

IMPORTANT NOTICE FROM THE UNIVERSITY OF ALABAMA ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. If you are enrolled in one of The University of Alabama Group Health Plans (UA Plans), this notice has information about your current prescription drug coverage and your options under Medicare's prescription drug coverage.

If you are enrolled in a UA Plan for medical insurance purposes, this notice has information about your current prescription drug coverage under UA Plans. 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 included at the end of the Medicare Part D notice posted in full on the HR website.

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. The University of Alabama has determined that the prescription drug coverage offered by both UA Plans 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.

AN ELECTRONIC COPY OF THIS FULL NOTICE, INCLUDING FAQs, IS AVAILABLE TO REVIEW ON THE HR WEBSITE. SCAN THE QR CODE.

hr.ua.edu/benefits/disclosures



The University of Alabama
Department of Human Resources
Box 870174
Tuscaloosa, AL 35487

YOUR HIPAA 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 The University of Alabama's health 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 days after you or your dependents' other coverage ends (or after the employer stops contributing to the other coverage).

In addition, if you have a new dependent as 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 days after the marriage, birth, adoption, or placement for adoption. Special enrollment rights also may exist if you or your dependents become eligible for Medicaid or a state Children's Health Insurance Program (CHIP)

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ANNUAL DISCLOSURE NOTICES



The University is required by law to provide you with certain notices each year to inform you of your rights and responsibilities with respect to the University's group health plans. Please carefully review all information contained in the notices and share it with your eligible, covered dependents.

A complete copy of each notice is available on the HR website. Scan the QR code for additional information about these notices. You have the right to request and receive (free of charge) complete paper copies of any documents received electronically by contacting the Benefits Office at (205) 348-7732 or hr@ua.edu.

hr.ua.edu/benefits/disclosures



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, 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)**.

To view the full notice with a state-specific list of programs and contact information, scan the QR code below or visit the HR website. The online notice listing eligible states is current as of July 31, 2024. Contact your State for more information on eligibility. To see if any other states have added a premium assistance program since July 31, or for more info on special enrollment rights, contact:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Dept. of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

hr.ua.edu/benefits/disclosures



NOTICE OF PRIVACY PRACTICES FOR UA GROUP HEALTH PLANS AND FLEXIBLE SPENDING ACCOUNTS

The HIPAA Privacy Rule requires group health plans to develop and distribute a Notice of Privacy Practices (or Notice of Health Information Practices) for the University's Group Health Plans administered by Blue Cross and Blue Shield of Alabama and the University's Flexible Spending Accounts administered by Inspira Financial (previously PayFlex) to members enrolled in each plan.

These privacy notices describe the duties and privacy practices of each plan, such as how medical (including pharmacy and wellness) information about you may be used and disclosed, how you can get access to the information, and further explains certain rights you may have (e.g., to request restrictions and confidential communications; to inspect and copy your information; to amend incorrect or incomplete information; to receive a list of disclosures made for certain purposes; to be notified in the event of a breach of your personally identifiable information; and to receive a paper copy of the privacy notice).

Notice of Privacy Practices for all plans are posted on the HR website. In addition, the privacy notices are made available to new enrollees and any eligible employee making a benefits change due to a qualifying life event through a pop-up box in the UA-Benefitfocus dashboard.

To request additional printed copies of the Notices of Health Information Practices for any group health plan or to receive more information about our privacy practices or your rights, please contact:

UA Human Resources Privacy Officer

Phone: (205) 348-5487, Fax: (205) 348-8755
hrprivacyoffice@ua.edu
The University of Alabama, Box 870174, Tuscaloosa, AL 35487

WOMEN'S HEALTH & CANCER RIGHTS ACT

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? Call your Plan Administrator, BlueCross & BlueShield at **(800) 239-5772** for more info.

NOTICE OF INTERNET AVAILABILITY

This printed brochure contains a summary of required annual notices. Complete notices, including required FAQs and reference charts, are available to review on the HR website. Scan a QR code for more information. You also have the right to request and receive (free of charge) paper copies of any documents received electronically by contacting the Benefits Office at **(205) 348-7732** or email hr@ua.edu.

NOTICE OF NON-DISCRIMINATION

The University of Alabama Group Health Plans comply with applicable Federal civil rights laws, University Policy, including the Non-Discrimination and Equal Opportunity Policy Statement, and therefore do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, gender expression, pregnancy, age, genetic or family medical history information, disability, protected veteran status, or any other legally protected basis.

If you need the following services provided by The University of Alabama Group Health Plans, contact Marques Evans, Director of Equal Opportunity Programs. The University will:

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

If you believe the University of Alabama Group Health Plans have 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: Marques Evans, Director of Equal Opportunity Programs, 2418 Capital Hall, Box 870259, Tuscaloosa, AL, 35487, 205-348-5855, marques.b.evans@ua.edu. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Marques Evans 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 phone at:

U.S. Dept. of Health & Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

