



# **SOUTH TEXAS COLLEGE OF LAW HOUSTON**

## **BENEFITS 2017**



South Texas  
COLLEGE OF LAW  
— HOUSTON —

PRIVATE AND INDEPENDENT SINCE 1923.

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If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 20 for more details.

IMPORTANT

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The contracts must be read for these details, which are accessible on the Benefit Solver website. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

## WELLNESS

At South Texas College of Law Houston, we are committed to helping you improve your health so you can be your healthy best. As a part of this commitment, we will be providing events and other resources throughout the year to help you reach your health goals.

**South Texas College of Law Houston looks forward to offering the following wellness initiatives:**

- Health Risk Assessment and Online Wellness Program
- Biometric Screenings
- Health Fair
- Flu Shots
- And Other Programs

As a South Texas College of Law Houston employee, we are looking forward to your participation. Your support and participation can have broad-reaching implications on the law school, including improving your health and lowering health care premiums. South Texas College of Law Houston will provide the resources you will need to serve as a supportive health advocate.

We are looking forward to a healthy 2017, and with your support we can build a culture that supports and actively pursues improved health. More information regarding the wellness program will be provided over the next few months. If you are interested in becoming a Wellness Champion and taking an active role in the South Texas College of Law Houston initiatives, please contact Human Resources.



## IMPORTANT CONTACTS



**BlueCross.  
BlueShield.**

Medical Benefits  
PPO Network: BlueChoice Network  
HDHP/HSA Network: BlueChoice Network  
Group Number (Overall and PPO): **168274**  
Group Number (HDHP): **169034**

Member Services:  
**1-800-521-2227**  
24-hour Nurse Line  
**1-866-412-8795**

Claim Filing Address:  
BCBS of Texas  
P.O. Box 981106  
El Paso, TX 79998-1106

[www.bcbstx.com](http://www.bcbstx.com)



**GUARDIAN™**

Dental Benefits  
DentalGuard Preferred Network  
Group Number: **362135**

Providers or Claims Questions  
Member Services: **1-800-541-7846**  
[www.guardianlife.com](http://www.guardianlife.com)

Claim Filing Address:  
Guardian  
Group Dental Claims  
P.O. Box 2459  
Spokane, WA 99210

**UnitedHealthcare Vision®**

Vision Benefits

Group Number: **F5DA**  
Providers or Claims Questions  
**1-800-638-3120**  
[www.myuhcspecialtybenefits.com](http://www.myuhcspecialtybenefits.com)

Claim Filing Address:  
UnitedHealthcare Vision  
Attn: Claims Department  
P.O. Box 30978  
Salt Lake City, UT 84130

**Discovery Benefits**

Flexible Spending Accounts

Customer Service number:  
**1-866-451-3399**  
Fax: **1-866-451-3245**

Automated Number to Check  
Balances: **1-866-451-3399**,  
option 1, option 1

Claim Filing Address:  
Discovery Benefits  
3216 13th Ave South  
 Fargo, ND 58103  
[www.discoverybenefits.com](http://www.discoverybenefits.com)

**Prudential Financial**

Growing and Protecting Your Wealth®

Short-Term Disability, Long-Term Disability, and Voluntary Life

Group Number: **81988**  
**1-800-842-1718**

<http://www.prudential.com/index/>

**unum™**  
Better benefits at work.  
Long Term Care

Group Number: **220749**  
Customer Service: **1-800-227-4165**  
[www.unum.com](http://www.unum.com)

**COMPSYCH®**  
—The GuidanceResources Company®—

Employee Assistance Program (EAP)

**1-800-311-4327** (24-hour hotline)  
[www.guidanceresources.com](http://www.guidanceresources.com) Company Web ID: **GEN311**

**HsaBANK®**  
National Leader in Health Savings Accounts.  
Health Savings Account

Toll Free: **1-800-357-6246**  
Fax Number: **1-877-357-5274**  
[www.hsabank.com](http://www.hsabank.com)



Gallagher Benefit Services, Inc.

**Benefits Help Line**

Phone **1-866-417-4676** / Fax **1-713-358-5255**  
email: [bac.stclh@ajg.com](mailto:bac.stclh@ajg.com)

## OVERVIEW

South Texas College of Law Houston is proud to provide a generous package of benefits to support the health, well-being and comfort of our eligible staff and faculty. The benefits listed on the following pages will be in effect at the law school as of January 1, 2017, and are subject to change without notice.

**Please note that if you do not enroll when first eligible, you will not be able to enroll or change your elections until the following Open Enrollment period unless you encounter a change in status. Examples of change in status events are marriage, divorce, birth, adoption or gaining legal custody of a child, death of a dependent, or if you and/or your dependents lose or gain other health care coverage.**

If you experience a change in status and want to make a change to your coverage, you must do so within 30 calendar days from the date of the event. After that time, you will not be able to make changes to your coverage until the following Open Enrollment period.

For current Network providers, please contact BCBS of Texas for medical, Guardian for dental, and UnitedHealthcare Vision for vision.



## Medical Plan

For the 2017 plan year, BlueCross and BlueShield (BCBS) of Texas is the medical insurance carrier. The law school will continue to offer two medical plan options: the PPO and the High-Deductible Health Plan (HDHP). The High-Deductible Health Plan (HDHP) is the plan option that also allows employees to put money aside on a pre-tax basis into a Health Savings Account or HSA (you must have the High-Deductible Plan to have an HSA).

The employee premiums are staying the same. We will continue to use HSA Bank for the Health Savings Account. The law school will pay all setup and monthly administration fees associated with each individual HSA account. We will continue to contribute \$75 per month for individuals (\$900 per full plan year) and \$150 per month for families (\$1,800 per full plan year), which will be funded in January and July.

HSAs allow you to put aside pre-tax dollars that may be withdrawn on a tax-free basis to pay for eligible health care expenses. Unlike Flexible Spending Accounts (FSAs), any unused HSA funds at year-end roll over to the next year (i.e., they are not forfeited). Another feature of HSAs is that you can earn interest on your HSA funds. You own the HSA and you keep these funds even if you change jobs or health plans.



## MEDICAL PLAN

*Administered by BCBS of Texas*

The law school will continue to offer two medical plan options through BCBS of Texas. For both the Preferred Provider Organization (PPO) Plan and the High-Deductible Health Plan (HDHP), you are able to choose providers in and out of BCBS of Texas's network. The BCBS of Texas BlueChoice network supports both the PPO and the HDHP plans.

### Please Note:

- If you receive services through non-network providers, the deductibles and coinsurance are higher than using network providers.
- If you use non-network providers, only amounts at or below usual and customary expenses will be considered eligible expenses. Amounts above the usual and customary will be your responsibility.
- Domestic partner eligibility is subject to employer policy. Please contact Human Resources to complete paperwork for eligibility determination.
- For inpatient and outpatient procedures, as well as anesthesiologist, radiologists and pathologists fees at in-network facilities will be paid at the in-network rate, even if the provider is not in the BCBS of Texas network.

If you have concerns on how a specific claim was paid for by one of these providers, please contact the Benefits Help Line at 1-866-417-4676.

For provider directories, ID card requests, covered medications and explanation of benefits (EOBs), please visit [www.bcbstx.com](http://www.bcbstx.com). For access to your HSA account information, please visit [www.hsabank.com](http://www.hsabank.com).



Below is a summary of each plan option.

	PPO PLAN		HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)	
	Network	Non-Network	Network	Non-Network
Calendar Year Deductible (CYD)	\$750 Individual / \$1,500 Family	\$1,500 Individual / \$3,000 Family	\$1,500 Individual / \$3,000 Family <sup>1</sup>	\$3,000 Individual / \$6,000 Family
Employee Coinsurance	80%	60%	100%	70%
Calendar Year Out-of-Pocket Limit	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$1,500 Individual / \$3,000 Family	\$10,000 Individual / \$20,000 Family
	(Includes deductibles and copays)		(Includes deductibles)	
Wellness/Preventive Care	100%	60% after CYD	100%; No Deductible	70%
PCP Office Visit Copay	\$35	60% after CYD	Network Deductible	Non-Network Deductible
Specialist Office Visit Copay	\$60	60% after CYD	Network Deductible	Non-Network Deductible
Emergency Room Facility Copay	\$200 copay per visit		Network Deductible	Non-Network Deductible
Urgent Care <sup>2</sup>	\$75 copay		Network Deductible	Non-Network Deductible
Mental Health Benefit	\$50 Office Visit, Other Services 80% after CYD	60% after CYD	Network Deductible	Non-Network Deductible
Retail Prescription Drugs (30-day Supply)	\$10 Level One \$25 Level Two \$50 Level Three		Network Deductible <sup>3</sup>	Non-Network Deductible
Home-Delivery Prescription Drugs (31- to 90-day Supply)	\$20 Level One \$50 Level Two \$100 Level Three		Network Deductible	Non-Network Deductible
SEMI-MONTHLY COST				
Employee Only	\$23.37		\$7.45	
Employee + Spouse/ Partner	\$188.15		\$138.72	
Employee + Child(ren)	\$124.63		\$91.78	
Employee + Family	\$288.20		\$222.53	

<sup>1</sup> If you cover dependents, you will be subject to the family deductible and family out-of-pocket maximum. **The family must satisfy the \$3,000 deductible before BCBS of Texas pays on any individual family member. One member or a combination of family members can satisfy the deductible.**

<sup>2</sup> The Urgent Care benefit is available at many locations throughout the Houston area. Visit [www.bcbstx.com](http://www.bcbstx.com) to find a location near you.

<sup>3</sup> Deductible is waived for certain preventive medications.



## HIGH-DEDUCTIBLE HEALTH PLANS AND HSAS

### What is a Health Savings Account (HSA)?

An HSA is a savings account that allows you to save and pay for qualified health expenses for you and your dependents on a tax-free basis. South Texas College of Law Houston will withhold payroll deductions and deposit the pre-tax money into your account with HSA Bank, our HSA bank account provider ([www.hsabank.com](http://www.hsabank.com) or 1-800-357-6246).

### Who is eligible for an HSA?

- You must be enrolled in an IRS “qualified” High-Deductible Health Plan (HDHP).
- You must not be covered by another medical plan, unless the other medical plan is a “qualified” HDHP.
- You must not be enrolled in any Medicare coverage.

### Can I participate in both the Healthcare Flexible Spending Account and the HSA?

Yes, but you may only be reimbursed from the Flexible Spending Account for dental and vision expenses. Enrollment in the Dependent Care Spending Account is not affected by enrollment in an HSA.

### What is my contribution limit to the HSA?

The 2017 calendar year contribution limits for HSAs are listed below. As in the past, the law school is continuing to partially fund the HSA account. Note that the contribution limits will be increasing slightly for 2017.

2017			
	TOTAL CONTRIBUTION	LAW SCHOOL CONTRIBUTION	EMPLOYEE CONTRIBUTION
Individual	\$3,400	\$900	\$2,500
Family	\$6,750	\$1,800	\$4,950

If you are age 55 and older, you may contribute an additional “catch-up” contribution of \$1,000.

### Does my HSA earn interest? If so, is the interest taxable?

Yes, your HSA account does earn interest, and the interest is non-taxable.

### What expenses may I pay for from my HSA?

Unreimbursed health care expenses as listed in IRS Code Section 213(d). In addition to the listed expenses, you may use the money for Long-Term Care premiums and COBRA premiums in the event you lose your coverage.

### How do I pay for claims through my HSA?

You will receive your HSA Bank card under a separate mailing from HSA Bank. You can use this card for HSA-eligible expenses at certain qualified locations that accept Visa cards. Save your receipts every time you withdraw money from your HSA in the event the IRS asks you to verify an expense.

### Is there a penalty for paying for non-qualified health expenses from my HSA?

Yes, you will be subject to your regular income tax rate and a 20% penalty.

### Do I have to prove my expenses are qualified health expenses?

You are responsible for keeping receipts in the event the IRS audits your tax return.

### If I do not spend all of the money in my HSA, do I lose it?

No. Your HSA bank account is your personal account. Any unused funds are yours and remain in your HSA.

### If I leave South Texas College of Law Houston, do I lose the money in my HSA?

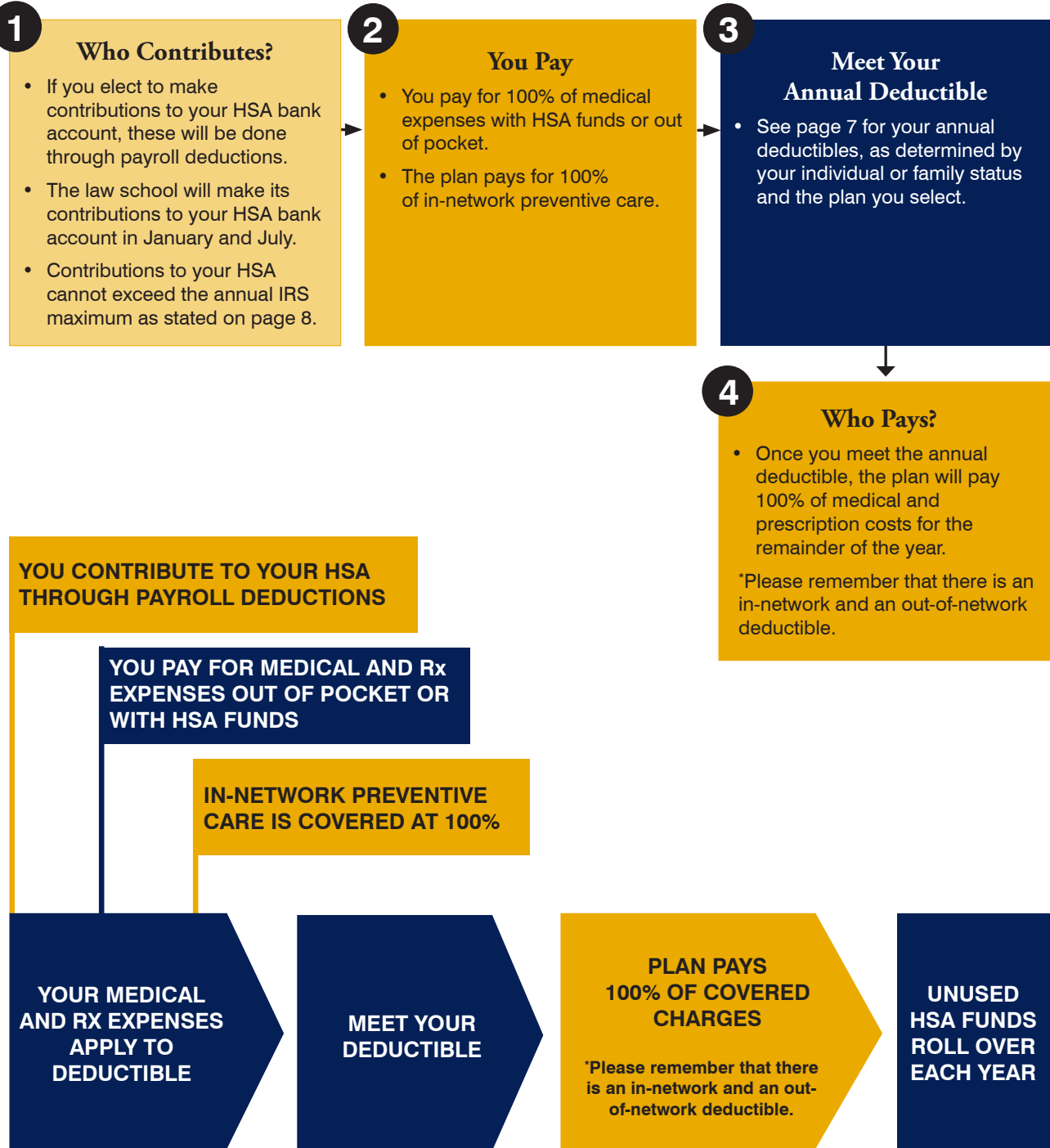
No, you own your HSA bank account and the money in it is yours. The law school, however, will not continue to pay your bank administrative fees.

### Can I participate in a HDHP and another health plan and still be eligible for the HSA?

As long as both health plans are HDHPs, you are eligible for an HSA.



## How does the HSA work with my HDHP?



## DENTAL PLAN

### *Administered by Guardian Life Insurance Company*

Guardian Life Insurance Company is the law school's dental insurance carrier. The dental plan includes a lifetime deductible for each covered member, as well as orthodontia benefits for dependents under the age of 19.

#### **Please Note:**

- Preventive and Basic Services – If you do not have an oral examination and prophylaxis completed one time per plan year (1/1 – 12/31), then the coinsurance for preventive and basic services will revert back to the first-year payment rate during the following benefit year. You would then have to advance through year 2, 3 and 4 payment rates again.
- Prophylaxis – limited to two treatments in any benefit year (1/1 – 12/31).
- If you use non-network providers, only the amounts at or below the usual and customary expenses will be eligible. Amounts above the usual and customary will be your responsibility.

TYPE OF SERVICE	BENEFIT
One-time Deductible	\$100/Individual
Preventive and Basic Services	70% first year of employment 80% second year of employment 90% third year of employment 100% fourth year of employment and beyond
Major Services	60%
Plan Year (1/1 – 12/31) Maximum Benefit	\$2,000
Orthodontia Services	50%
Orthodontia Lifetime Maximum	\$1,500

Your contribution is based on the level of coverage you select. Below are the semi-monthly employee contributions.

COVERAGE LEVEL	SEMI-MONTHLY CONTRIBUTION
Employee Only	\$0.00
Employee + Spouse/Partner	\$19.51
Employee + Child(ren)	\$18.42
Employee + Family	\$37.95



## VISION PLAN

*Administered by UnitedHealthcare Vision*

The vision plan will continue to be through UnitedHealthcare Vision. If you choose a network provider, you pay the copay plus the cost of any non-covered options. If you choose a non-network provider, you pay the full fee to the provider, and then submit itemized receipts to UnitedHealthcare Vision to receive reimbursement for non-network allowances. The chart to the right is an overview of the network and non-network benefits.

To locate a network provider, call UnitedHealthcare Vision at **1-800-839-3242** or visit **[www.myuhcspecialtybenefits.com](http://www.myuhcspecialtybenefits.com)**.

Always identify yourself as a UnitedHealthcare Vision member when making an appointment with a provider so a claim authorization can be obtained prior to your visit.

TYPE OF SERVICE	NETWORK	NON-NETWORK
Exams (Every 12 months)	\$10 Copay	\$40 Reimbursement
Lenses (Every 12 months)	\$25 Copay	\$40 to \$80 Reimbursement based on lens type
Frame (Every 24 months)	Selected frames covered in full Private Practice Provider – \$50 wholesale allowance Retail Chain Provider – \$130 retail frame allowance	Up to a \$45 Reimbursement
Contact Lenses (in lieu of eyeglasses) (Every 12 months)	Selected lenses covered in full after \$25 copay. Other lenses – \$105 Reimbursement <sup>1</sup>	\$105 Reimbursement <sup>1</sup>
Refractive Eye Surgery	Discounted refractive eye surgery is available from numerous providers in Houston. To find a participating laser eye surgeon, visit <b><a href="http://www.myuhcspecialtybenefits.com">www.myuhcspecialtybenefits.com</a></b> .	

<sup>1</sup> You must include all claims in a single claim filing to receive the full \$105 reimbursement. If you file a claim for less than \$105, you will exhaust your entire contact lens benefit for the year.

Your semi-monthly employee contribution is as follows:

COVERAGE LEVEL	SEMI-MONTHLY CONTRIBUTION
Employee Only	\$3.34
Employee + Spouse/Partner	\$6.35
Employee + Child(ren)	\$6.66
Employee + Family	\$10.25



## FLEXIBLE SPENDING ACCOUNTS

### *Administered By Discovery Benefits*

Flexible Spending Accounts (FSAs) provide you with an important tax advantage that allows you to pay health care and dependent care expenses on a pre-tax basis and lower your taxable income. With an FSA, money is taken out of your paycheck on a pre-tax basis to pay for eligible expenses.

### Health Care Reimbursement Account (HCRA)

You can pay for certain IRS-approved medical care expenses not covered by an insurance plan with pre-tax dollars through a HCRA. **In 2017, you may contribute up to \$2,550 per plan year (1/1–12/31).** Please note that if you are actively participating in the HCRA at the end of the plan year, 12/31/16, then you are eligible to continue incurring claims through 3/15/17, and reimbursing yourself from your 2017 plan year HCRA account. You have until 3/31/17 to file your Discovery Benefits claims. This plan feature allows you the additional opportunity to use up the previous year's account balance.

Note: All expenses for both the health care and dependent care reimbursement accounts must be used for expenses incurred during the plan year. You will forfeit any unused funds. Be sure to plan carefully.

### Some examples of eligible expenses under the HCRA include:

- Your deductibles and copays under the medical plan. **Please note if you enroll in the High-Deductible Health Plan (HDHP), you will not be able to use the HCRA to reimburse yourself (or your dependents) for medical expenses. You will only be able to use this account for dental and vision expenses.**
- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations, eyeglasses and LASIK eye surgery
- Dental services and orthodontia
- Acupuncture
- Prescription contraceptives
- Certain over-the-counter medications with a doctor's prescription
- Insulin

### Reimbursement Timeline<sup>1</sup>

ACTIVELY ENROLLED IN PLAN	INCUR CLAIMS THROUGH	REIMBURSED FROM	DEADLINE FOR FILING CLAIMS
1/1/17 – 12/31/17	3/15/18	2018 Plan Year HCRA/ DCRA	3/31/18

<sup>1</sup> To optimize your reimbursement, submit your claims by date incurred, starting with the oldest claims first.

### Dependent Care Reimbursement Account (DCRA)

You can pay for qualified dependent care, such as caring for children under the age of 13 or caring for elders, with pre-tax dollars through a DCRA. **The maximum amount you may contribute to the DCRA is \$5,000** (or \$2,500 if married and filing separately) per plan year (1/1–12/31).

#### Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten and above)

### Important for You to Know

Medical, Dental, Vision and FSA contributions are taken on a pre-tax basis and, therefore, cannot be changed until the next open enrollment, unless you have an IRS-qualified family status change such as marriage, divorce, death, birth, change in child's dependent or student status, change in your or your spouse's employment status, or loss of spouse's health coverage.

## GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

*Administered by Prudential Financial*

Prudential Financial will continue to provide life insurance. South Texas College of Law Houston will continue to pay 100% of the cost for both your Group Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance provided through Prudential Financial, and employees will continue to be covered at two times their annual salary. (See Note below.)

### Optional Life and Accidental Death & Dismemberment

The law school recognizes that deciding to purchase life insurance is one of the most important decisions you can make for your family's future. Therefore, we provide you with the opportunity to obtain additional coverage through Prudential Financial. All employees can elect to upgrade their optional life coverages at any time during the year. Prudential Optional Life forms are available online through Benefit Solver. All late entrants will be required to go through medical underwriting, prior to being approved for any elected benefit. Enrollment is available year-round for buy-up options dependent upon Evidence of Insurability (EOI).

#### Employee Optional Life

You may elect coverage in increments of \$10,000. The maximum you may elect is limited to the lesser of 5 times your salary or \$500,000. This coverage is available to you with a guaranteed issue of \$100,000 benefit, provided enrollment takes place within 30 days of your initial eligibility date. Amounts over \$100,000 are subject to EOI.

#### Dependent Optional Life

You have an option of purchasing a basic dependent life benefit. Under this option, your spouse/partner has a \$10,000 life benefit, and your child(ren) have a \$5,000 benefit. This benefit is \$0.77 per semi-monthly payroll.

#### Spouse/Partner Optional Life

In addition to the basic dependent life benefit, you may purchase additional coverage on your spouse/partner in increments of \$10,000 up to \$250,000, or 100% of the amount you purchase on yourself. Elected amounts greater than \$20,000 are subject to EOI. The cost of the additional spouse/partner coverage is based on the age of the employee.

**Note:** Rates include reductions for age. The life insurance benefits for all life insurance (basic and optional) options reduce to 65% at age 70 and 50% at age 75.

Employees are taxed on group term life insurance coverage provided by the employer if the total amount of such policy exceeds \$50,000. The imputed cost of the coverage exceeding \$50,000 is included in income and is subject to Social Security and Medicare taxes.



## Optional Life Insurance Rates for Employees and Spouses

SEMI-MONTHLY CONTRIBUTION RATES (SPOUSE COVERAGE AVAILABLE ONLY UP TO \$250,000) BASED ON EMPLOYEE AGE												
Amount	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75+*
\$10,000	\$0.43	\$0.49	\$0.60	\$0.67	\$0.72	\$1.01	\$1.47	\$2.62	\$3.94	\$7.59	\$7.79	\$5.99
\$20,000	\$0.86	\$0.98	\$1.19	\$1.33	\$1.44	\$2.01	\$2.93	\$5.23	\$7.87	\$15.17	\$15.57	\$11.98
\$30,000	\$1.29	\$1.47	\$1.79	\$2.00	\$2.16	\$3.02	\$4.40	\$7.85	\$11.81	\$22.76	\$23.36	\$17.97
\$40,000	\$1.72	\$1.96	\$2.38	\$2.66	\$2.88	\$4.02	\$5.86	\$10.46	\$15.74	\$30.34	\$31.15	\$23.96
\$50,000	\$2.15	\$2.45	\$2.98	\$3.33	\$3.60	\$5.03	\$7.33	\$13.08	\$19.68	\$37.93	\$38.94	\$29.95
\$60,000	\$2.58	\$2.94	\$3.57	\$3.99	\$4.32	\$6.03	\$8.79	\$15.69	\$23.61	\$45.51	\$46.72	\$35.94
\$70,000	\$3.01	\$3.43	\$4.17	\$4.66	\$5.04	\$7.04	\$10.26	\$18.31	\$27.55	\$53.10	\$54.51	\$41.93
\$80,000	\$3.44	\$3.92	\$4.76	\$5.32	\$5.76	\$8.04	\$11.72	\$20.92	\$31.48	\$60.68	\$62.30	\$47.92
\$90,000	\$3.87	\$4.41	\$5.36	\$5.99	\$6.48	\$9.05	\$13.19	\$23.54	\$35.42	\$68.27	\$70.08	\$53.91
\$100,000	\$4.30	\$4.90	\$5.95	\$6.65	\$7.20	\$10.05	\$14.65	\$26.15	\$39.35	\$75.85	\$77.87	\$59.90
\$110,000	\$4.73	\$5.39	\$6.55	\$7.32	\$7.92	\$11.06	\$16.12	\$28.77	\$43.29	\$83.44	\$85.66	\$65.89
\$120,000	\$5.16	\$5.88	\$7.14	\$7.98	\$8.64	\$12.06	\$17.58	\$31.38	\$47.22	\$91.02	\$93.44	\$71.88
\$130,000	\$5.59	\$6.37	\$7.74	\$8.65	\$9.36	\$13.07	\$19.05	\$34.00	\$51.16	\$98.61	\$101.23	\$77.87
\$140,000	\$6.02	\$6.86	\$8.33	\$9.31	\$10.08	\$14.07	\$20.51	\$36.61	\$55.09	\$106.19	\$109.02	\$83.86
\$150,000	\$6.45	\$7.35	\$8.93	\$9.98	\$10.80	\$15.08	\$21.98	\$39.23	\$59.03	\$113.78	\$116.81	\$89.85
\$160,000	\$6.88	\$7.84	\$9.52	\$10.64	\$11.52	\$16.08	\$23.44	\$41.84	\$62.96	\$121.36	\$124.59	\$95.84
\$170,000	\$7.31	\$8.33	\$10.12	\$11.31	\$12.24	\$17.09	\$24.91	\$44.46	\$66.90	\$128.95	\$132.38	\$101.83
\$180,000	\$7.74	\$8.82	\$10.71	\$11.97	\$12.96	\$18.09	\$26.37	\$47.07	\$70.83	\$136.53	\$140.17	\$107.82
\$190,000	\$8.17	\$9.31	\$11.31	\$12.64	\$13.68	\$19.10	\$27.84	\$49.69	\$74.77	\$144.12	\$147.95	\$113.81
\$200,000	\$8.60	\$9.80	\$11.90	\$13.30	\$14.40	\$20.10	\$29.30	\$52.30	\$78.70	\$151.70	\$155.74	\$119.80
\$210,000	\$9.03	\$10.29	\$12.50	\$13.97	\$15.12	\$21.11	\$30.77	\$54.92	\$82.64	\$159.29	\$163.53	\$125.79
\$220,000	\$9.46	\$10.78	\$13.09	\$14.63	\$15.84	\$22.11	\$32.23	\$57.53	\$86.57	\$166.87	\$171.31	\$131.78
\$230,000	\$9.89	\$11.27	\$13.69	\$15.30	\$16.56	\$23.12	\$33.70	\$60.15	\$90.51	\$174.46	\$179.10	\$137.77
\$240,000	\$10.32	\$11.76	\$14.28	\$15.96	\$17.28	\$24.12	\$35.16	\$62.76	\$94.44	\$182.04	\$186.89	\$143.76
\$250,000	\$10.75	\$12.25	\$14.88	\$16.63	\$18.00	\$25.13	\$36.63	\$65.38	\$98.38	\$189.63	\$194.68	\$149.75
\$260,000	\$11.18	\$12.74	\$15.47	\$17.29	\$18.72	\$26.13	\$38.09	\$67.99	\$102.31	\$197.21	\$202.46	\$155.74
\$270,000	\$11.61	\$13.23	\$16.07	\$17.96	\$19.44	\$27.14	\$39.56	\$70.61	\$106.25	\$204.80	\$210.25	\$161.73
\$280,000	\$12.04	\$13.72	\$16.66	\$18.62	\$20.16	\$28.14	\$41.02	\$73.22	\$110.18	\$212.38	\$218.04	\$167.72
\$290,000	\$12.47	\$14.21	\$17.26	\$19.29	\$20.88	\$29.15	\$42.49	\$75.84	\$114.12	\$219.97	\$225.82	\$173.71
\$300,000	\$12.90	\$14.70	\$17.85	\$19.95	\$21.60	\$30.15	\$43.95	\$78.45	\$118.05	\$227.55	\$233.61	\$179.70
\$310,000	\$13.33	\$15.19	\$18.45	\$20.62	\$22.32	\$31.16	\$45.42	\$81.07	\$121.99	\$235.14	\$241.40	\$185.69
\$320,000	\$13.76	\$15.68	\$19.04	\$21.28	\$23.04	\$32.16	\$46.88	\$83.68	\$125.92	\$242.72	\$249.18	\$191.68
\$330,000	\$14.19	\$16.17	\$19.64	\$21.95	\$23.76	\$33.17	\$48.35	\$86.30	\$129.86	\$250.31	\$256.97	\$197.67
\$340,000	\$14.62	\$16.66	\$20.23	\$22.61	\$24.48	\$34.17	\$49.81	\$88.91	\$133.79	\$257.89	\$264.76	\$203.66
\$350,000	\$15.05	\$17.15	\$20.83	\$23.28	\$25.20	\$35.18	\$51.28	\$91.53	\$137.73	\$265.48	\$272.55	\$209.65
\$360,000	\$15.48	\$17.64	\$21.42	\$23.94	\$25.92	\$36.18	\$52.74	\$94.14	\$141.66	\$273.06	\$280.33	\$215.64
\$370,000	\$15.91	\$18.13	\$22.02	\$24.61	\$26.64	\$37.19	\$54.21	\$96.76	\$145.60	\$280.65	\$288.12	\$221.63
\$380,000	\$16.34	\$18.62	\$22.61	\$25.27	\$27.36	\$38.19	\$55.67	\$99.37	\$149.53	\$288.23	\$295.91	\$227.62
\$390,000	\$16.77	\$19.11	\$23.21	\$25.94	\$28.08	\$39.20	\$57.14	\$101.99	\$153.47	\$295.82	\$303.69	\$233.61
\$400,000	\$17.20	\$19.60	\$23.80	\$26.60	\$28.80	\$40.20	\$58.60	\$104.60	\$157.40	\$303.40	\$311.48	\$239.60
\$410,000	\$17.63	\$20.09	\$24.40	\$27.27	\$29.52	\$41.21	\$60.07	\$107.22	\$161.34	\$310.99	\$319.27	\$245.59
\$420,000	\$18.06	\$20.58	\$24.99	\$27.93	\$30.24	\$42.21	\$61.53	\$109.83	\$165.27	\$318.57	\$327.05	\$251.58
\$430,000	\$18.49	\$21.07	\$25.59	\$28.60	\$30.96	\$43.22	\$63.00	\$112.45	\$169.21	\$326.16	\$334.84	\$257.57
\$440,000	\$18.92	\$21.56	\$26.18	\$29.26	\$31.68	\$44.22	\$64.46	\$115.06	\$173.14	\$333.74	\$342.63	\$263.56
\$450,000	\$19.35	\$22.05	\$26.78	\$29.93	\$32.40	\$45.23	\$65.93	\$117.68	\$177.08	\$341.33	\$350.42	\$269.55
\$460,000	\$19.78	\$22.54	\$27.37	\$30.59	\$33.12	\$46.23	\$67.39	\$120.29	\$181.01	\$348.91	\$358.20	\$275.54
\$470,000	\$20.21	\$23.03	\$27.97	\$31.26	\$33.84	\$47.24	\$68.86	\$122.91	\$184.95	\$356.50	\$365.99	\$281.53
\$480,000	\$20.64	\$23.52	\$28.56	\$31.92	\$34.56	\$48.24	\$70.32	\$125.52	\$188.88	\$364.08	\$373.78	\$287.52
\$490,000	\$21.07	\$24.01	\$29.16	\$32.59	\$35.28	\$49.25	\$71.79	\$128.14	\$192.82	\$371.67	\$381.56	\$293.51
\$500,000	\$21.50	\$24.50	\$29.75	\$33.25	\$36.00	\$50.25	\$73.25	\$130.75	\$196.75	\$379.25	\$389.35	\$299.50



## SHORT-TERM DISABILITY, LONG-TERM DISABILITY, AND LONG-TERM CARE PLANS

### Short-Term Disability (STD)

*Administered by Prudential Financial*

This benefit is available at no cost and provides income protection if an employee is unable to work due to a qualified medical condition. Short-term disability benefits are payable up to 11 weeks following a 2-week elimination period as noted in the table below.

### Long-Term Disability (LTD)

*Administered by Prudential Financial*

South Texas College of Law Houston values your service and wants to ensure you are taken care of in the event of an eligible life-changing accident or disability. The law school will continue to pay 100% of the cost for the LTD policy, which provides an eligible **LTD benefit level of 66 2/3% of pay for all faculty and staff.**

PROVISION	STD BENEFIT	LTD BENEFIT
Elimination Period	14 Days	90 Days
Eligible Benefit	60% of Weekly Earnings	66 2/3% of Monthly Earnings
Maximum Eligible Benefit	\$1,500 Per Week	\$12,500 Per Month
Minimum Eligible Benefit	\$25 Per Week	\$100 Per Month
Own Occupation Period	N/A	24 Months, After 24 Months Any Occupation
Benefit Duration	11 Weeks	Prior to Age 65, to Normal Retirement Age

### Long-Term Care

*Administered by Unum*

The Long-term Care (LTC) benefit provides you with assistance or long-term care after your loss of ability to perform certain activities of daily living or you suffer a cognitive impairment. This benefit is provided through Unum. The law school provides all employees with a base benefit of \$1,000 per month for three years of care in a nursing facility. All employees can elect to upgrade their LTC coverage at any time during the year. Please contact Human Resources for an information packet for additional information or for any increase in coverage availability. You may purchase additional LTC benefits to accompany the base benefit by:

- Electing coverage for your spouse/domestic partner or respective parents or grandparents.
- Enrolling in a combination of home care and nursing facility care (Indicated as Plan 2 on the Long-Term Care enrollment form).
- By increasing the amount of the monthly benefit. Additional monthly benefit amounts are \$2,000, \$3,000, \$4,000, \$5,000 and \$6,000.
- Increasing the duration of the benefit from three years to an unlimited time.



All late entrants will be required to go through medical underwriting prior to being approved for any elected benefit. Enrollment is available year-round for buy-up options dependent on Evidence of Insurability.

## ADDITIONAL BENEFITS

### 401(a) Defined Contribution Retirement Plan

Employees become eligible after one year of employment, once they have worked 1,000 hours in a 12-consecutive-month period, and attained the age of 25. The law school contributes an amount equal to 8% of your salary, up to the statutory maximum defined by the IRS, into a retirement account managed by **McCready and Keene**. You have the right to direct your own investments into a variety of investment funds or you can utilize Quantitative Group to actively manage your account. You become vested in the law school's contributions immediately upon becoming eligible for the plan. Loans on this account are not allowed.

### 403(b) Deferred Annuities

This plan is optional and offered from date of hire. It is a qualified retirement plan into which eligible employees may invest through pre-tax or Roth payroll deductions. Employee accounts in this plan are funded only with the employee's contributions and are managed by **McCready and Keene**. The total amount an employee may contribute to this plan is limited to the statutory maximum defined by the IRS. You have the right to direct your own investments into a variety of investment funds or you can utilize Quantitative Group to actively manage your account.

### Employee Assistance Plan (EAP)

The EAP is provided through **ComPsych** to you and members of your immediate household at no cost. This plan is designed to assist employees and family members in dealing with a variety of personal problems such as depression, marital difficulties, concerns with children, substance abuse, legal questions, or financial crisis. The details of any personal problems are confidential and remain between the user and the professional EAP counselor. A 24-hour toll-free number is provided to receive further information or to receive immediate assistance in a time of crisis at 1-800-311-4327.

### Credit Union

The law school employees are eligible to join **Smart Financial Credit Union**, which offers a full line of banking services such as savings programs and checking accounts, a variety of loans at competitive or lower rates, and credit cards available at a lower cost than most other credit cards.

### Direct Deposit

We encourage using our direct deposit program. Paychecks can be automatically deposited each payday into a qualifying bank, savings, or credit union account assigned to your name, and you can have up to three individual direct deposit accounts at the same or separate institutions.

### Texas Lawyers Assistance Program (TLAP)

TLAP is a confidential 24-hour service made up of lawyers and judges throughout the state, as well as a network of volunteers, all of whom are committed to helping troubled lawyers get assistance and support. This program offers help to lawyers suffering from chemical dependence, stress, depression and similar problems. Referrals may be made by the impaired attorney, or by anyone concerned about the attorney by calling **1-800-343-TLAP** at any time of the day. By law, all information is kept strictly confidential.

### Parking

Parking in our designated lot is currently provided on a space-available basis for employees of the law school at no cost.



## LEGAL NOTICES

### Termination of Benefits - COBRA Rights

Benefit coverage for you and your family will terminate on the day on which you and/or any dependents cease to be eligible. If you become ineligible for coverage, you and your eligible dependent may have continuation rights for medical, dental, and vision benefits under the federal law known as COBRA. If you terminate your employment or are in an ineligible benefit status, you will be notified about any continuation rights you may have. You will also receive a Certificate.

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your eligible dependents are entitled to continue your group health benefits coverage (medical, dental, vision, HCRA) under the law school's plan after you have left employment with the law school. If you wish to elect COBRA coverage, you have 45 days from the date you receive your election notice to make an election. For your reference, the COBRA rates are listed below, and include the 2% administrative fee.

COVERAGE LEVEL	PPO	HDHP	DENTAL	VISION
Employee Only	\$886.72	\$894.23	\$43.91	\$6.81
Employee + Spouse/ Partner	\$2,145.85	\$2,164.04	\$99.40	\$12.95
Employee + Child(ren)	\$1,631.55	\$1,645.37	\$100.32	\$13.59
Employee + Family	\$2,819.76	\$2,843.66	\$155.72	\$20.91

### Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states 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 physician 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 the plan.

### HIPAA Special Enrollment Rights

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

- Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.
- New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact

- Cathryn Attaway, Human Resources  
South Texas College of Law Houston  
1303 San Jacinto, Suite 803  
Houston, TX 77002 1-713-646-1812

## The Newborns' and Mothers' Health Protection Act of 1996

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).

## HIPAA Privacy Notice

South Texas College of Law Houston is committed to the privacy of your health information. The administrators of the South Texas College of Law Houston's health plan (the "plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The plan's policies protecting your privacy rights and your rights under the law are described in the plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting your plan administrator.

## 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 child(ren) aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs. However, you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

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

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, 2016. Contact your state for more information on eligibility.

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1.855.692.5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program website: <http://myakhipp.com/>  
Medicaid Eligibility website: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>  
Phone: 1.866.251.4861  
Email: [CustomerService@MyAKHIP.com](mailto:CustomerService@MyAKHIP.com)

### ARKANSAS – Medicaid

Website: <http://myarhipp.com>  
Phone: 1.855.692.7447

### COLORADO – Medicaid

Medicaid Website: <http://www.colorado.gov/hcpf>  
Medicaid Customer Contact Center: 1.800.221.3943

### FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp>  
Phone: 1.877.357.3268

### GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>  
Click on Health Insurance Premium Payment (HIPP)  
Phone: 1.404.656.4507

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64 website: <http://www.hip.in.gov>  
Phone: 1.877.438.4479  
All other Medicaid website: <http://www.indianamedicaid.com>  
Phone: 1.800.403.0864

### IOWA – Medicaid

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)  
Phone: 1.888.346.9562

### KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1.785.296.3512

<b>KENTUCKY – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1.800.635.2570
<b>LOUISIANA – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1.888.695.2447
<b>MAINE – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/publicassistance/index.html">http://www.maine.gov/dhhs/ofi/publicassistance/index.html</a> Phone: 1.800.442.6003 TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1.800.462.1120
<b>MINNESOTA – Medicaid</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1.800.657.3739
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 1.573.751.2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1.800.694.3084
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1.855.632.7633
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1.800.992.0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 1.603.271.5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1.609.631.2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1.800.701.0710
<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1.800.541.2831
<b>NORTH CAROLINA – Medicaid and CHIP</b>
Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919.855.4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1.844.854.4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1.888.365.3742

<b>OREGON – Medicaid</b>
Website: <a href="http://www.oregonhealthkids.gov">www.oregonhealthkids.gov</a> <a href="http://www.hijossaludablesoregon.gov">www.hijossaludablesoregon.gov</a> Phone: 1.800.699.9075
<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1.800.692.7462
<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1.401.462.5300
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1.888.549.0820
<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1.888.828.0059
<b>TEXAS – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1.800.440.0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid website: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1.877.543.7669
<b>VERMONT – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1.800.250.8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1.800.432.5924 CHIP Phone: 1.855.242.8282
<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1.800.562.3022 ext. 15473
<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1.877.598.5820, HMS Third Party Liability
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1.800.362.3002
<b>WYOMING – Medicaid</b>
Website: <a href="http://wyequalitycare.acs-inc.com/">http://wyequalitycare.acs-inc.com/</a> Phone: 1.307.777.7531

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
(866) 444-3272

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
(877) 267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)



## **Michelle's Law**

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under South Texas College of Law Houston's health plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under South Texas College of Law Houston's health plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year. This coverage continuation may be available if, on the day before the medically necessary leave of absence begins, your child is covered under South Texas College of Law Houston's health plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period. If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, contact your plan administrator.

## **Important Notice from South Texas College of Law Houston 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 South Texas College of Law Houston 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. South Texas College of Law Houston has determined that the prescription drug coverage offered by the South Texas College of Law Houston's 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 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 Oct. 15 – Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two month Special Enrollment Period (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 South Texas College of Law Houston coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current South Texas College of Law Houston coverage, be aware that you and your dependents will 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 South Texas College of Law Houston 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:**

Cathryn Attaway, Human Resources  
South Texas College of Law Houston  
1303 San Jacinto, Suite 803  
Houston, TX 77002 **1-713-646-1812**

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 South Texas College of Law Houston changes. You also may request a copy of this notice at any time.

### **For more information about your options under Medicare prescription drug coverage:**

Review 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 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 **www.socialsecurity.gov**, or call **1-800-772-1213** (TTY 1-800-325-0778).

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

**Date:** October 15, 2016  
**Name of Entity/Sender:** South Texas College of Law Houston  
**Contact-Position/Office:** Cathryn Attaway, Human Resources  
**Address:** 1303 San Jacinto, Suite 803  
Houston, TX 77002  
**Phone Number:** **1-713-646-1812**

## **Pre-Tax Payroll Deductions**

To help offset your contributions for the medical, dental, and vision plans, South Texas College of Law Houston offers these benefits on a pre-tax basis through the Section 125 (or "cafeteria") plan. By making pre-tax contributions, your premium is withheld from your pay before federal, state (if applicable), and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck. Pre-tax premiums are automatic unless you waive them in writing.

## **Wellness Program**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan administrator and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.







Gallagher Benefit Services, Inc.