



2020 REQUIRED HEALTH PLAN NOTICES

PURPOSE OF THIS DOCUMENT

This packet includes several notices which Federal law requires to be distributed to participants in the Southern Methodist University Health & Wellness Plan (the “Plan”). These notices relate to the health benefits provided under the Plan.

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GENERAL NOTICES

Patient Protection Disclosure

SMU generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our BlueCross BlueShield (BCBS) of Texas provider network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit the BCBS online provider directory at www.bcbstx.com.

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

You do not need prior authorization from SMU 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, visit the BCBS online provider directory at www.bcbstx.com.

Women's Health and Cancer Rights Act

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. Please see the Plan's summary plan description for details of the Plan's deductible, benefit percentage, and copayment requirements.

If you would like more information on WHCRA benefits, visit www.dol.gov/dol/topic/health-plans\womens.htm.

Newborns' & Mothers' Protection Act

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

If you would like more information on the Newborns' & Mothers' Protection Act, visit www.dol.gov/dol/topic/health-plans/newborns.htm

MEDICARE PART D NOTICE

Important Notice from SMU 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 SMU 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.

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.

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

For the \$2,000 Deductible PPO Plan

SMU has determined that the prescription drug coverage offered by SMU's plan 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.

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 through 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-month Special Enrollment Period 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 SMU coverage will be affected. If you enroll for Medicare Part D coverage, you must drop your SMU medical and prescription drug coverage. If you do decide to join a Medicare drug plan and drop your current SMU 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?

If you drop or lose your current coverage with SMU 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 19 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.

MEDICARE PART D NOTICE

For the \$2,800 and \$5,000 Deductible HDHP Plans

SMU has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, NOT expected to pay as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered non-creditable coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from SMU. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

You can keep your current coverage from SMU. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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 through December 7th. However, if you decide to drop your current coverage with SMU, since it is employer-sponsored group coverage, you will be eligible for a two month Special Enrollment Period to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the High Deductible Plan.

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

Since the coverage under SMU's High Deductible Plan is not creditable, depending on how long you go without creditable prescription drug coverage, you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 19 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 SMU coverage will be affected. If you enroll for Medicare Part D coverage, you must drop your SMU medical and prescription drug coverage. If you do decide to join a Medicare drug plan and drop your current SMU coverage, be aware that you and your dependents will not be able to get this coverage back.

For All SMU Plan Options

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

Contact the Benefits Department at the phone number shown below for further information. **NOTE:** You'll get this notice each year before the next period you can join a Medicare drug plan, and if this coverage through SMU 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.

MEDICARE PART D NOTICE

- 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 2019

Name of Entity/Sender: Southern Methodist University

Contact/Office: Department of Human Resources

Address: P.O. Box 750232, Dallas, Texas 75275-0232

Phone Number: 214-768-3311

Remember: Keep this notice. If you enroll in a Medicare-approved plan that offers prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium.

COBRA RIGHTS NOTICE

Continuation Coverage Rights Under COBRA

INTRODUCTION

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

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 when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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 are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happens:

- 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 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. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's

COBRA RIGHTS NOTICE

becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the 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:

Name of Entity: Southern Methodist University

Contact/Office: Department of Human Resources

Address: P.O. Box 750232, Dallas, Texas 75275-0232

Phone Number: 214-768-3311

HOW IS COBRA 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. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

COBRA RIGHTS NOTICE

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 ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), 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 the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep the Plan Administrator informed of 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

Date: October 2019

Name of Entity/Sender: Southern Methodist University

Contact/Office: Department of Human Resources

Address: P.O. Box 750232, Dallas, Texas 75275-0232

Phone Number: 214-768-3311

SPECIAL ENROLLMENT NOTICE

Special Enrollment Rights Notice

A federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we notify you about your right to enroll in the Southern Methodist University Health & Welfare Plan (the “Plan”) under its “special enrollment provisions.”

Generally, you must enroll in the Plan when you become eligible or at open enrollments. However, under HIPAA, you may also enroll in the Plan if any of the following circumstances occurs:

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 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).

Loss of Coverage For Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children’s Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

All questions about special enrollment rights should be directed to:
Southern Methodist University
Department of Human Resources
P.O. Box 750232, Dallas, TX 75275-0232
Phone Number: 214-768-3311

Notice of Privacy Practices

Health and Wellness Plan: Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Southern Methodist University's Pledge to You

This notice is intended to inform you of the privacy practices followed by the **Southern Methodist University ("SMU") and its Health and Wellness Plan** (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on **October 01, 2013**.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. **SMU** requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How SMU May Use Your Protected Health Information

Under the HIPAA Privacy Rule, SMU may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. SMU uses or discloses your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. SMU uses that information in order to determine whether those services are eligible for payment under the SMU group health plan.

Health Care Operations. SMU uses and discloses your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, SMU reviews claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs. Other examples of health care operations include, but are not limited to, (1) contracting for services with business associates; (2) quality assessment and improvement activities; (3) audit services, legal services, and data aggregation; (4) business planning and development; (5) administrative activities relating to compliance; and (6) customer service. SMU is also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition.

However, SMU is prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

Notice of Privacy Practices

Other Uses and Disclosures without Authorization. There are a number of situations that would permit use or disclosure of protected health information without an authorization.

- **As permitted or required by law.** SMU may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by federal, state, or local law.
- **Disclosures for Public Health Activities.**

Public Health Authorities. The Plan may disclose your protected health information to public health authorities who need the information to prevent or control disease, injury, or disability or handle situations where children are abused or neglected.

Food and Drug Administration (FDA). The Plan may disclose protected health information when there are problems with a product that is regulated by the FDA. For instance, when the product has harmed someone, is defective, or needs to be recalled.

Communicable Diseases. The Plan may disclose protected health information to a person who has been exposed to a communicable disease or may be at risk of spreading or contracting a disease or condition.

Employment-Related Situations. The Plan may disclose protected health information to an employer when the employer is allowed by law to have that information for work-related reasons. The Plans may also disclose protected health information for workers' compensation programs.

- **Disclosures about Victims of Abuse, Neglect, or Domestic Violence.** The Plan may disclose protected health information to appropriate authorities if they have reason to believe that a person has been a victim of abuse, neglect, or domestic violence.
- **Disclosures for Health Care Oversight.** The Plan may disclose protected health information so that government agencies can monitor or oversee the health care system and government benefit programs and be sure that certain health care entities are following regulatory programs or civil rights laws like they should.
- **Disclosures for Judicial or Administrative Proceedings.** The Plan may disclose protected health information in a court or other type of legal proceeding if it is requested through a legal process, such as a court order or a subpoena.
- **Disclosures for Law Enforcement Purposes.** As permitted or required by State law, the Plan may disclose your protected health information to a law enforcement official for certain law enforcement purposes as follows: (1) as required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process; (2) for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; (3) under certain limited circumstances, when you are the victim of a crime; (4) to a law enforcement official if the Plan has a suspicion that your death was the result of criminal conduct including criminal conduct at SMU; and (5) in an emergency in order to report a crime.
- **Uses or Disclosures in Situations Involving Decedents.** The Plan may use or disclose protected health information to coroners, medical examiners, or funeral directors so that they can carry out their responsibilities.
- **Uses or Disclosures Relating to Organ Donation.** The Plan may use or disclose protected health information to organizations involved in organ donation or organ transplants.
- **Uses or Disclosures Relating to Research.** The Plan may use or disclose protected health information for research purposes if the privacy of the information will be protected in the research.

Notice of Privacy Practices

- **Uses or Disclosures to Avert Serious Threat to Health or Safety.** The Plan may use or disclose your protected health information to appropriate persons or authorities if there is reason to believe it is needed to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Uses or Disclosures Related to Specialized Government Functions.** The Plan may use or disclose protected health information to the federal government for military purposes and activities, national security and intelligence, or so it can provide protective services to the U.S. President or other official persons.

Pursuant to your Authorization. When required by law, SMU will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures. However, the revocation will not affect any uses or disclosures that have been made with your authorization before it was revoked.

To Business Associates. SMU may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. SMU may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, SMU may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. SMU may disclose protected health information to certain employees of **SMU** for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Notice of Privacy Practices

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for confidential communications must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

SMU is required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

SMU may change our policies at any time and reserve the right to make the change effective for all protected health information that we maintain. In the event that SMU makes a significant change in our policies, SMU will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about SMU's privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Sheri Starkey
Associate Vice President and Chief Human Resource Officer
SMU
PO Box 750232
Dallas TX 75275
214-768-3311
HR@smu.edu

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Health Insurance Marketplace Coverage Options and Your Health Coverage

The Patient Protection and Affordable Care Act (ACA), the significant healthcare reform legislation, was signed into law in 2010. Since key parts of this healthcare law took effect in 2014, there is a new way for some people to access and buy health insurance: the Health Insurance Marketplace. The Marketplace is designed to help those without access to employer-sponsored health insurance find coverage that meets their needs and fits their budget. The ACA requires that employers such as SMU provide their employees with this notice regarding these new Marketplaces. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

If You Currently Participate in or Are Eligible for SMU's Health and Wellness Plans

It's important for you to know that **you will continue to have access to our group medical plans in 2020**. Our plans will remain less expensive to purchase and will provide better benefits than many of the plans that will be available in the Health Insurance Marketplaces. Because our SMU plans provide a level of coverage that meets or exceeds government requirements, you will not qualify for a health insurance tax credit if you purchase coverage in a Marketplace. As a result, most of us will continue to purchase health insurance here at work on a before-tax basis, just as we do now.

However, to meet governmental notice requirements, the remainder of this bulletin provides some basic information about the new Marketplace and your employment based health coverage offered by SMU. **No action is required by you.** This is merely a legally-mandated notice.

If You Are Not Currently Eligible for SMU's Health and Wellness Plans, the Marketplace May Be Beneficial

The Health Insurance Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Depending on your total household income, you may also be eligible for a new tax credit that will lower your monthly premium. Open enrollment for Marketplace health insurance coverage begins in November 2019 with coverage starting as early as January 1, 2020.

Can I Save Money on my Health Insurance in the Marketplace?

You may qualify for a tax credit that will lower your monthly premium. Your premium savings (if any) will depend on your total household income when you apply for coverage. You also may qualify for a reduction in certain cost sharing provisions of Marketplace insurance plans since you are not eligible for SMU's medical coverage. So, to meet the federal requirement that most U.S. residents have healthcare coverage, you may want to enroll in a health plan, if you are not already enrolled.

Note: All payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your SMU-sponsored healthcare coverage, please contact the SMU Department of Human Resources at:

P.O. Box 750232, Dallas, TX 75275-0232
Phone Number: 214-768-3311

Additionally, the Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.