

ANNUAL NOTIFICATION REQUIREMENTS

IMPORTANT NOTICE TO HEALTH PLAN PARTICIPANTS AND COVERED FAMILY MEMBERS

Important Notice from Wilkes University \$ E R X W
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 Wilkes University and about your options under Medicare's prescription drug coverage. This information can help you decide whether

If you do decide to join a Medicare drug plan and drop your current Wilkes University coverage, be aware that you and your dependents may 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 Wilkes 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 person listed below for further information. 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 Wilkes 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 a coge.(a)4 (ns a)t. (a)4More(e)4 (E (t)-2 (he)4 (TB [(D)-2

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

available.

CHIP, and you think you or any of your dependents
or CHIP office or dial 877-

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 1-800-457-4584 Website: http://www.in.gov/fssa/hip/ Phone: 1877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid

Medicaid Website:

<https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1800-338-8366

Hawki Website:

<http://dhs.iowa.gov/Hawki>

Hawki Phone: 1800-257-8563

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To see if any other states have established a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 10413) (PRA), no persons are required to respond to a collec

NOTICE OF HIPAA SPECIAL ENROLLMENT RIGHTS

This notice is being provided to make certain that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage 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 (the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth, or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after marriage, birth, or placement for adoption.

Example When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

Name	Katherine Malcolm
Address	84 W South Street
City, State, Zip	Wilkes-Barre, PA 18766
Telephone	(570) 408-4644

The Newborns' and Mothers' Health Protection Act
PLAN YEAR

The Newborns and Mothers Health Protection Act of 1996 (NMHPA) provides protection for mothers and newborn children relating to the length of their hospital stay following childbirth.

Group health plans and health insurance issuers may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery, or 96 hours following a delivery by cesarean section.

However, the attending provider may decide, after consulting with the mother, to discharge the mother and her newborn earlier than 48-hour (or 96-hour as applicable). A plan cannot deny a mother or her newborn coverage for a 48-hour stay (or 96-hour stay) because the plan claims that the mother or her attending provider has failed to show that the 48-hour stay (or 96-hour stay) is medically necessary.

However, plans generally can require an individual to notify the plan of the pregnancy in advance of an admission in order to use certain providers or facilities or to reduce the individual's out-of-pocket costs.

Patient Protection Disclosure
PLAN YEAR

Wilkes University generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your

Privacy Notice

Wilkes University

Human Resources Department

Attn: Plan Administrator

84 W South St

Wilkes-Barre, PA 18766

Phone: (570) 408-6444

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Your information... your rights... our responsibilities

This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your health, dental, and claims records
- Correct your health, dental, and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care and dental care treatment you receive
- Run our organization
- Pay for your health and dental services
- Administer your health and dental plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

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In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health and dental information in the following ways.

Help manage the health care treatment you receive

We can use your health and dental information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan, so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health and dental information about you to develop better services for you.

Pay for your health and dental services

We can use and disclose your health and dental information as we pay for your health and dental services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health and dental information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

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IMPORTANT NOTICE TO HEALTH PLAN PARTICIPANTS
AND COVERED FAMILY MEMBERS
PLAN YEAR 2

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and patient, for:

- ™ All stages of reconstruction of the breast on which the mastectomy has been performed;
- ™ Surgery and reconstruction of the other breast to provide a symmetrical appearance; and
- ™ Protheses; and
- ™ Treatment of physical complications of the mastectomy; including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other