP</td>
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<tr>
<td>WISCONSIN – Medicaid and CHIP</td>
<td>1-800-362-3002</td>
<td><a href="http://health.uta.gov/chip">Website</a></td>
<td><a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">Website</a></td>
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<tr>
<td>VERMONT – Medicaid</td>
<td>307-777-7531</td>
<td><a href="http://www.greenmountaincare.org">Website</a></td>
<td><a href="https://vymccare.org/index.html">Website</a></td>
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<tr>
<td>WYOMING – Medicaid</td>
<td>1-800-250-8427</td>
<td><a href="http://www.greenmountaincare.org">Website</a></td>
<td><a href="https://vymccare.org/index.html">Website</a></td>
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</table>

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
[Website](http://www.cms.hhs.gov)
1-877-267-2323, Menu Option 4, Ext. 61565
Medicare Part D Notification

Important Notice from Western Michigan University About
Your 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 Western Michigan University 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 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. Western Michigan University has determined that the prescription drug coverage offered by the University is, on average, 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.

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 15th to December 7th. 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 Western Michigan University coverage will be affected. Medicare eligible individuals enrolled in health insurance through Western Michigan University are covered by the University’s prescription drug plan. A summary of benefits is available at www.wmich.edu/hr or by contacting Human Resources. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your current Western Michigan University prescription drug coverage, be aware that you and your dependents will 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 Western 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 Human Resources for further information at (269) 387-3620. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through WESTERN 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
- 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, 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: October 1, 2017
Name of Entity/ Sender: Western Michigan University
Contact Position/Office: Human Resources
Address: 1903 W. Michigan Avenue, Kalamazoo, MI 49008-5217
Phone Number: (269) 387-3620

CMS Form 10182-CC
Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
Notice Regarding Wellness Program

Western Wellness is a voluntary wellness program available to all eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive as a reduction in your health plan contributions for completing an online health risk assessment, biometric screening and a health coaching session. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the reduction in health plan contributions.

No additional incentives are available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Holtyn & Associates at (269) 377-0198.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. Some of the wellness programs may be found on campus or through use of the Student Recreation Center and West Hills Athletic Club. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information
We are required by law to maintain the privacy and security of your personally identifiable health information. Although Western Wellness and Western Michigan University may use aggregate information it collects to design a program based on identified health risks in the workplace, Western Wellness and its providers will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is(are) your "health coach" in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at (269) 387-3620.