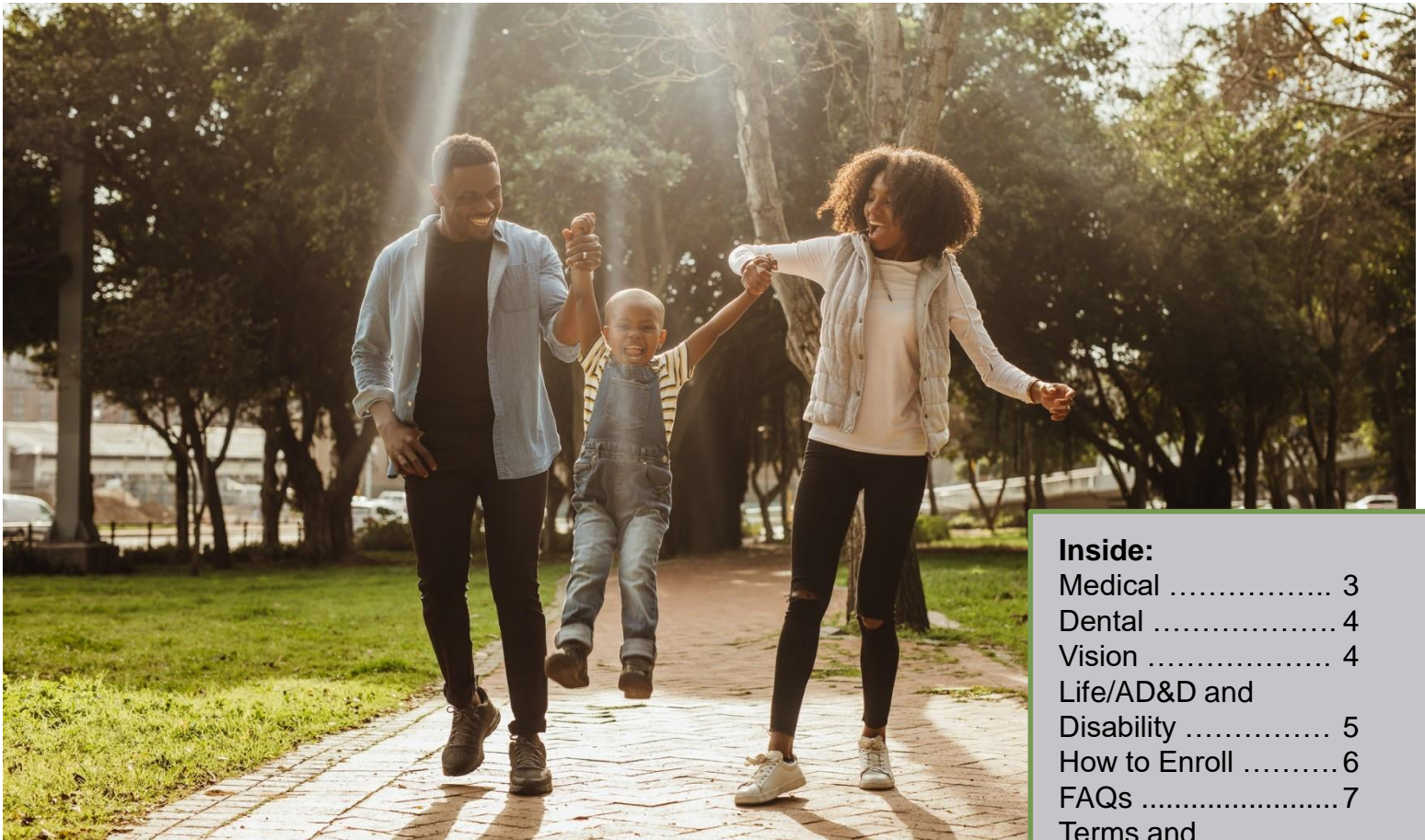


**July 1, 2022-June 30, 2023  
Benefits Decision Guide**

**Graduate Medical  
Education**



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**BENEFITS FOR A HEALTHY LIFE**  
Your 2022-2023 benefit choices

# WELCOME TO TULANE UNIVERSITY SCHOOL OF MEDICINE.

Providing great benefit choices to you and your family is just one of the many ways Tulane University School of Medicine supports the health and financial wellbeing of the people who make our school successful- YOU. We recognize the importance of benefits and that's why we're committed to helping you and your family enjoy the best possible physical, financial, and emotional wellbeing.

## Your benefits

- **We're committed to supporting your overall wellness with a comprehensive benefits program designed to meet your unique needs. Key features of your Tulane University School of Medicine benefits plan include:**
  - Choice among popular benefit options.
  - Effective and affordable health care coverage.
  - Financial security through life and disability insurance.

This guide can be referenced to choose the coverage that's right for you and your family. Use this along with additional resources available at <https://medicine.tulane.edu/residency/resources-residents-fellows>

We encourage you to review this brochure to choose the right benefits for you and your family during your enrollment period.

## Enrollment periods

- **New residents:** Enroll within 30 days from your date of hire. If you do not enroll or waive coverage during this time period, you will automatically be enrolled in the high option medical plan (LAX).
- **Open enrollment:** Enroll before the deadline. If you do not make changes to your coverage within the enrollment time period, your current coverage will continue.

## Changes to your benefits

- **Benefit changes** will be able to be made if you experience a qualifying life event, or during the next Open Enrollment.
- Qualifying life events include marriage, divorce, birth, adoption, or a change in your or your spouse's employment status, that affects your benefit eligibility. Changes must be submitted to the GME office within 30 days of the event.

### Who can enroll?

- **Full-time residents and their dependents are eligible for health benefits.**
  - Be sure to enroll by the enrollment deadline.
- **Eligible dependents of residents include** your spouse, children who are younger than age 26, plus disabled dependent children of any age who meet certain criteria.



### Who pays?

Benefit Plan	Who Pays
Medical	You & Tulane University School of Medicine
Dental	You
Vision	You
Life and AD&D	Tulane University School of Medicine
Long Term disability	Tulane University School of Medicine

# HEALTH

Quality health coverage is one of the most valuable benefits you enjoy as Tulane University School of Medicine resident. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

## Medical

Tulane University School of Medicine offers two options of medical insurance for you to select the option that's best for you. This gives you the flexibility to choose what's best for your needs and budget.

- **United Healthcare PPO \$250 Deductible Plan (LAX)**
- **United Healthcare PPO \$750 Deductible Plan (LA1)**

### Compare medical plans

The chart below provides a comparison of key coverage features and costs of your 2022-2023 medical plan options. Carefully consider your anticipated health care needs for the coming year when evaluating your options.

	\$250 Deductible Plan (LAX – High Plan)		\$750 Deductible Plan (LA1 – Low Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual deductible</b>				
Individual/Family	\$250/\$500	\$250/\$500	\$750/\$1,500	\$1,500/\$3,000
<b>Out-of-pocket maximum (includes deductible &amp; copay)</b>				
Individual/Family	\$750/\$1,500	\$1,500/\$3,000	\$3,750/\$7,500	\$7,500/\$15,000
<b>Medical coverage</b>				
Physician's office visits	\$15 copay	Deductible + 20%	\$20 copay	Deductible + 50%
Specialist visits	\$15 copay	Deductible + 20%	\$40 copay	Deductible + 50%
Telemedicine/Virtual Visits	\$15 copay	Not covered	\$20 copay	Not covered
Preventive Care	100% covered	Not covered	100% covered	Not covered
Outpatient surgery	Deductible + 10%	Deductible + 20%	Deductible + 30%	Deductible + 50%
X-rays, lab, etc.	Plan pays 100%	Deductible + 20%	Plan pays 100%	Deductible + 50%
Inpatient hospital (per stay)	Deductible + 10%	Deductible + 20%	Deductible + 30%	Deductible + 50%
Emergency room	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<b>Retail Pharmacy (30 day supply)</b>				
Annual Deductible (Individual/Family)	None		\$100 / \$300	
Tier 1	\$10 copay		\$10 copay	
Tier 2	\$35 copay		\$35 copay	
Tier 3	\$60 copay		\$60 copay	
<b>Mail Order ( 90 day supply)</b>				
Tier 1, Tier 2, Tier 3	3x retail copay			

This is only a partial list of covered benefits. For a complete list of services, please refer to your Summary Plan Description.

### Monthly Medical Plan Pre- Tax Premiums

Coverage Level	\$250 Deductible (LAX) Plan	\$750 Deductible (LA1) Plan
<b>Resident Only</b>	\$0	\$0
<b>Resident + spouse</b>	\$355.66	\$224.28
<b>Resident plus children</b>	\$241.00	\$69.65
<b>Family</b>	\$574.96	\$344.64





## Dental provided by Guardian

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

	Low Option		High Option	
Annual deductible (per person/per family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Calendar-year maximum	\$1,000 per person	\$1,000 per person	\$1,000 per person	\$1,000 per person
Preventive/diagnostic services	100%	100%	100%	100%
Basic services	80%	80%	100%	80%
Major services	Not covered	Not covered	60%	50%
Orthodontia	Not covered	Not covered	50%	50%

Benefits shown are for in-network providers and are based on negotiated fees. Out-of-network coverage is based on reasonable and customary (R&C) charges.

## Vision provided by Guardian

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents.

	Benefits through a preferred provider
Exam (every 12 months)	\$10 copay
Materials copay	\$25 copay
Lenses (every 12 months)	Covered
Frames (every 24 months)	\$130 allowance + 20% off amount over allowance
Contact lenses (every 12 months, in lieu of frames)	\$130 allowance

### Monthly Dental and Vision Plan Pre-Tax Premiums

	Dental		Vision
	Low option	High Option	
Resident only	\$15.04	\$22.40	\$5.98
Resident + spouse	\$31.55	\$47.01	\$11.01
Resident + children	\$34.55	\$51.49	\$11.53
Family	\$51.08	\$76.10	\$18.07



# SECURITY

Your benefits include programs to help ensure financial security for you and your family. Life, accidental death and dismemberment (AD&D) and disability insurance ensure financial protection for your family. Tulane University School of Medicine provides basic coverage at no cost to you and also offers you the option to purchase additional resident-paid protection.

## Provided by The Hartford

### Life and AD&D Insurance

Tulane University School of Medicine provides you with basic life and AD&D insurance so that you can protect those you love from the unexpected. It can be used to pay off debts- such as credit cards and a mortgage or for other expenses. You can also purchase additional protection at your own expense.

#### Company paid

- Resident life and AD&D insurance of \$25,000

#### Resident paid

- Resident supplemental life: Increments of \$10,000 with a minimum of \$20,000 up to a maximum of \$500,000.
- Spouse dependent life: Increments of \$5,000 with a minimum of \$5,000 up to a maximum of \$250,000, not to exceed 50% of resident's amount.
- Child dependent life: \$100 for children 14 days to under 6 months; options of \$1,000, \$5,000 or \$10,000 for children 6 months to 26 years.
- AD&D: Increments of \$10,000 with a minimum of \$10,000 up to a maximum of \$500,000 (resident only).

*\*AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.*

### Disability Insurance

The loss of income due to illness or disability can cause serious financial hardship for your family.

Disability insurance replaces a portion of your income to help you continue paying your bills and meeting your financial obligations.

#### Summary of long term disability benefits

Who pays	Employer paid
Benefit provided	Up to 60% of base monthly salary
Maximum benefit payable	\$4,500
Maximum benefit duration	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first.
Waiting period	90 days

### What is AD&D insurance?



Should you lose your life, sight, hearing, speech, or use of one or more limb(s) in an accident, AD&D provides additional benefits to help keep your family financially secure. AD&D benefits are paid as a percentage of your coverage amount — from 50% to 100% — depending on the type of loss.

*\*AD&D benefits are paid in addition to any life insurance that pays a benefit to the designated beneficiary upon the accidental death of the insured or accidental loss of hands, feet, sight, speech or hearing .*

### Have you named a beneficiary?



Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up-to-date. To add or change a beneficiary, contact Helen Weisler at 504-988-1746 or [hweisler@Tulane.edu](mailto:hweisler@Tulane.edu).

# ENROLL

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections. Follow the instructions to enroll yourself and any eligible dependents in health and insurance benefits for 7/1/22-6/30/23.

## How to enroll

Complete the enrollment form located in this packet.

## What happens if you don't enroll?

**As a new resident** - Enrollment for health benefits must be made within 30 days from your hire date. If you are a full-time resident and you do not enroll or waive coverage within this time period, you will automatically be enrolled in the high option medical plan (LAX). Benefit changes are not allowed during the year, unless you experience a qualifying life event (marriage, birth, loss of coverage).

**During open enrollment**- If you want to make changes to your benefits, you must take action before the enrollment deadline. If you don't take action, you will keep your current coverage.

## Enrollment checklist

During the Open Enrollment period (June 1- June 30), make sure to:

- Learn about your benefit options described in this brochure.
- Review your current coverage and consider how well it has been meeting your needs.
- Think about your anticipated health care needs for 2022/2023.
- Make changes to your benefits, if needed.
- Review and update, if necessary, your beneficiary and dependent information.
  - Have SSNs and birthdates available.
- Get the coverages you need.



# FAQ's

Here are answers to some common questions you may have about your benefits program.

**Q: What is an annual Open Enrollment period?**

A: It's the time of year that you may add, drop or change your level of coverage and/or dependents for certain benefit options. For 2022/2023, the Open Enrollment period for residents is June 1- June 30.

**Q: What happens if I miss the deadline to enroll in the company's benefit program?**

A: If your benefit elections are not made within 30 days after your date of hire, you won't be able to enroll until the next Open Enrollment period, unless you have a qualifying life event.

**Q: When will I receive my health care ID cards?**

A: Once you submit your enrollment information, your medical card(s) should arrive within three to four weeks.

*Note: You can access your health insurance ID card by going to [www.myuhc.com](http://www.myuhc.com).*

**Q: What if I get married or divorced, or have a new child in my family during the plan year?**

A: You must notify the GME Office within 30 days of any qualifying life event. Otherwise, you will have to wait until the next Open Enrollment period to change your benefit options or coverage levels. You may also be required to show official documentation as proof of the change such as a marriage license, birth certificate, or court papers.

**Q: When can I continue coverage under COBRA?**

A: You and/or your dependents *may be eligible* to continue group health care under COBRA if coverage is lost.





# CONTACTS & TERMS

Please become familiar with the following terms to better understand your benefit programs, then contact the appropriate provider listed below to learn more about a specific benefit plan. We also invite you to speak with your GME Office when you have questions.

Questions about	Contact	Policy Numbers	Phone number	Website
Medical	UnitedHealthcare	705964	1-866-633-2446	myuhc.com
Dental	Guardian	513680	1-800-627-4200	guardiananytime.com
Vision	Guardian	513680	1-800-627-4200	guardiananytime.com
Life and AD&D	The Hartford	0GL767942	1-800-523-2233	thehartfordatwork.com
Disability	The Hartford	GLT767942	1-800-523-2233	thehartfordatwork.com
Tulane University School of Medicine	Helen Weisler, GME Manager	N/A	504-988-1746	<a href="mailto:hweisler@tulane.edu">hweisler@tulane.edu</a>



**Coinsurance:** The portion of covered expenses that you must pay for care, after first meeting a deductible amount, if any.

**Copayment:** A flat fee that you pay for health care services at the time they're received, regardless of the actual amount charged by your doctor or another provider. This generally applies to office visits and prescription drugs.

**Deductible:** The amount you need to pay each year before your plan starts paying benefits.

**Out of pocket maximum:** The most you will pay in a given year for all covered expenses. After you reach this amount, your benefit plan will pay all covered expenses for the rest of the plan year.



# LEGAL NOTICES

You have certain rights and responsibilities under your Tulane University School of Medicine benefit programs, as described in these legal notices.

## Important Notice to Employees from Tulane University School of Medicine About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Tulane University School of Medicine medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2022. This is known as "creditable coverage."

**Why this is important.** If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2022 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Tulane University School of Medicine and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

### Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Tulane University School of Medicine prescription drug plans, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2022. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan. If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Tulane University School of Medicine plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Tulane University School of Medicine coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Tulane University School of Medicine plan, assuming you remain eligible. You should know that if you waive or leave coverage with Tulane University School of Medicine and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Tulane University School of Medicine coverage changes, or upon your request.

### 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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.**

For more information about this notice or your prescription drug coverage, contact:

Helen Weisler  
GME Manager  
131 S Robertson St., Suite 1520 New Orleans, LA 70112  
504-988-1746

### Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in Tulane University School of Medicine's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under the plans without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. Tulane University School of Medicine will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Tulane University School of Medicine group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

### Women's Health and Cancer Rights Act 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. If you would like more information on WHCRA benefits, call your plan administrator at 504-988-1746.

### Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, 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 section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 504-988-1746.

### 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](http://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](http://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](http://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 January 31, 2022. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
<b>CALIFORNIA – Medicaid</b>
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-800-541-5555
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
<b>FLORIDA – Medicaid</b>
Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>INDIANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>IOWA – Medicaid</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563
<b>KANSAS – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>
<b>LOUISIANA – Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
<b>MINNESOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a> Medicaid Phone: 1-800-992-0900

<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/oi/hipp.htm">https://www.dhhs.nh.gov/oi/hipp.htm</a>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>
Medicaid Phone: 609-631-2392
CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>
CHIP Phone: 1-800-701-0710
<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>
Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>
Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>
Phone: 1-888-365-3742
<b>OREGON – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>
<a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>
Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>
CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a>
Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>
Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and

Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20220 or email [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

#### Tulane University School of Medicine HIPAA Privacy Notice

**Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Tulane University School of Medicine health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans:

Medical  
Health Care Flexible Spending Account

The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

#### The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Tulane University School of Medicine as an employer — that's the way the HIPAA rules work. Different policies may apply to other Tulane University School of Medicine programs or to data unrelated to the Plan.

#### How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- Treatment includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing "behind the scenes" plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- Health care operations include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution.



Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

### How the Plan may share your health information with Tulane University School of Medicine

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Tulane University School of Medicine for plan administration purposes. Tulane University School of Medicine may need your health information to administer benefits under the Plan. Tulane University School of Medicine agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Benefits, Payroll, Human Resources, and GME office employees are the only Tulane University School of Medicine employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Tulane University School of Medicine, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose "summary health information" to Tulane University School of Medicine, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Tulane University School of Medicine information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Tulane University School of Medicine cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Tulane University School of Medicine from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

### Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
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Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protective services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates

HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule
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Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

### Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

**Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse**

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

### Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

### Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do

not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

### Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

### Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided

- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

#### Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

#### Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on 7/1/20. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice e-mailed to you.

#### Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, contact Helen Weisler at 504-988-1746.

#### Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact Helen Weisler, Compliance at 504-988-1746, or [hweisler@tulane.edu](mailto:hweisler@tulane.edu).

#### New Health Insurance Marketplace Coverage Options and Your Health Coverage

##### PART A: General Information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The 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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that

meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% (for plan year beginning 7/1/2021) of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Helen Weisler at 504-988-1746 or [hweisler@tulane.edu](mailto:hweisler@tulane.edu).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

#### PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: Tulane University School of Medicine		4. Employer Identification Number (EIN): 72-0423889	
5. Employer address: 1430 Tulane Ave. Box 8025		6. Employer phone number: 504-988-1746	
7. City: New Orleans	8. State: LA	9. Zip code: 70112	
10. Who can we contact about employee health coverage at this job? Helen Weisler			
11. Phone number (if different from above) 504-988-1746		12. Email address: <a href="mailto:hweisler@tulane.edu">hweisler@tulane.edu</a>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:
  - Some employees. Eligible employees are: Full time residents
- With respect to dependents:
  - We do offer coverage. Eligible dependents are: A lawful spouse and dependent children less than 26 years old. Under certain circumstances, childer older than 26 may be covered.
  - We do not offer coverage.
  - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.



# Tulane University School of Medicine Resident Enrollment Form

Please fill out both side of this enrollment form. Please print legibly.

Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth _____
Address _____	Date of Hire _____		
City, State, ZIP _____	Marital Status _____		
Social Security Number _____	Phone _____		

**New Enrollment/Additions (circle one):** New Hire Annual Enrollment Reinstatement Birth Marriage Adoption  
 Loss of Other Coverage Court-Ordered Dependent Other (describe) \_\_\_\_\_  
 Requested Effective Date \_\_\_\_\_

**Cancellations (circle one):** Other Coverage Divorce Dependent Reached Max Age Other (describe) \_\_\_\_\_  
 Date of Cancellation \_\_\_\_\_

Choose your benefits carefully. Per IRS regulations, changes to pre-tax benefit options cannot be made during the year unless you experience a qualifying event.

## Medical/Rx Plan – Low Option (UnitedHealthcare) Choice Plus Plan LA1

Type of Coverage	Monthly Cost	Declination of Coverage
Resident Only	<input type="checkbox"/> \$0	<input type="checkbox"/> I am declining this medical coverage.
Resident + Spouse	<input type="checkbox"/> \$224.28	
Resident + Child(ren)	<input type="checkbox"/> \$69.65	
Full Family	<input type="checkbox"/> \$344.64	

## Medical/Rx Plan – High Option (UnitedHealthcare) Choice Plus Plan LAX

Type of Coverage	Monthly Cost	Declination of Coverage
Resident Only	<input type="checkbox"/> \$0	<input type="checkbox"/> I am declining this medical coverage.
Resident + Spouse	<input type="checkbox"/> \$355.66	
Resident + Child(ren)	<input type="checkbox"/> \$241.00	
Full Family	<input type="checkbox"/> \$574.96	

## Dental Plan – Low Option (Guardian) G-513680

Type of Coverage	Monthly Cost	Declination of Coverage
Resident Only	<input type="checkbox"/> \$15.04	<input type="checkbox"/> I am declining this dental coverage.
Resident + Spouse	<input type="checkbox"/> \$31.55	
Resident + Child(ren)	<input type="checkbox"/> \$34.55	
Full Family	<input type="checkbox"/> \$51.08	

## Dental Plan – High Option (Guardian) G-513680

Type of Coverage	Monthly Cost	Declination of Coverage
Resident Only	<input type="checkbox"/> \$22.40	<input type="checkbox"/> I am declining this dental coverage.
Resident + Spouse	<input type="checkbox"/> \$47.01	
Resident + Child(ren)	<input type="checkbox"/> \$51.49	
Full Family	<input type="checkbox"/> \$76.10	

## Vision Plan (Guardian) G-513680

Type of Coverage	Monthly Cost	Declination of Coverage
Resident Only	<input type="checkbox"/> \$5.98	<input type="checkbox"/> I am declining this vision coverage.
Resident + Spouse	<input type="checkbox"/> \$11.01	
Resident + Child(ren)	<input type="checkbox"/> \$11.53	
Full Family	<input type="checkbox"/> \$18.07	

## Basic Life/AD&D and Long-Term Disability

These programs are provided at no cost to you.

# Tulane University School of Medicine Resident Enrollment Form

## FOR EMPLOYER USE ONLY!

Change Qualifying Event Date \_\_\_\_\_ Effective Date \_\_\_\_\_
  New Enrollment Date of Hire \_\_\_\_\_ Effective Date \_\_\_\_\_
  Termination Term. Date \_\_\_\_\_ Effective Date \_\_\_\_\_

### Supplemental Life/AD&D

*If coverage was initially declined at the time you were newly eligible, if you requested an amount over the G.I. maximum, or you are electing to increase your current coverage, an Evidence of Insurability form will need to be completed and coverage approved before it will become effective. If I have life insurance coverage with Hartford Life and Accident Insurance Company, I understand and agree that the life insurance benefit(s) reduce at a specified age(s) stated in the policy. If I have disability income coverage with Hartford Life and Accident Insurance Company, I understand and agree that the maximum duration of benefits payable will be limited to a specified period which may start at a specified age and that a claim for benefits may not be approved for a pre-existing condition.*

### Resident Coverage Requested (limited to \$500,000)

- Increments of \$10,000. Amount requested \$ \_\_\_\_\_
- Spouse Coverage Requested (limited to \$250,000 or 50% of resident coverage)  
Amount requested \$ \_\_\_\_\_
- Child(ren) Coverage Requested  
\$1,000, \$5,000, or \$10,000 at \$0.171 per \$1,000 unit
- I decline this coverage.
- Resident AD&D, increments of \$10,000. Amount requested \$ \_\_\_\_\_

### Rates Table (per \$1,000 of coverage)

Age	Resident OR Spouse
Less than 25	\$0.08
25-29	\$0.091
30-34	\$0.091
35-39	\$0.114
40-44	\$0.137
45-49	\$0.228
50-54	\$0.331
55-59	\$0.65
60-64	\$0.901
65-69	\$1.505
70-74	\$2.85
75 or over	\$14.79
AD&D	\$0.03

*Guarantee Issue when enrolling during your initial eligibility period: • You \$150,000 • Your Spouse \$50,000 • Your Children \$10,000. For any election over the Guaranteed Issue amount of \$50,000 for your spouse, an Evidence of Insurability form will need to be submitted for approval.*

### Your Dependents List all of the dependents you will cover.

*Dependents over the age of 19 will require proof of full-time student status for medical, dental, and vision.*

Legally Married Spouse/Dependent's Name(s)	Sex M/F	Relationship	Birthdate (mm/dd/yy)	Social Security Number	Coverage Desired	Enroll/ Cancel	Age
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	

### Your Beneficiaries List all of your beneficiary designations for basic life, AD&D, and supplemental life benefits.

Legally Married Spouse/Dependent's Name(s)	Relationship	Social Security Number	Primary/ Contingent	%	Basic Life/ AD&D	Supplemental Life
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Authorization

*Please read and sign the following statement for your coverage to take effect: Please enroll me in the benefit(s) I have elected and make the necessary payroll deductions from my pay. I have read and understand the enrollment form and its explanatory material. I understand that this election of benefits is binding on me and cannot be marked or modified until the next enrollment period unless I have a family status change as defined by the flexible benefits plan. I agree that if I do not elect medical coverage for myself or my dependents, I will not hold my employer liable for any material expense incurred by the dependents or me. WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison. I declare that I am actively at work on the date of this enrollment form and that the information furnished to the best of my knowledge and belief is true, correct, and complete.*

An employee's decision to elect medical, dental, or vision or not elect medical, dental, or vision must be retained until the plan's next Open Enrollment period. If the employee elects not to enroll in the medical, dental, or vision coverage, they are not eligible to enroll until the plan's next Open Enrollment period.

- Submission of this form does not guarantee coverage. Among other things, coverage is contingent upon underwriting approval and meeting the applicable eligibility requirements as set forth in the applicable benefit booklet.
- If coverage is waived and you later decide to enroll, late entrant penalties may apply. You may also have to provide, at your own expense, proof of each person's insurability. Guardian or its designee has the right to reject your request.
- I acknowledge and consent to receiving electronic copies of applicable insurance related documents, in lieu of paper copies, to the extent permitted by applicable law. I may change this election only by providing thirty (30) day prior written notice.

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**Name (please print)**

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**Signature**

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**Social Security Number**

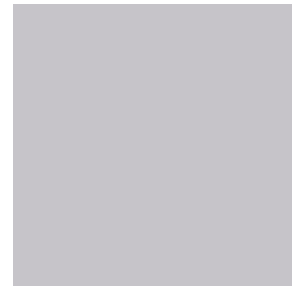
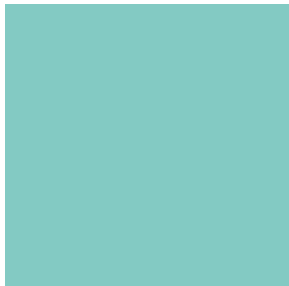
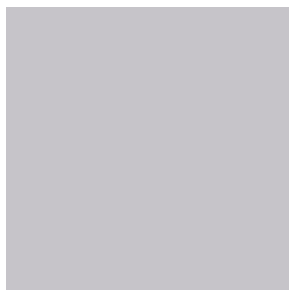
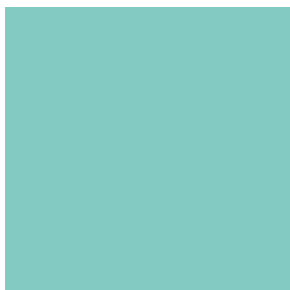
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**Date**









This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by [insert Company name]. It is not a legal plan document and does not imply a guarantee of employment or continuation of benefits. While this guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. The noted plan changes in this guide may serve as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.