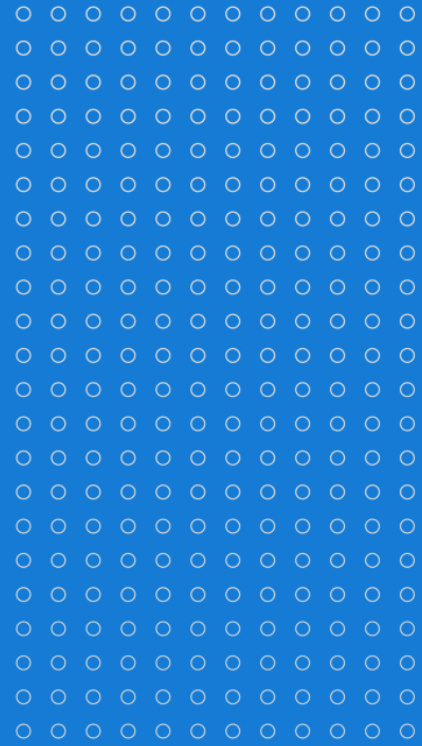
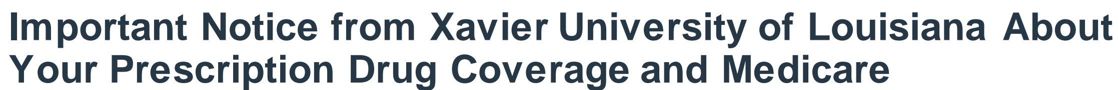


2018 Annual Notices



Important Notice from Xavier University of Louisiana 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 **Xavier University of Louisiana** (the "Plan Sponsor") 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) The Plan Sponsor has determined that the prescription drug coverage offered by the **Xavier University of Louisiana Group Health 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

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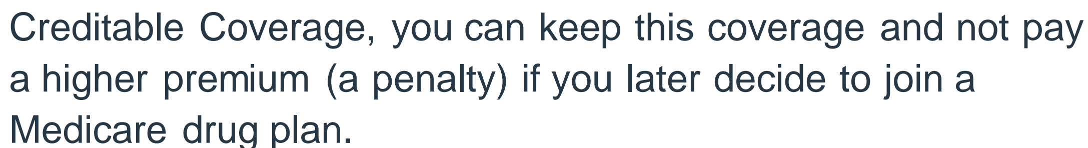

Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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 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 Plan Sponsor coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may 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 the Plan Sponsor 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

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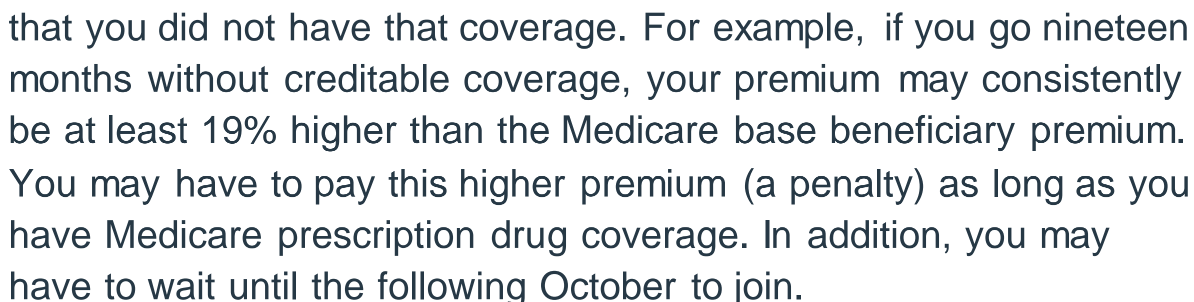
that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug 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'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 the Plan Sponsor 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.

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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: **10/23/2017**
Name of Entity/Sender: **Xavier University of Louisiana**
Contact-Position/Office: **Director, Office of Human Resources**
Address: **1 Drexel Drive, Box 104, New Orleans, LA 70125**
Phone Number: **504-520-7537**

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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)**.

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, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

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ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100

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MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website:http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

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SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

Employee Benefits Security Administration	**Centers for Medicare & Medicaid Services**
U.S. Department of Labor **www.dol.gov/agencies/ebsa** 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services **www.cms.hhs.gov** 1-877-267-2323, Menu Option 4, Ext. 61565

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Annual Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **504-520-7537** for more information.

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Notice of Availability of HIPAA Notice of Privacy Practices – *Only applies to employers who have access to PHI.*

Xavier University of Louisiana
1 Drexel Drive, Box 104, New Orleans, LA 70125
10/23/2017

To: Participants in the Xavier University of Louisiana Group Health Plan

From: **Adicia Waddell**, **Director, Office of Human Resources**

Re: Availability of Notice of Privacy Practices

The Xavier University of Louisiana Group Health Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact **Adicia Waddell**, **HIPAA Officer** at **1 Drexel Drive, Box 104, New Orleans, LA 70125**, **504-520-7537**, **awaddel1@xula.edu**.

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Patient Protection Disclosures – *Only applies to plans that require the designation of a primary care provider.*

Xavier University of Louisiana Group Health Plan's HMO option generally requires the designation of a primary care provider. 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. Until you make this designation, Xavier University of Louisiana Group Health Plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact **Adicia Waddell**, **Director, Office of Human Resources** at **1 Drexel Drive, Box 104, New Orleans, LA 70125**, **504-520-7537**, **awaddel1@xula.edu**.

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

You do not need prior authorization from Xavier University of Louisiana Group Health Plan 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, contact the Adicia Waddell, Director, Office of Human Resources at 1 Drexel Drive, Box 104, New Orleans, LA 70125, 504-520-7537, awaddel1@xula.edu.

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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 no later than **30 days** after your 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 no later than **30 days** after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have **60 days** after the date of the event to request enrollment in your employer's plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state's premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event *and* provide the employer plan with timely notice of the event and your enrollment request.

To request special enrollment or obtain more information, contact **Xavier University of Louisiana**, Human Resource Dept. at **504-520-7537**.

Annual Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **504-520-7537** for more information.

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General COBRA Notice

General Notice of COBRA Continuation Coverage Rights

Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage **must pay** for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within **60 days** after the qualifying event occurs. You must provide this notice to: **Adicia Waddell.**

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. **Add description here**

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or

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contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

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Notice of Marketplace Coverage Options

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. 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. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2017 for coverage starting January 1, 2018.

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 9.5% 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.[1]

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. **Adicia Waddell, Director, Office of Human Resources** at **1 Drexel Drive, Box 104, New Orleans, LA 70125**, **504-520-7537**, **awaddel1@xula.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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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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 **Xavier University of Louisiana**	4. Employer Identification Number (EIN) **72-0635884**
5. Employer address, 7. City, 8. State, 9. Zip Code **1 Drexel Drive, Box 104, New Orleans, LA 70125**	6. Employer phone number **504-520-7537**
10. Who can we contact about employee health coverage at this job? **Adicia Waddell, Director, Office of Human Resources**	
11. Phone number (if different from above) **504-520-7537**	12. Email address **awaddel1@xula.edu**

Here is some basic informtion 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 employees
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Dependent children up to age 26 and legal spouses
  - ☐ 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.

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Preventive services guide

Humana makes it easier than ever to get the preventive services you need to maintain your overall health. As part of healthcare reform — and depending on your Humana health plan — a range of preventive services will be available to you at no cost.

The services listed here will be covered **100 percent** when they're provided for preventive care. This means no copayments, coinsurance or deductible when services are performed by providers in the Humana network.

Note: You may need to pay all or part of the costs when services are completed to diagnose, monitor or treat an illness or injury, not as preventive care.

Remember, preventive care keeps you healthy, prevents illness, and detects diseases in the early stages when they're easier to treat.

Adult preventive services

Preventive office visits are covered, as well as the screenings, immunizations and counseling listed below.

Screenings	
Abdominal aortic aneurysm	One time screening for men of specified ages who have ever smoked
Alcohol misuse	Screening and counseling for all adults
Blood pressure	Screening for high blood pressure for all adults
Cholesterol	Screenings for adults certain ages or at higher risk[1]
Colorectal cancer	Screening for adults at 50 – 75
Depression	Screening for adults
Hepatitis B	Screening for all adults at higher risk[1]
Hepatitis C	Screening for adults at higher risk[1] or one-time screenings for adults born 1945 – 1965
HIV	Screening for all adults at higher risk[1]
Lung cancer	Annual screenings for adults all specified ages who smoke or have quit within the past 15 years
Obesity	Screening for all adults
Syphilis	Screening for all adults at higher risk[1]
Tobacco use	Screening for all adults and cessation interventions for tobacco users
Medications and supplements (covered with a doctor's prescription)	
Aspirin	Use of aspirin to prevent cardiovascular disease for women and men at specified ages
Smoking cessation	Over-the-counter and prescription smoking cessation medications for members 18 years and older
Vitamin D	Supplementation to prevent falls in community dwelling adults age 65 and older at increased risk for falls
Colonoscopy preparation	Bowel preparation medications for adults age 50 – 75
Other	
Exercise or physical therapy	Exercise or physical therapy for adults age 65 or older at increased risk for falls. Refer to your Certificate of Coverage for details about all the covered services and benefits levels.

Immunizations (vaccines for adults — doses, recommended ages, and recommended populations vary)
Hepatitis A
Hepatitis B
Herpes zoster
Human papillomavirus (HPV)
Influenza
Measles, mumps, rubella
Meningococcal
Pneumococcal
Tetanus, diphtheria, pertussis
Varicella
Counseling
Healthy diet and physical activity Counseling to prevent cardiovascular disease for adults who have cardiovascular risk factors or higher risk for chronic disease[1]
Obesity Referral to intensive, multicomponent behavioral interventions for patients with a body mass index (BMI) of 30 kg/m or higher
Sexually transmitted infection (STI) Prevention counseling for adults at higher risk[1]

[1]For more information on the definition of "higher risk" and age recommendations, please go to the US Preventive Guidelines at: www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm.Humana

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Women preventive services (includes pregnant women)

Preventive office visits are covered, as well as the screenings and counseling listed below.

Screenings	
Anemia	Screening on a routine basis for pregnant women
Bacteriuria	Urinary tract or other infection screening for pregnant women
BRCA	Screenings for women at higher risk[1]
Breast cancer mammography	Screenings every 1 – 2 years for women over 40 or over
Cervical cancer	Screening for women with a cervix, regardless of sexual history and at specified ages and intervals[3]
Chlamydia infection	Screening for younger women and other women at higher risk[1]
Gestational diabetes	Screenings for women after 24 weeks of gestation
Gonorrhea	Screening for all women at higher risk[1]
Hepatitis B	Screening for younger women and other women at higher risk[1]
HIV	Screenings for pregnant women
HPV-DNA test	High risk testing every 3 years for women with normal cytology results who are age 30 or older[1]
Osteoporosis	Screening for women age 65 and over and women at higher risk[1]
Rh incompatibility	Screening for all pregnant women during their first prenatal visit and at 24 – 28 weeks gestation
Syphilis	Screening for all pregnant women or other women at higher risk
Tobacco use	Screening and interventions for all women, and expanded counseling for pregnant tobacco users
Medications and supplements (covered with a doctor's prescription)	
Breast cancer preventive medications	For women at increased risk for breast cancer
Bacteriuria	FDA approved contraceptives for women with reproductive capacity to prevent pregnancy
Prenatal vitamins/folic acid	For women who may become pregnant or are capable of pregnancy

Counseling
Genetic counseling for women who have tested positive for BRCA
Breast cancer chemoprevention Counseling for women at increased risk for breast cancer
Domestic and interpersonal violence Screenings and referral for intervention services
Tobacco use counseling for pregnant women
Other services
Aspirin to prevent preeclampsia Low dose aspirin after 12 weeks of gestation in women who are at high risk[1]
Breast feeding[2] Equipment and counseling to promote breast feeding during pregnancy and in the postpartum period
Contraceptive methods and counseling[2]

[1]For more information on the definition of "higher risk" and age recommendations, please go to the US Preventive Guidelines at: www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm.Humana

[2]On Aug. 1, 2011, the U.S. Department of Health and Humana Services released new guidelines regarding coverage of preventive health services for women. The new guidelines state that non-grandfathered insurance plans with plan years beginning on or after Aug. 1, 2012, must include these services without cost sharing.

[3]Women 21-65: with cytology (Pap test) every three years; women 30 – 65: wanting to lengthen the screening interval. We encourage you to seek any professional advice, including legal counsel, regarding how the new requirements will affect your specific plan. For complete details, refer to your plan's Certificate of Coverage

Child preventive services

Preventive office visits are covered, as well as the screenings, immunizations, counseling and supplements listed below.

Screenings	
Alcohol and drug use	Assessments for adolescents
Autism	Screening for children at 18 – 24 months
Behavioral	Assessments for children of all ages
Congenital hypothyroidism	Screening for newborns
Depression	Screening for adolescents
Developmental	Screening for children under age 3, and surveillance throughout childhood
Dyslipidemia	Screening for children at higher risk[1] of lipid disorders
Gonorrhea	Preventive medication for the eyes of all newborns
Hearing	Screening for all newborns
Height, weight and body mass index	Measurements for children of all ages
Hematocrit or Hemoglobin	Screening for children of all ages
Hepatitis B	Screening for adolescents at higher risk[1]
HIV	Screening for adolescents at higher risk[1]
Lead	Screening for children at risk of exposure
Medical history	For all children throughout development
Obesity	Screening for children age 6 or older
Oral health	Risk assessment for young children
Phenylketonuria (PKU)	Screening for phenylketonuria in newborns
Sexually transmitted infection	Screening for adolescents at higher risk[1]
Tuberculin	Testing for children at higher risk[1] of tuberculosis
Vision	Screening for all children between the ages 3 – 5 years old
Medications and supplements (covered with a doctor's prescription)	
Fluoride chemoprevention	Supplements starting at age 6 months for children without fluoride in their water sources
Fluoride varnish	Application by a primary care clinician to primary teeth starting at tooth eruption up to age 5
Gonorrhea	Preventive medicine for the eyes of all newborns
Iron	Supplements for children ages 6 – 12 months at risk for anemia

Immunizations (vaccines for children from birth to age 18, doses, ages and populations vary)
Diphtheria, tetanus, pertussis
Haemophilus influenzae type B
Hepatitis A
Hepatitis B
Human papillomavirus (HPV)
Inactivated poliovirus
Influenza
Measles, mumps, rubella
Meningococcal
Pneumococcal
Rotavirus
Varicella
Counseling
Obesity Referral to intensive behavioral interventions to promote improvements in weight status
Sexually transmitted infection (STI) Prevention counseling for adolescents at higher risk[1]
Skin cancer Brief counseling for young adults age 10 – 24 years old to minimize their exposure to ultra violet radiation
Tobacco use Education or brief counseling to prevent initiation of tobacco use in school aged children and adolescents

[1]For more information on the definition of "higher risk" and age recommendations, please go to the US Preventive Guidelines at: www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm.Humana

Say hello to Go365.

It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365®. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with multiple ways to start, activities to unlock, and lots of ways to rack up rewards.

Unlock activities.

Go365 is all about you. You'll receive activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your activities and earn Points for higher Status.

Stay inspired.

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.

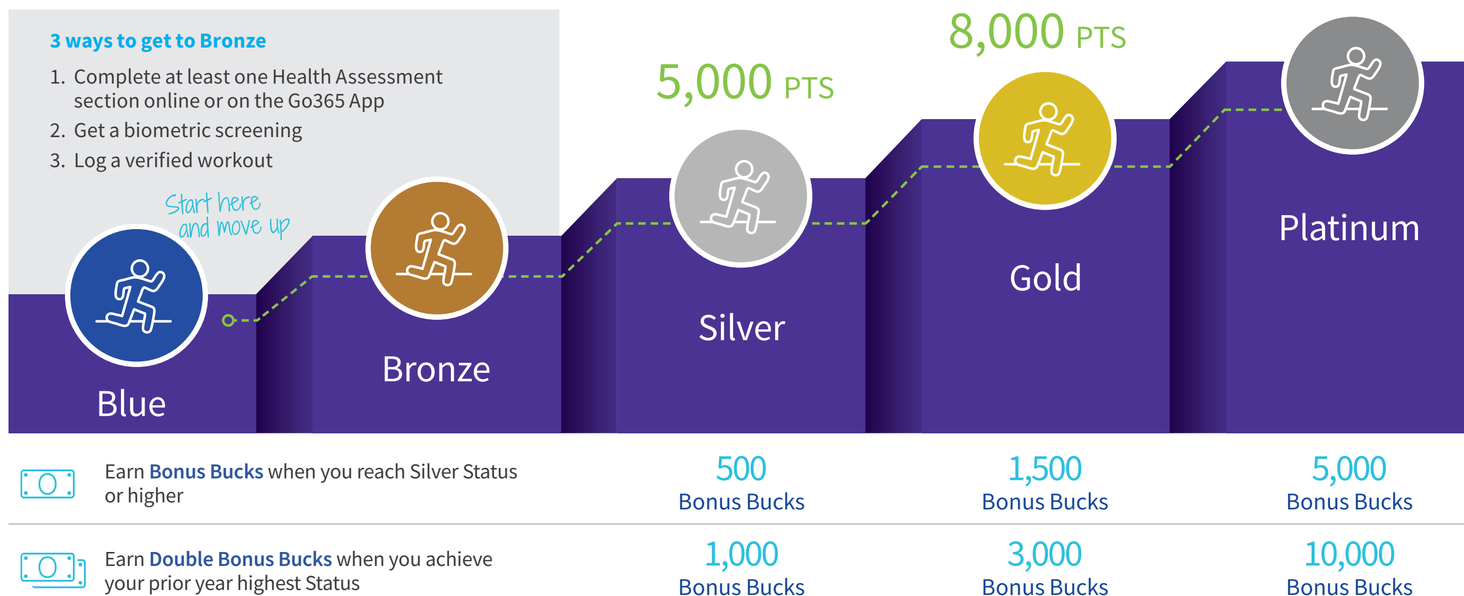
Earn rewards.

Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!

More Points. Higher Status.

Earning Points pays off big with higher Status levels. Plus, you'll earn Bonus Bucks when you reach Silver, Gold, and Platinum Status.

Unlock activites to earn more Points and move up to a higher Status



Bonus Bucks are not tied to Points and increase a Go365 member's buying power in the Go365 Mall. Bonus Bucks are awarded when a Go365 member reaches Silver, Gold and Platinum Status, and are doubled when the prior year highest Status is achieved. For example, a year one Go365 member reaches Gold Status at the end of their program year. The Go365 member will earn 1,000 Bonus Bucks for reaching Silver Status (1,000 Bonus Bucks are awarded the first time a member reaches Silver Status) and 1,500 Bonus Bucks for reaching Gold Status. In the Go365 member's next program year, the highest Status reached is Gold Status. In this example, 500 Bonus Bucks are awarded at Silver Status and 3,000 Bonus Bucks are awarded when the member reaches Gold Status again.

Go365 activities summary.

Complete Point detail for each activity including annual maximums and limits on pages 5-9.

Education

Activity	Points	
Health Assessment full completion	500	once/program year
OR Earn 50 Points for each section you complete. Bonus Points when you complete all six sections.		
Bonus Points		
First Step Health Assessment Bonus	500	once/lifetime
Fast Start Health Assessment Bonus	250	for completion within the first 90 days of program year
Weekly log	10	weekly
Sleep diary	25	weekly up to 150/program year
Daily health quiz	2	daily
Health coaching		
Enrolling	200	once/lifetime
Three phone interactions	50	up to 600/program year
Six email interactions or six progress note entries	50	
Calculator(s)	75	up to 300/program year
CPR certification	125	once/program year
First Aid certification	125	once/program year
Update/confirm your contact information	50	once/program year
Monthly Go365.com, Humana.com or Go365 App sign-in	10	up to 120/program year
First time Go365 App sign-in	50	once/lifetime
Accept online statements	50	once/lifetime

Fitness

Activity	Points	
Daily Points		up to 50/day maximum
Steps	1	per 1,000 steps
Heart Rate	5	for every 15 minutes above 60% of maximum heart rate
Calories	5	per 100 calories if burn rate exceeds 200 calories/hr.
Participating Fitness Facility	10	once/day
Bonus Points		
Exeed 50 weekly workout Points	50	only one bonus awarded per week
Exceed 100 weekly workout Points	100	
First verified lifetime workout	500	once/lifetime
First verified workout each new program year	750	once/program year
Fitness habit	25	once/month
Sports league	350	up to 1,400/program year
Challenges		up to 100/month
Create a Challenge	50	Community
Join a Challenge	50	Community
Join a Challenge	50	Sponsored
Create or join a team	50	Sponsored
Athletic events		up to 3,000/program year
Level 1	250	
Level 2	350	
Level 3	500	

Prevention

Activity	Points	
Health screening*	400	per eligible screening
Dental exam	200	up to 400/program year
Vision exam	200	once/program year
Flu shot	200	once/program year
Nicotine test	400	once/program year

Biometric screening completion:

Body mass index (BMI)	800	once/program year
Blood pressure	400	
Blood glucose	400	
Total cholesterol	400	

* Subject to certain requirements and will appear as a recommended activity if they are applicable to you.

Healthy Living

Activity	Points	
Blood donation	50	up to 300/program year
Nicotine test in-range results	400	once/program year

If your biometric screening is in healthy range, you double your Points.

Biometric screening in-range Points:

Body mass index (BMI)	800	once/program year
Blood pressure	400	
Blood glucose	400	
Total cholesterol	400	

See page 9 for biometric screening healthy ranges.

We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Message Center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward. Online statements available for Go365 members with Humana medical coverage only.