The following notices provide important information about the group health plan provided by your employer. Please read the attached notices carefully and keep a copy for your records.

If you have any questions regarding any of these notices, please contact:

General Contact: Tatiana Winship
Phone: (765) 496-7958
Email: twinship@purdue.edu
Mailing Address: Freehafer Hall of Administrative Services
401 South Grant Street
West Lafayette, IN 47907-2024

Plan Administrator: Anthem Blue Cross & Blue Shield
Phone: (855) 502-6365
Website: www.anthem.com
Mailing Address: 220 Virginia Avenue
Indianapolis, IN 46204

Privacy Officer: Trent Klingerman
Title: Deputy Chief Counsel
Phone: (765) 496-6846
Email: klingert@purdue.edu
Mailing Address: Hovde Hall of Administration
610 Purdue Mall
West Lafayette, IN 47907-2024

Distribution Date: October 1, 2016

These notices are available free of charge, upon request to the General Contact.

Please note this is not a legal document and should not be construed as legal advice.
The Employee Retirement Income Security Act (ERISA), Department of Labor (DOL), Department of Health and Human Services (HHS) and Internal Revenue Service require plan administrators to provide certain information related to their health and welfare benefits plan to plan participants in writing. To satisfy this requirement, please review the compliance notifications included in this package. These notices explain your rights and obligations in relation to the health and welfare plan provided by Purdue University.

Please read these notices carefully and retain a copy for your records:

- Notice of Privacy Practices
- Notice of Special Enrollment Rights
- Women’s Health and Cancer Right Act of 1998
- Model Newborns’ Act Disclosure
- Mental Health Parity Act
- Health Care Reform Notifications
- Premium Assistance under Medicare and Children’s Health Insurance Program (CHIP)
- Certificate of Creditable Coverage for Medicare Part D for Purdue Health Plan, Purdue Health Plan Plus/HSA 1 and Purdue Health Plan Plus/HSA Plan 2

Please note that this is not a legal document and should not be construed as legal advice.
NOTICE OF PRIVACY PRACTICES

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

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of your health information that the plan creates, requests, or is created on the Plan’s behalf, called Protected Health Information (“PHI”) and to provide you, as the participant, covered dependent, or qualified beneficiary, with notice of the plan’s legal duties and privacy practices concerning Protected Health Information.

The terms of this Notice of Privacy Practices (“Notice”) apply to the following plans (collective and individually referenced in this Notice as the “Purdue Health Plans”):

- Group Medical and Prescription Drug Plans
- Group Dental and/or Voluntary Dental Plans

This Notice describes how the Purdue Health Plans may use and disclose your PHI to carry-out payment and health care operations, and for other purposes that are permitted or required by law.

The Purdue Health Plans are required to abide by the terms of this Notice so long as the Purdue Health Plans remain in effect. The Purdue Health Plans reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all PHI maintained by the Purdue Health Plans. Copies of revised Notices with which there has been a material change will be mailed to all participants then covered by the Purdue Health Plans. Copies of our current Notice may be obtained by calling the Privacy Officer at the telephone number or address below.

DEFINITIONS:

Plan Sponsor means Purdue University and any other employer that maintains the Purdue Health Plans for the benefits of its associates.

Protected health Information (“PHI”) means individually identifiable health information, which is defined under the law as information that is a subset of health information, including demographic information, that is created or received by the Purdue Health Plans and that relates to your past, present or future physical mental health or condition; the health care services you receive, or the past, present, or future payment for health care services you receive; and that identifies you, or which there is a reasonable basis to believe the information can be used to identify you.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that the Purdue Health Plans may use and disclose your PHI. For each category of uses and disclosures we will explain what we mean and, when appropriate, provides examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below or otherwise permitted by law, the Purdue Health Plans will not use or disclose your PHI unless you have signed a form authorizing the Purdue Health Plans to use or disclose specific PHI for an explicit purpose to a specific person or group of persons. Uses and disclosures of your PHI for marketing purposes and/or for the sale of your PHI require your authorization. You have the right to revoke any authorization in writing except to the extent that the Purdue Health Plans have taken action in reliance upon the authorizations.

Uses and Disclosures for Payment – The Purdue Health Plans may use and disclose your PHI as necessary for benefit payment purposes without obtaining an authorization from you. The persons to whom the Purdue Health Plans may disclose your PHI for payment purposes include your health care providers that are billing for or requesting a prior authorization for their services and treatments of you, other health plans providing benefits to you, and your approved family member or guardian responsible for amounts, such as deductibles and co-insurance, not covered by the Purdue Health Plans.
For example, the Purdue Health Plans may use or disclose your PHI, including information about any medical procedures and treatments you have received, are receiving, or will receive, to your doctor, your spouse’s doctor or other health plan under which you are covered, and your spouse or other family members, unless you object, in order to process your benefits under the Purdue Health Plans. Examples of other payment activities include determinations of your eligibility or coverage under the Purdue Health Plans, annual premium calculations based on health status and demographic characteristics of persons covered under the Purdue Health Plans, billing, claims management, reinsurance claim, and review of health care services with respect to medical necessity, utilization review activities, and disclosures to consumer reporting agencies.

Uses and Disclosures for Health Care Operations – The Purdue Health Plans may use and disclose your PHI as necessary for health care operations without obtaining an authorization from you. Health care operations are those functions of the Purdue Health Plans it needs to operate on a day-to-day basis and those activities that help it to evaluate its performance. Examples of health care operations include underwriting, premium rating or other activities relating to the creation, amendment or termination of the Purdue Health Plans, and obtaining reinsurance coverage. Other functions considered to be health care operations include business planning and development; conducting or arranging for quality assessment and improvement activities, medical review, and legal services and auditing functions; and performing business management and general administrative duties of the Purdue Health Plans, including the provision of customer services to you and your covered dependents.

Use or Disclosure of Genetic Information Prohibited – the Genetic Information Nondiscrimination Act of 2009 (GINA), and regulations promulgated thereunder, specific prohibit the use, disclosure or request of PHI that is genetic information for underwriting purposes. Genetic information is defined as (1) your genetic tests; (2) genetic tests of your family member; (3) family medical history, or (4) any request of or receipt by you or your family member’s genetic services. This means that your genetic information cannot be used for enrollment, continued eligibility, computation of premiums, or other activities related to underwriting, even if those activities are for purposes of health care operations or being performed pursuant to your written authorization.

Family and Friends Involved in Your Care – If you are available and do not object, the Purdue Health Plans may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and the Purdue Health Plans determine that a limited disclosure is in your best interest, the Purdue Health Plans, may share limited PHI with such individuals. For example, the Purdue Health Plans may use its professional judgment to disclose PHI to your spouse concerning the processing of a claim. If you do not wish us to share PHI with your spouse or others, you may exercise your right to request a restriction on your disclosure of your PHI (see below), including having correspondence the Purdue Health Plans send to you mailed to an alternative address. The Purdue Health Plans are also required to abide by certain state laws that are more stringent than the HIPAA Privacy Standards, for example, some states give a minor child the right to consent to his or her own treatment and, under HIPAA, to direct who may know about the care he or she receives. There may be an instance when your minor child would request for you not to be informed of his or her treatment and the Purdue Health Plans would be required to honor that request.

Business Associates – Certain aspects and components of the Purdue Health Plans’ services are performed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our third party administrator, reinsurance carrier, agents, attorney, accountants, banks and consultants. At times it may be necessary for use to provide certain of your PHI to one or more of these outside persons or organizations. However, if the Purdue Health Plans do provide your PHI to any or all of these outside persons or organizations, they will be required, though contract or by law, to follow the same policies and procedures with your PHI as detailed in this Notice.

Plan Sponsor – The Purdue Health Plans may disclose a subset of your PHI, called summary health information, to the Plan Sponsor in certain situations. Summary health information summarizes claims history, claim expenses, and types of claims experience by individuals under the Purdue Health Plans, but all information that could effectively identify whose claims history has been summarized has been removed. Summary health information may be given to the Plan Sponsor when requested for the purpose of obtaining premium bids, for providing coverage under the Purdue Health Plans, or for modifying, amending or terminating the Purdue Health Plans. The Purdue Health Plans may also disclose to the Plan Sponsor whether you are enrolled in or have disenrolled from the Purdue Health Plans.

Other Products and Services – The Purdue Health Plans may contact you to provide information about other health-related products and services that may be of interest to you without obtaining your authorizations. For example, the Purdue Health Plans may use and disclose your PHI for the purpose of communicating to you about the health benefit products or services that could enhance or substitute for existing coverage under the Purdue Health Plans, such as long term health benefits for flexible spending accounts. The Purdue Health Plans may also contact you about health-related products and services, like disease management programs that may add value to you, as a covered person under the Purdue Health Plans. However, the Purdue Health Plans must obtain your authorization before the Purdue Health Plans send you information regarding non-health related products or services, such as information concerning movie passes, life insurance products, or other discounts or services offered to the general public at large.

Other Uses and Disclosures – Unless otherwise prohibited by the law, the Purdue Health Plans may make certain other uses and disclosures of your PHI without your authorization, including the following:
The Purdue Health Plans may use or disclose your PHI to the extent that the use or disclosure is required by law.

The Purdue Health Plans may disclose your PHI to the proper authorities if the Purdue Health Plans suspect child abuse or neglect; the Purdue Health Plans may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.

The Purdue Health Plans may disclose your PHI if authorized by law to a government oversight agency (e.g. a state insurance department) conducting audits, investigations, or a civil or criminal proceeding.

The Purdue Health Plans may disclose your PHI in response to a court order specifically authorizing the disclosure, or in the course of a judicial or administrative proceeding (e.g. to response to a subpoena or discovery request), provided written and documented efforts by the requesting party have been made to (1) notify you of the disclosure and the purpose of the litigation, or (2) obtain a qualified protective order prohibiting the use or disclosure of your PHI for any other purpose than the litigation or proceeding for which it was requested.

The Purdue Health Plans may disclose your PHI to the proper authorities for law enforcement purposes, including the disclosure of certain identifying information requested by police officers for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; the disclosure of your PHI if you are suspected to be a victim of a crime and you are incapacitated; or if you are suspected of committing a crime on the Purdue Health Plans (e.g., fraud).

The Purdue Health Plans may use or disclose PHI to avert a serious threat to health or safety.

The Purdue Health Plans may use or disclose your PHI if you are a member of the military, as required by armed forces services, and the Purdue Health Plans may also disclose your PHI for other specialized government functions such as national security or intelligence activities.

The Purdue Health Plans may disclose your PHI to state or federal workers’ compensation agencies for your workers’ compensation benefit determination.

The Purdue Health Plans may, as required by law, release your PHI to the Secretary of Department Health and Human Services for enforcement of HIPAA Privacy Rules.

**Verification Requirement** – Before the Purdue Health Plans discloses your PHI to anyone requesting it, the Purdue Health Plans are required to verify the identity of the requester’s authority to access your PHI. The Purdue Health Plans may rely on reasonable evidence of authority such as a badge, official credentials, written statements on appropriate government letterhead, written or oral statements of legal authority, warrants, subpoenas, or court orders.

**RIGHTS THAT YOU HAVE**

To request to inspect, copy, amend or get and accounting of PHI pertaining to your PHI in the Purdue Health Plans, you may contact the Privacy Officer.

**Right to Inspect and Copy your PHI** – You have the right to request a copy of and/or to inspect your PHI that the Purdue Health Plans maintains, unless the PHI was compiled in reasonable anticipation of litigation or contains psychotherapy notes. In certain limited circumstances, the Purdue Health Plans may deny your request to copy and/or inspect your PHI. In most of those limited circumstances, a licensed health care provider must determine that the release of the PHI to you or a person authorized by you, as your “personal representative,” may cause you or someone else identified in the PHI harm. If your request is denied, you may have the right to have the denial reviewed by a designated licensed health care professional that did not participate in the original decision. Request for access to your PHI must be in writing and signed by you or your personal representative. You must ask for a Participant PHI Inspection Form from the Purdue Health Plans through the Privacy Officer at the address above. If you request that the Purdue Health Plans copy or mail your PHI to you, the Purdue Health Plans may charge you a fee for the cost of copying your PHI and the postage for mailing your PHI to you. If you ask the Purdue Health Plans to prepare a summary of PHI, and the Purdue Health Plans agree to provide that explanation, the Purdue Health Plans may also charge you for the cost associated with the preparation of the summary.

**Right to Request Amendments to Your PHI** – You have the right to request that PHI the Purdue Health Plans maintain about you be amended or corrected. The Purdue Health Plans are not obligated to make requested amendments to PHI that is not created by the Purdue Health Plans, not maintained by the Purdue Health Plans, not available for inspection, or that is accurate and complete. The Purdue Health Plans will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your personal representative, must state the reasons for the amendment request, and must sent to the Privacy Office at the address below. If the Purdue Health Plans deny your amendment request, the Purdue Health Plans will provide you with its basis for the denial, advise you of your right to prepare a statement of disagreement which it will place with your PHI, and describe how you may file a complaint with the Purdue Health Plans or the Secretary of the US Department of Health and Human Services. The Purdue Health Plans may limit the length of your statement of disagreement and submit its own rebuttal to accompany your statement of disagreement. If the Purdue Health Plans accept your amendment request, it must make a reasonable effort to provide the amendment to persons you identify as needing the amendment or persons it believes would rely on your unamended PHI to your detriment.
Right to Request an Accounting for Disclosures of Your PHI – You have the right to request an accounting of disclosures of your PHI that the Purdue Health Plans make. Your request for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2004. Not all disclosures of your PHI must be included in the accounting of the disclosures. Examples of disclosures that the Purdue Health Plans are required to account for include those pursuant to valid legal process, or for law enforcement purposes. Examples of disclosures that are not subject to an accounting include those made to carry out the Purdue Health Plans’ payment or health care operations, or those made with your authorization. To be considered, your accounting requests must be in writing and signed by you or your personal representative, and sent to the Privacy Office at the address below. The first accounting in any 12-month period is free; however, the Purdue Health Plans may charge you a fee for each subsequent accounting you request within the same 12-month period.

Right to Place Restrictions on the Use and Disclosure of Your PHI – You have the right to request restrictions on certain of the Purdue Health Plans’ uses and disclosures of your PHI for payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that the Purdue Health Plans not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. The Purdue Health Plans are not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate. The Purdue Health Plans retain the right to terminate an agreed-to restriction if it believes such termination is appropriate. In the event of a termination by the Purdue Health Plans, it will notify you of the termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. Requests for a restriction (or termination of an existing restriction) may be made by contacting the Purdue Health Plans through the Privacy Office at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. The Purdue Health Plans are required to accommodate reasonable requests if you inform the Purdue Health Plans that disclosure of all or part of your information could place you in danger. The Purdue Health Plans may grant other requests for confidential communications in its sole discretion. Requests for confidential communications must be in writing, signed by you or your personal representative, and sent to the Privacy Office at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting the Privacy Office at the telephone number or address below.

Right to Notice of Breach - You have the right to receive notice if your PHI is improperly used or disclosed as a result of a breach of unsecured PHI.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with the Purdue Health Plan through the Privacy Office in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION
If you have questions or need further assistance regarding this Notice, you may contact our Privacy Officer.

Purdue University
Trent Klingerman
Deputy Chief Counsel
Hovde Hall of Administrative Services
610 Purdue Mall
West Lafayette, IN 47907-2024
765-496-6846
klingert@purdue.edu

Privacy Notice Effective Date: September 23, 2013
Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in 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 you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children’s Health Insurance Program (CHIP) 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’ Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However you must request enrollment within 60 days after your or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact the plan’s General Contact.
**Women’s Health and Cancer Right Act of 1998**

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.
Newborns’ Act Disclosure

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).

Plans subject to State law requirements will need to prepare SPD statements describing any applicable State law.
**Mental Health Parity Act**

The Mental Health Parity Act (the “Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008”) was signed into law on October 3, 2008, and the Federal Mental Health Parity (MHP) law becomes effective October 3, 2009.

The MHP law applies to group health insurers and to fully insured and self insured ERISA groups of 51 or more employees that include mental health/substance use disorder benefits. It mandates equalization of copays, coinsurance, deductibles and the elimination of day and visit limits and financial maximums. This can be accomplished by applying the same limits as apply to the medical and surgical benefits, or by creating “separate but equal” limits. The Act does not require health plans to provide mental health/ substance use disorder benefits; however, if these benefits are offered, they must be at parity with the group’s medical and surgical benefits.

Self-funded government (non-federal) groups, such as school districts, city or county government are exempt from the law. The law does not affect Individual, Small Group (2-50), and Conversion/Portability plans.

The effective date for new groups will be October 16, 2009. The benefit will be enhanced for our existing groups at their renewals beginning November 1, 2009. Prior to renewal, a group may be contacted to verify the number of full- and part-time employees.

**Care Management**

Utilization Management activities are still allowed by the new law and are effective in managing the quality and cost of Mental Health and Chemical Dependency care.
Health Care Reform Notifications

This notice includes information about the Patient Protection and Affordable Care Act that was recently passed and provides you with important information that you need to know. Please read this information carefully and contact your HR Department for further clarification.

Patient Protection
The Plan generally allows the designation of a primary care provider, but it is not required. You have the right to designate any primary care provider who participates in our 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, please contact the customer service phone number on your medical ID card.

For children, you may designate a pediatrician as the primary care provider, but it is not required.

You do not need prior authorization from Anthem 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, please contact the customer service phone number on your medical ID card.

Non-Grandfathered Plan Notice
This Plan is a “non-grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act) and will comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on essential benefits.

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

Notice Lifetime Limit No Longer Applies and Enrollment Opportunity
The lifetime limit on the dollar value of benefits under the group health plan no longer applies.

Notice of Extension of Dependent Coverage to Age 26
The limiting age for eligible children has been extended to age 26. Coverage will terminate the end of the year of their 26th birthday.
**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed 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 to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2014. Contact your State for more information on eligibility –**

<table>
<thead>
<tr>
<th>State</th>
<th>Website</th>
<th>Phone</th>
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<tbody>
<tr>
<td><strong>ALABAMA – Medicaid</strong></td>
<td><a href="http://www.medicaid.alabama.gov">Website</a></td>
<td><a href="1-855-692-5447">Phone</a></td>
</tr>
<tr>
<td><strong>ALASKA – Medicaid</strong></td>
<td><a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">Website</a></td>
<td>[Phone](Outside of Anchorage: 1-888-318-8890; Anchorage: 907-269-6529)</td>
</tr>
<tr>
<td><strong>ARIZONA – CHIP</strong></td>
<td><a href="http://www.azahcccs.gov/applicants">Website</a></td>
<td>[Phone](Outside of Maricopa County: 1-877-764-5437; Maricopa County: 602-417-5437)</td>
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<tr>
<td><strong>COLORADO – Medicaid</strong></td>
<td>Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a></td>
<td>Medicaid Phone (In state): <a href="">1-800-866-3513</a></td>
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<tr>
<td><strong>FLORIDA – Medicaid</strong></td>
<td>Website: <a href="https://www.flm%D0%B5%D0%B4icaid%D1%82plrecovery.com/">https://www.flmедicaidтplrecovery.com/</a></td>
<td><a href="1-877-357-3268">Phone</a></td>
</tr>
<tr>
<td><strong>GEORGIA – Medicaid</strong></td>
<td>Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)</td>
<td><a href="1-800-869-1150">Phone</a></td>
</tr>
<tr>
<td><strong>IDAHO – Medicaid</strong></td>
<td>Medicaid Website: <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/Premium">http://healthandwelfare.idaho.gov/Medical/Medicaid/Premium</a></td>
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<td><strong>MONTANA – Medicaid</strong></td>
<td>Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a></td>
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<tr>
<td>State</td>
<td>Medicaid and CHIP Services</td>
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| INDIANA       | Medicaid Website: http://www.in.gov/fssa  
Phone: 1-800-889-9949 |
| NEBRASKA      | Medicaid Website: www.ACCESSNebraska.ne.gov  
Phone: 1-855-632-7633 |
| IOWA          | Medicaid Website: www.dhs.state.ia.us/hipp/  
Phone: 1-888-346-9562 |
| NEVADA        | Medicaid Website: http://dwss.nv.gov/  
Phone: 1-800-992-0900 |
| KANSAS        | Medicaid Website: http://www.kdheks.gov/hcf/  
Phone: 1-800-792-4884 |
| KENTUCKY      | Medicaid Website: http://chfs.ky.gov/dms/default.htm  
Phone: 1-800-635-2570 |
| LOUISIANA     | Medicaid Website: http://www.lahipp.dhh.louisiana.gov  
Phone: 1-888-695-2447 |
| NEW HAMPSHIRE | Medicaid Website: http://www.dhss.nh.gov/oi/documents/hippapp.pdf  
Phone: 603-271-5218 |
| MASSACHUSETTS | Medicaid Website: http://www.mass.gov/MassHealth  
Phone: 1-800-462-1120  
TTY 1-800-977-6741 |
| NEW YORK      | Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/  
Phone: 1-800-541-2831 |
| MINNESOTA     | Medicaid Website: http://www.dhs.state.mn.us/  
Click on Health Care, then Medical Assistance  
Phone: 1-800-657-3629 |
| NORTH CAROLINA| Medicaid Website: http://www.ncdhhs.gov  
Phone: 919-855-4100 |
| MISSOURI      | Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm  
Phone: 573-751-2005 |
| NORTH DAKOTA  | Medicaid Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/  
Phone: 1-800-755-2604 |
<table>
<thead>
<tr>
<th>State</th>
<th>Program Type(s)</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OKLAHOMA</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>1-888-365-3742</td>
</tr>
<tr>
<td>VERMONT</td>
<td>Medicaid</td>
<td><a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></td>
<td>1-800-250-8427</td>
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<tr>
<td>PENNSYLVANIA</td>
<td>Medicaid</td>
<td><a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a></td>
<td>1-800-692-7462</td>
</tr>
<tr>
<td>VIRGINIA</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
<td>1-800-432-5924</td>
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<tr>
<td>RHODE ISLAND</td>
<td>Medicaid</td>
<td><a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a></td>
<td>401-462-5300</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>Medicaid</td>
<td><a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a></td>
<td>1-800-562-3022 ext. 15473</td>
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<td>SOUTH CAROLINA</td>
<td>Medicaid</td>
<td><a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
</tr>
<tr>
<td>WEST VIRGINIA</td>
<td>Medicaid</td>
<td><a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a></td>
<td>1-877-598-5820, HMS Third Party Liability</td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td>Medicaid</td>
<td><a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>1-888-828-0059</td>
</tr>
<tr>
<td>WISCONSIN</td>
<td>Medicaid</td>
<td><a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a></td>
<td>1-800-362-3002</td>
</tr>
<tr>
<td>TEXAS</td>
<td>Medicaid</td>
<td><a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a></td>
<td>1-800-440-0493</td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

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

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

OMB Control Number 1210-0137 (expires 10/31/2016)
Important Notice from Purdue University 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 Purdue University 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.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Purdue University has determined that the prescription drug coverage offered by the Purdue Health Plan, Purdue Health Plan Plus/HSA 1, and Purdue Health Plan Plus/HSA 2 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.

Your current plan (Purdue Health Plan, Purdue Health Plan Plus/HSA 1, or Purdue Health Plan Plus/HSA 2) will continue to provide prescription drug coverage for Medicare-eligible participants for 2016 as well as for 2017 if you select the same plan during the upcoming open enrollment period. You do not need to join a Medicare prescription drug plan since you have coverage available through one of these plans.

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 to 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 (2) month Special Enrollment Period (SEP) 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 Purdue University coverage will not be affected. If you do not enroll for Medicare Prescription Drug Coverage, you will continue to be eligible to receive your current prescription drug benefits under the Purdue Health Plan, Purdue Health Plan Plus/HSA 1, or Purdue Health Plan Plus/HSA 2 (as long as you are otherwise eligible to continue Plan coverage).

If you enroll for Medicare Prescription Drug Coverage, you will continue to be eligible to receive prescription drug coverage under the Purdue Health Plan, Purdue Health Plan Plus/HSA 1, or Purdue Health Plan Plus/HSA 2. Remember that for most people there is a monthly premium for Medicare Prescription Drug Coverage.

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

You should also know that if you drop or lose your current coverage with Purdue University after you are eligible for Medicare and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the office listed below for further information. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Purdue University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans 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](http://www.medicare.gov)
- 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](http://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: 10/14/16
Name of Entity/Sender: Purdue University
Contact: Human Resources
Address: Freehafer Hall of Administrative Services
        401 South Grant Street
        West Lafayette, IN 47907-2024
Phone Number: (765) 494-2222
Email Address: hr@purdue.edu

Benefits under the Purdue Health Plan, Purdue Health Plan Plus/HSA 1, and Purdue Health Plan Plus/HSA 2 are not vested or guaranteed. They may be modified, reduced, or terminated at any time, as specified in the legal documents that establish the Plan.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.