Open Enrollment Notices for Participants in Grandfathered Group Health Plans

Date of Notice: November 15, 2012
First Day of Plan Year after 9/23/10: January 1, 2013
Plan Administrator/Employer Contact: Muhlenberg College, Human Resources Department
(484) 664-3165

Grandfathered Plan Notice
This group health plan believes this is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Employer contact shown above. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Special Enrollment Rights Notice
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Lifetime Limits Notice
The lifetime limit on the dollar value of benefits under the Employer’s group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact the Employer contact shown above.

Dependent Child Coverage Notice
Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the employer’s group health plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to the first day of the Plan Year shown below. For more information contact the Employer contact shown above.

Coverage is not available for the child if the child is eligible for other employer-sponsored health coverage (not including coverage available from another parent). Please complete the attached Certification of Eligibility to enroll your child or children in the group health plan.

WHCRA Enrollment Notice
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 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 complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurances apply:

In-Network Services: Covered at 100% after $500 single/$1,000 family deductible.
Out-of-Network Services: Covered at 80% after $1,000 single/$2,000 family deductible.

If you would like more information on WHCRA benefits, call your Plan Administrator, Maryruth Olsheski at 484-664-3065 or olshefsk@muhlenberg.edu
**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 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 listed below, 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 by dialing 1-877-KIDS NOW or www.insurekidsnow.gov 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, your 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 questions about enrolling in your employer plan, you can contact the department of labor or the centers for medicare and medicaid services.

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 july 31, 2012. You should contact your state for further information on eligibility:

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid and CHIP Website</th>
<th>Medicaid Phone</th>
<th>CHIP Website</th>
<th>CHIP Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Jersey</td>
<td><a href="http://www.state.nj.us/humanservices/dm/s/clients/medicaid/">http://www.state.nj.us/humanservices/dm/s/clients/medicaid/</a></td>
<td>1-800-356-1561</td>
<td><a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></td>
<td>1-800-701-0710</td>
</tr>
<tr>
<td>New York</td>
<td><a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a></td>
<td>1-800-541-2831</td>
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<tr>
<td>Pennsylvania</td>
<td><a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a></td>
<td>1-800-692-7462</td>
<td></td>
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</tr>
</tbody>
</table>

To see additional states or see if any more states have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either:

- U.S. Department of Labor
  Employee Benefits Security Administration
  www.dol.gov/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, ext. 61565

**Notice of Availability of Notice of Privacy Practices**

The Muhlenberg College Group Health Plan (the “Plan”) is required by the Health Insurance Portability and Accountability Act of 1996 and its regulations to maintain the privacy of your protected health information (“PHI”) and to provide plan participants with notice of its legal duties and privacy practices with respect to PHI. PHI is any individually identifiable information that is received or maintained by the Plan in electronic, written, or oral form that pertains to your past, present, or future mental or physical condition, the provision of health care services for that condition, and the payment for those services.

The Plan is required by law to tell you:
- The Plan’s uses and disclosures of your PHI;
- The Plan’s duties with respect to your PHI;
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- The person to contact for further information about the Plan’s privacy practices.

A copy of the Notice of Privacy Practices is available to all individuals whose PHI will be used or maintained by the Plan. If you would like a copy of the Plan’s Notice of Privacy Practices, please contact Maryruth Olshefski at 484-664-3065 or olshefsk@muhlenberg.edu