IMPORTANT NOTICE TO HEALTH PLAN PARTICIPANTS AND COVERED FAMILY MEMBERS

PLAN YEAR 2014-2015
IMPORTANT NOTICE FROM Wilkes 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 Wilkes 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. Wilkes University has determined that the prescription drug coverage offered by Wilkes University’s prescription plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable Coverage. Because your existing coverage is Creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (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 Wilkes University Prescription Drug Plan coverage may be affected.

<table>
<thead>
<tr>
<th>PLAN TYPE</th>
<th>RETAIL/MAIL ORDER TIER 1 PRESCRIPTION COPAY</th>
<th>RETAIL/MAIL ORDER TIER 2 PRESCRIPTION COPAY</th>
<th>RETAIL/MAIL ORDER TIER 3 PRESCRIPTION COPAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlueCare PPO 300 &amp; BlueCare PPO 1000 ($100 deductible) Blue Care HMO</td>
<td>$15.00/$30.00</td>
<td>$30.00/$70.00</td>
<td>$50.00/$150.00</td>
</tr>
</tbody>
</table>
If you do decide to join a Medicare drug plan and drop your current Wilkes University Prescription Drug coverage, be aware that you and your dependents may not be able to get this coverage back.

**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 Wilkes University 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 person listed below for further information. **NOTE:** You will 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 Wilkes 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
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

---

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

---

**Date:** 06/01/2014  
**Name of Entity/Sender:** Wilkes University  
**Contact—Position/Office:** Joseph Housenick  
**Address:** HUMAN RESOURCES  
84 W South St  
Wilkes Barre, PA 18766  
**Phone Number:** (570) 408-4631
**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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 July 31, 2014. You should contact your State for further information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
<th>Website</th>
<th>Phone (Outside of County)</th>
<th>Phone (County)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA – Medicaid</td>
<td></td>
<td>Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a></td>
<td>1-855-692-5447</td>
<td></td>
</tr>
<tr>
<td>ALASKA – Medicaid</td>
<td></td>
<td>Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a></td>
<td>1-888-318-8890</td>
<td>907-269-6529</td>
</tr>
<tr>
<td>IDAHO – Medicaid and CHIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLORADO – Medicaid</td>
<td></td>
<td>Medicaid Website: <a href="http://www.colorado.gov">http://www.colorado.gov</a></td>
<td>1-800-866-3513</td>
<td>1-800-221-3943</td>
</tr>
<tr>
<td>FLORIDA – Medicaid</td>
<td></td>
<td>Website: <a href="https://www.flmedicaidtplrecovery.com">https://www.flmedicaidtplrecovery.com</a></td>
<td>1-877-357-3268</td>
<td></td>
</tr>
<tr>
<td>GEORGIA – Medicaid</td>
<td></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>1-800-869-1150</td>
<td></td>
</tr>
<tr>
<td>MONTANA – Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Medicaid Website</td>
<td>Medicaid Phone</td>
<td>CHIP Website</td>
<td>CHIP Phone</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------</td>
<td>------------------</td>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>Idaho</td>
<td><a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a></td>
<td>1-800-926-2588</td>
<td><a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a></td>
<td>1-800-926-2588</td>
</tr>
<tr>
<td>Indiana</td>
<td><a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a></td>
<td>1-800-889-9949</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iowa</td>
<td><a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a></td>
<td>1-888-346-9562</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas</td>
<td><a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a></td>
<td>1-800-792-4884</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massachusetts</td>
<td><a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></td>
<td>1-800-462-1120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td><a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a></td>
<td>Click on Health Care, then Medical Assistance</td>
<td>1-800-657-3629</td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>573-751-2005</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td><a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a></td>
<td>1-800-694-3084</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a></td>
<td>1-800-383-4278</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nevada</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
<td>1-800-755-2604</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Medicaid and CHIP</td>
<td>Website</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td>------------------------------</td>
<td></td>
</tr>
<tr>
<td>OKLAHOMA – Medicaid and CHIP</td>
<td>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</td>
<td>Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OREGON – Medicaid and CHIP</td>
<td>Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075</td>
<td>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHODE ISLAND – Medicaid</td>
<td>Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300</td>
<td>Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTH CAROLINA – Medicaid</td>
<td>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820</td>
<td>Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTH DAKOTA - Medicaid</td>
<td>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</td>
<td>Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEXAS – Medicaid</td>
<td>Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493</td>
<td>Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

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

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

OMB Control Number 1210-0137 (expires 10/31/2016)
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

SPECIAL ENROLLMENT RIGHTS

This notice is being provided to insure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage 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 your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Marriage, Birth, or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children’s Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

Name                     Michele Grushinski__________________________
Address                  84 W South St ________________________________
City, State              Wilkes Barre, PA 18766 ________________
Telephone                570-408-4644 ______________________________

Note: If you or your dependents enroll during a special enrollment period, as described above, you will not be considered a late enrollee. Therefore, your group health plan may not impose a preexisting condition exclusion period of more than 12 months. Any preexisting condition exclusion period will be reduced by the amount of your prior creditable health coverage.
The Newborns’ and Mothers’ Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth.

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital 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-hour (or 96-hour as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay in excess of 48 hours (or 96 hours).
Privacy Notice

Wilkes University
Human Resources Department
Attn: Plan Administrator
84 W South St
Wilkes-Barre, PA 18766
Phone: (570) 408-4644
June 2014

Your information… your rights... our responsibilities
This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights
You have the right to:

• Get a copy of your health, dental, and claims records
• Correct your health, dental, and claims records
• Request confidential communication
• Ask us to limit the information we share
• Get a list of those with whom we’ve shared your information
• Get a copy of this privacy notice
• Choose someone to act for you
• File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:

• Answer coverage questions from your family and friends
• Provide disaster relief
• Market our services and sell your information

Our Uses and Disclosures
We may use and share your information as we:

• Help manage the health care and dental care treatment you receive
• Run our organization
• Pay for your health and dental services
• Administer your health and dental plan
• Help with public health and safety issues
• Do research
• Comply with the law
• Respond to organ and tissue donation requests and work with a medical examiner or funeral director
• Address workers’ compensation, law enforcement, and other government requests
• Respond to lawsuits and legal actions

Your Rights
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

• You can ask to see or get a copy of your health, dental, and claims records and other health information we have about you. Ask us how to do this.
• We will provide a copy or a summary of your health, dental and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

• You can ask us to correct your health, dental, and claims records if you think they are incorrect or incomplete. Ask us how to do this.
• We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

• You can ask us not to use or share certain health and dental information for treatment, payment, or our operations.
• We are not required to agree to your request, and we may say “no” if it would affect your care.

**Get a list of those with whom we’ve shared information**

• You can ask for a list (accounting) of the times we’ve shared your health or dental information for six years prior to the date you ask, who we shared it with, and why.
• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health and dental information.
• We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

• You can complain if you feel we have violated your rights by contacting us using the information on page 1.
• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
• We will not retaliate against you for filing a complaint.

**Your Choices**

For certain health and dental information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

• Share information with your family, close friends, or others involved in payment for your care
• Share information in a disaster relief situation
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

**Our Uses and Disclosures**

**How do we typically use or share your health information?**

We typically use or share your health and dental information in the following ways.

**Help manage the health care treatment you receive**

We can use your health and dental information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health and dental information about you to develop better services for you.*

**Pay for your health and dental services**

We can use and disclose your health and dental information as we pay for your health and dental services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**

We may disclose your health and dental information to your health plan sponsor for plan administration.

**How else can we use or share your health and dental information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

We can share health and dental information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety
Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health and dental information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health and dental information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:  www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.
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 has been performed;
- Surgery and reconstruction of the other breast to provide a symmetrical appearance; and
- Prostheses; and
- Treatment of physical complications of the mastectomy; including lymphedema.

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

<table>
<thead>
<tr>
<th>Plan name</th>
<th>Deductible</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlueCare PPO $300</td>
<td>$300 per person / $900 Per family</td>
<td>None</td>
</tr>
<tr>
<td>BlueCare PPO $1000</td>
<td>$1000 per person / $3000 per family</td>
<td>30% up to $1500 per person / $4500 per family</td>
</tr>
</tbody>
</table>

If you would like more information on WHCRA benefits, call your plan administrator at 570-408-4644.
YOUR BENEFITS AND THIS SUMMARY

This benefit overview describes the highlights of the medical, prescription, vision, and dental coverage in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this packet.

If there is any discrepancy between the descriptions of the programs as contained in the materials and the official plan documents, the language of the official plan documents shall govern. You should be aware that any of the benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Wilkes University.