2017 EMPLOYEE BENEFITS

YOUR GUIDE.

YOUR ADVOCATE.

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RENEWAL SUMMARY

It is time to review and update your benefits for 2017!

Medical:

- Tufts Health Plan will continue to be our exclusive provider for 2017
- There will continue to be one plan offering: Tufts Your Choice HMO—A Tiered Provider Network Plan
- You will continue to have the choice between either lower cost or higher cost providers that participate in the Tufts HMO network
- No plan design changes

Dental:

- Renewing with Delta Dental of MA
- No plan design changes

Voluntary Vision:

- Renewing with NVA
- Increasing the frames/contact lens allowance from $130 to $150

Flexible Spending Accounts:

- Renewing with PayPlans & Benefits
- Maximum annual healthcare FSA election amount increasing to $2,600

Basic Life/AD&D/Long Term Disability:

- Lincoln Financial will be our new carrier for 2017
- No plan design changes
- These benefits will continue to be paid for at 100% by Labouré College for all benefits-eligible employees

  (working minimum 20 hours per week for Life & 30 hours per week for LTD)
- New Voluntary Life/AD&D offering for 2017 (100% employee paid)
- New Employee Assistance Program (EAP), Travel Assist Program and Will Preparation Service through Lincoln Financial

Voluntary Short Term Disability, Accident, Critical Illness:

- No plan design changes
- 100% employee paid (paid with after-tax contributions so you will receive a tax-free benefit)

WHAT IS "OPEN ENROLLMENT"?

Federal legislation requires all health plans to allow employees an opportunity to change their health plan elections without penalty and without requiring evidence of good health.

This opportunity is called "open enrollment" and occurs at the time of a plan's renewal. For Labouré College, Open Enrollment is the period November 14-November 28, 2016. All paperwork is due to Human Resources by **November 28, 2016.** During this period Labouré College employees may elect to:

- Enroll themselves and any family member onto the medical or dental program.
- Drop the medical or dental coverage for themselves or any family member.
- Change their election from individual to individual + 1 to family or vice versa.

All changes are effective January 1st and cannot be changed until next January 1st unless you have a family status change. Examples of a qualified status change include:

- Marriage
- Divorce
- Birth or adoption of a child

If during the year you experience a life event and you wish to change your election, you need to report the change to Human Resources within 31 days of the date the change in status occurred. If you notify Human Resources more than 31 days after the incident, unfortunately, because of IRS regulations, you will not be able to change your medical or dental election until the next open enrollment period.

MESSAGE FROM HUMAN RESOURCES

The 2017 annual Open Enrollment Period will take place from **November 14—November 28, 2016.** This is the time of year when benefit eligible employees have the opportunity to enroll in, or make changes to their benefits including health and dental coverage, flexible spending accounts and vision coverage. Please remember that this is the only opportunity during the plan year to make changes to these benefits unless you experience a qualifying event such as marriage, divorce, birth or adoption of a child, or loss of coverage. Please review and plan your needs accordingly. Any benefit changes made during the annual open enrollment period will take effect January 1, 2017 and will continue through December 31, 2017.

As you may have heard, Labouré College pays fees related to national healthcare reform law. Along with Health Care Reform, and because health care costs continue to rise, we struggle with finding the balance of providing an excellent health care plan to our employees, while keeping the costs affordable and reasonable to employees and to the College. The premiums we pay are based on the claims we incur as a group, so we all benefit from being smarter consumers and leading healthier lifestyles. Based on our group's utilization of our current medical plan, we were presented with a 6.0% increase by Tufts Health Plan, slightly below the national average increase of 6.8% for HMO plans. The solution we accepted is to renew our current medical plan, but going forward we will continue to explore alternative ways to offer this critical benefit to you and your family.

If you are currently enrolled in the Tufts HMO, Delta Dental, or NVA voluntary vision plan and you are not making any changes to your coverage, no action is required for Open Enrollment. If you wish to participate in the Medical or Dependent Care Flexible Spending Accounts, enrollment is required for each calendar year. If you anticipate having regular medical/pharmacy or child care expenses, you can save for these pre-tax with this benefit.

We are pleased to announce the offering of a new voluntary life and AD&D benefit through Lincoln Financial. More information about this plan could be found on page 7 of this newsletter. Please make sure to stop by our Benefits Fair on Thursday, November 17, 2016 from 10 AM—1 PM to learn more about this new benefit.

Please read through the following information to familiarize yourself with the 2017 Labouré College employee benefits. Feel free to contact me if you have any questions.

Sincerely,

Martha Dove

617-322-3577

martha_dove@laboure.edu

Benefits Fair	Campus Presentation/Q&A
Thursday, November 17, 2016 10AM—1PM	Thursday, November 17, 2016 10AM

EMPLOYEE TO DO LIST

- Read about Labouré College's benefit offerings for 2017
- Complete new Tufts Health Plan medical enrollment form (only if you are newly enrolling or making changes to your current elections)
- Complete new Delta Dental of MA enrollment form (only if you are newly enrolling or making changes to your current elections)
- Complete new NVA voluntary vision enrollment form (only if you are newly enrolling or making changes to your current elections)
- Estimate childcare/healthcare expenses for Flexible Spending Account enrollment
- Complete new FSA election form for 2017
- Complete new Lincoln Financial voluntary Life/AD&D form if you would like to enroll in the new coverage for 2017
- Complete a new beneficiary designation form
- Schedule a time to meet with a Colonial Life Benefits Counselor if you would like to enroll in the voluntary Short-Term Disability, Critical Illness or Accident plan

MEDICAL BENEFITS

Insured by Tufts Health Plan

HMO Plan

In an HMO medical plan, members will be required to receive care from participating providers (in-network). There is no coverage for services received from a non-participating provider (out-of-network). You will be covered at plan rates for emergency treatment regardless of whether care is provided by a participating provider or a non-participating provider located outside of the network.

Tufts Health Plan

Your Choice HMO—A Tiered Provider Network Plan. Please see the comparison on page 5.

Tufts Your Choice HMO Network

The Tufts Your Choice plan has been developed as part of Tufts on-going effort to provide cost-effective coverage for employer groups. Your Choice groups hospitals and affiliated physicians into tiers, or levels, based on comprehensive cost and quality information and methodology that incorporates:

- Overall provider efficiency and management
- Overall provider quality
- An integrated approach to member health care

Members have cost-sharing incentives to select efficient and quality providers that provide the best value. Tufts assigns levels to their physicians and hospitals based on a combination of nationally accepted quality measures and measures of cost efficiency—contracted rates for each service and total medical expense, which encompass efficiency in managing a member's total care. The tiered levels are as follows:

Level 1 represents the most cost-efficient, quality providers, and offers members the lowest cost share. It includes access to a broad range of physician groups, community hospitals, and several tertiary hospitals.

Level 2 represents quality providers that are not as cost-efficient as Level 1 and result in higher member cost sharing.

To search for your PCP's level placement, log onto www.tuftshealthplan.com and select 'Your Choice –2 Tier HMO, POS, PPO, and EPO' from the drop -down menu.

For a list hospitals and their corresponding level placement, please see Human Resources.

Tufts Health Plan	Your Choice HMO—A Tiered Provider Network Plan	
	Level 1	Level 2
Deductible	None	$1,000 Individual/$2,000 Family
Preventive Services	Covered in full	Covered in full
Physician Office Visits (non-routine)	$25 copay	$50 copay
Specialist Office Visits	$35 copay	$75 copay
Inpatient hospital services	$500 copay	$1,000 copay after deductible
Outpatient hospital services— Free-standing Outpatient Surgery Center	$250 copay	$250 copay
Outpatient hospital services— Hospital Surgery Center	$500 copay	$1,000 copay after deductible
Emergency Room	$150 copay	$150 copay
Chiropractic benefit	$35 copay	$35 copay
High-Tech Imaging – Free-standing Imaging Center	$150 copay	$150 copay
High Tech Imaging— Hospital Affiliated Imaging Center	$150 copay	$450 copay after deductible
Out of pocket Maximum (Includes deductible)	$5,000 Individual/$10,000 Family	
Prescriptions (30-day retail supply)	Tier 1: $15 / Tier 2: $30 / Tier 3: $50	
Prescriptions (90-day mail order supply)	Tier 1: $30 / Tier 2: $60 / Tier 3: $100	

MAIL ORDER PRESCRIPTIONS

Is mail order right for you? If you are on a maintenance drug, or would simply like to save money on regular monthly refills, then mail order is your answer! The mail order co-pays (for a 90 day supply) may cost the same as the regular 60 day supply amount if you were to pay at the pharmacy.

For example, a Generic Brand Rx at the pharmacy (for 30 day supply) would be $15, however for the same Generic Brand Rx through the Mail Order Program (for 90 day supply) would be $30. So the savings to you would be $15! We encourage you to look into the Mail Order Rx program to see if it is right for you. Mail Order Co-pays are $30 for Tier 1 drugs, $60 for Tier 2 drugs, and $100 for Tier 3 drugs. Contact Human Resources for a list of drugs by tier.

DENTAL BENEFITS

Insured by Delta Dental of MA

	In and Out-of-Network Coverage
Deductible per person	$50
Deductible Family (maximum)	$150
Preventive Care (cleaning, exams, x-rays) covered at	100%
Basic Services (fillings, root canals) covered at	80%*
Major Services (crowns, dentures) covered at	50%*
Orthodontia covered at (dependents up to age 19)	50%*
Calendar Year Maximum per person for all services other than Orthodontia	$1,500
Calendar Year Maximum per person for Orthodontia (dependents up to age 19)	$1,500

* Subject to deductible

VISION BENEFITS

Insured by National Vision Administrators (NVA)

The National Vision Administrators (NVA) vision plan saves you money on your eye care purchases and is available through thousands of provider locations participating within the NVA network. The NVA network also includes many regional and national optical retailers , including Visionworks, Walmart, Target, Sears Optical, Sam's Club, Pearl Vision and For Eyes.

Some highlights of the voluntary vision plan are:

Frames/Lenses

- ***Frames:*** $0 co-pay, once every 12 months, plan pays up to $150 then 20% off balance over $150
- ***Standard plastic lenses:*** single, bifocal, trifocal, lenticular – $20 co-pay, once every 12 months
- $0 co-pay on lens options (tint, scratch coating)
- $30 co-pay on polycarbonate lenses
- $40 co-pay on anti-reflective lenses

Contact Lenses

- $0 co-pay, once every 12 months
- ***Conventional:*** plan pays up to $150 then 15% off balance over $150
- ***Disposable:*** plan pays up to $150 then 10% off balance over $150
- ***Medically Necessary:*** plan pays in full

Laser Vision Correction

- Members receive 15% off the retail price or 5% off of the promotional price for Lasik or PRK procedures

BASIC LIFE AND AD&D INSURANCE

Insured by Lincoln Financial

Basic Life Insurance in the amount of 1.5 times your salary to a maximum benefit of $200,000 is provided to all employees who work 20 or more hours per week and is 100% paid by Labouré College. Coverage is effective upon date of hire. Lincoln Financial will be our new carrier for 2017.

LONG TERM DISABILITY

Insured by Lincoln Financial

If you were to become disabled, all of your bills including those for housing, food, children's education, clothing, electricity, phone, and car expenses all continue. Unfortunately, no vendor declares a moratorium on your bills when your income ceases. Labouré College's long term disability program will help you to continue paying for the necessities of life if you should become disabled and unable to work.

Long-Term Disability (LTD) will pay 60% of your pre-disability income up to a maximum of $10,000 per month. This type of insurance will provide you with coverage in the event of a permanent or temporary disability greater than 90 days due to injury or illness. Long-term disability insurance is available to all employees who work 30 hours or more per week after one year of service. Lincoln Financial will be our new carrier for 2017.

Be sure your life beneficiary designation is up to date!

Now is the perfect opportunity to ensure that your beneficiary designations are up to date. Please contact Human Resources if you have any questions.

VOLUNTARY LIFE AND AD&D INSURANCE

Insured by Lincoln Financial

Benefit eligible employees will now be able to purchase additional life and AD&D insurance coverage (voluntary life and AD&D) in increments of $10,000 up to 5x annual salary to a maximum of $500,000. Employees must be enrolled in Voluntary Life and AD&D to enroll their spouse or children. Spousal coverage is available in increments of $5,000 up to 2.5x employee's annual salary, not to exceed 50% of the employee's benefit amount. Coverage is also available to all dependent children, regardless of the number of children, up to a maximum of $10,000 per child.

For this year's open enrollment only, you are eligible to enroll in higher amounts of coverage without having to provide medical evidence of insurability. Benefit eligible employees may elect up to $100,000 of coverage and their eligible spouses may elect up to $10,000 of coverage this year with no medical questions asked!

VOLUNTARY LIFE RATES

MONTHLY RATES (per $1,000):		
Employee Age	Employee	Spouse
Under 30	$0.040	$0.040
30 to 34	$0.050	$0.050
35 to 39	$0.080	$0.080
40 to 44	$0.140	$0.140
45 to 49	$0.210	$0.210
50 to 54	$0.390	$0.390
55 to 59	$0.610	$0.610
60 to 64	$0.630	$0.630
65 to 69	$1.170	$1.170
70 to 74	$2.500	$2.500
75 to 79	$7.510	$7.510
80 to 99	$16.230	$16.230

Example: Bill is a 35-year old and elects $100,000 in voluntary life: $100,000/$1,000*0.080 = $8.00 per month

The monthly rate for child life coverage is $2.00 per month for $10,000, regardless of the number of children

The voluntary AD&D rate is $0.025 per $1,000 for employees, spouses and children

VOLUNTARY SHORT TERM DISABILITY

Insured by Colonial Life

Some highlights of the benefits are:

- **Monthly Benefit:** You can choose to cover any amount up to 60% of your pre-disability earnings up to a $4,000 monthly maximum benefit
- **Benefit Period:** 3 months
- **Elimination Period (Injury/Sickness):** You have a choice of a 7 day or 14 day elimination period

VOLUNTARY ACCIDENT INSURANCE

Insured by Colonial Life

- Helps pay for out-of-pocket expenses due to accidental injuries. Family coverage is available
- Benefits can be used to cover deductibles and co-pays
- Emergency Treatment, hospitalization, broken bones, are just a few of the benefits included

VOLUNTARY CRITICAL ILLNESS INSURANCE

Insured by Colonial Life

- Helps protect your financial security if you experience a covered critical illness such as heart attack, stroke or cancer
- Pays a lump-sum benefit upon diagnosis

* Please make sure to sign up for a date and time to meet with the Colonial Life Benefits Counselor to learn more!

EMPLOYEE ASSISTANCE PLAN

Administered by Lincoln Financial/Compsych Corporation

Take advantage of your all new Employee Assistance Program (EAP) for support and information on parenting and children's health, tips on elder issues, assistance to help you deal with legal matters, resource referrals on budgeting and money management, and more. The EAP is confidential and voluntary. It offers professional assessment, short-term counseling, and a referral service for you and your eligible household family members 24 hours a day, 7 days a week. Just call 888-628-4824. You can also access information online at www.GuidanceResources.com (user name = LFGsupport; password = LFGsupport1).

TRAVEL ASSIST

Administered by Lincoln Financial/UnitedHealthcare Global

Lincoln Financial's Travel Assist program is available to employees and their families when traveling 100 miles or more away from home on company business or vacation. Services are available 24 hours a day, seven days a week, 365 days a year. It's a comprehensive program of information, referral, assistance, transportation and evacuation services designed to help you respond to medical care situations and many other emergencies that may arise during travel. In the U.S., call toll free 800-527-0218 and provide ID number 322541.

WILL PREPARATION SERVICE

Administered by Lincoln Financial/Compsych Corporation

Employees and family members can create their wills online—easily and economically. Follow a step-by-step guide online through the process of executing your own will. Online instructions from Compsych Corporation will help you:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify wishes for your property
- Provide funeral and burial instructions

To get started today, just call 888-628-4824 or visit www.GuidanceResources.com (user name = LFGsupport; password = LFGsupport1)

FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by PayPlans & Benefits

Labouré College offers a Flexible Spending Account program through PayPlans & Benefits that allows you to use pre-tax dollars to pay for eligible out-of-pocket medical expenses and dependent care expenses. The contributions you elect to the plan(s) are taken from your paycheck on a pre-tax basis, therefore reducing your taxable income. As you incur eligible expenses during the year, you are reimbursed from these pre-tax accounts to pay for eligible expenses. Using your FSA debit card allows you to pay for qualified medical/dental expenses at the point-of-sale on the date the services are incurred, which, in most circumstances, eliminates the use of paper claims forms.

Maximum Amounts for Saving:

- **HealthCare FSA:** $2,600/year*
- **Dependent/Childcare FSA:** $5,000/year

If you are currently not participating in the FSA program, please be sure to attend the upcoming open enrollment session and learn how to make your money go further!

Use your Debit Card to pay for:

- Co-pays on medical insurance
- Co-pays on Prescription Drugs
- Eye glasses / Contact Lenses
- Over the counter drugs and medicines*
- Dental deductibles / coinsurance / orthodontia

IMPORTANT NOTICE

*As of January 1, 2011 all over the counter drugs and medicine purchases will need to be prescribed by a doctor as medically necessary in order for their purchase to be pre-taxed. These items will not go through at the point of purchase on the debit card (as of 1/1/2011). Participants can purchase with their own money and submit for reimbursement as long as proper substantiation is provided.

How Does This Work?

Simply estimate the out-of-pocket expenses you are going to have for this next year **up to the Annual Maximum (1/1/17-12/31/17) of $2,600 for medical costs or $5,000 for dependent care costs.** Keep in mind, this includes any medical, dental, and vision expenses for you AND your family (legal spouse or partner and legal dependents/children). Once you have an estimated total for the year, the annual amount elected is then divided by your total number of paychecks for the year (26). These amounts deducted from your paycheck would be deducted BEFORE taxes (pre-tax) and would lower your taxable income by the amount set aside in the FSA plan.

-EXAMPLE-	Doesn't participate in a FSA	Does Participate in a FSA
Annual Income	$35,000	$35,000
Pre-Tax HSA Contributions	$0	$500 per year
Taxable Salary	$35,000	$34,500 w/ FSA
Federal Withholding (18%)	$6,300	$6,210
State Tax Withholding (6%)	$2,100	$2,070
FICA Tax (7.65%)	$2,677	$2,639
Total Annual Taxes	$11,077	$10,919
Annual Tax Savings	$0	$158

What is the Benefit?

The benefit is that you are only taxed upon the income remaining, as your paycheck was lowered by the amount set aside in the FSA. You are also saving taxes on the first dollar versus having to itemize and try to write these expenses off on your taxes each year.

BI-WEEKLY EMPLOYEE CONTRIBUTIONS

MEDICAL—TUFTS YOUR CHOICE HMO	
Individual	$ 25.94
Individual + 1	$ 103.70
Family	$ 155.57

VISION—100% EMPLOYEE PAID	
Individual	$ 2.24
Individual + 1	$ 4.47
Family	$ 8.05

DENTAL—DELTA DENTAL PPO PLUS PREMIER	
Individual	$ 3.23
Individual + 1	$ 24.08
Family	$ 57.19

LET US KNOW YOUR DECISIONS!

All elections made from November 14—November 28, 2016 are effective January 1, 2017.

If you want to enroll in the Tufts Medical plan, Delta Dental plan or NVA voluntary vision plan, you will need to complete a new enrollment form. If you would like to participate in the FSA plan, you will need to fill out a new enrollment form, even if you are already participating in the FSA in 2016. If you would like to enroll l in the new voluntary life and AD&D plan, you will need to complete an enrollment form. All forms must be given to Human Resources by November 28, 2016 in order to ensure that the carriers receive your changes and that you receive your new identification card(s) via mail by January 1, 2017, if you are making changes to your elections. As always, we welcome your input.

Please contact us if you have any questions:

Martha_Dove@laboure.edu
Phone (617) 322-3577
Fax (617) 690-3730

Tanya_Robinson@laboure.edu
Phone (617) 322-3529
Fax (617) 690-3730

CONTACT INFORMATION

If you have specific questions about the benefit plan, please contact the administrator listed below, or the human resources department.

Benefit	Administrator	Phone	Website/Email
Medical Prescriptions	Tufts	800-462-0224	tuftshealthplan.com
Dental	Delta Dental	800-872-0500	deltadentalma.com
Voluntary Vision	National Vision Administrators (NVA)	800-672-7723	e-nva.com
Life Disability	Lincoln Financial	800-423-2765	lfg.com
Employee Assistance Plan (EAP)	Lincoln Financial/Compsych Corporation	888-628-4824	guidanceresources.com
Travel Assist	Lincoln Financial/UnitedHealthcare Global	800-527-0218	
Voluntary Short-Term Disability, Accident, Critical Illness	Colonial Life	800-325-4368	coloniallife.com
Flexible Spending Account	PayPlans & Benefits	508-457-0333	payplansandbenefits.com
Human Resources	**Martha_Dove@laboure.edu** Phone (617) 322-3577 Fax (617) 690-3730		**Tanya_Robinson@laboure.edu** Phone (617) 322-3529 Fax (617) 690-3730

ANNUAL LEGAL NOTICES

Important Notice from Labouré College 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 Labouré College 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.*Labouré College has determined that the prescription drug coverage offered by the Labouré College 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 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 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 coverage in the Labouré College Health Plan will not be affected. The following is a summary of the prescription drug coverage that is provided by the Labouré College Health Plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D: Prescription Drug Benefit : **$15 (Tier 1), $30 (Tier 2), $50 (Tier 3)** copayments for up to a 30-day supply at the retail pharmacy for each prescription or refill; or **$30 (Tier 1), $60 (Tier 2), $100 (Tier 3)** for up to a 90-day supply through the mail order program for each prescription or refill.

If you elect Part D coverage you can keep your coverage under the Labouré College Health Plan and the Labouré College Health Plan will coordinate benefits with Part D coverage. If you decide to join a Medicare drug plan and drop your current coverage with the Labouré College Health Plan you and your dependents will not be able to re-enroll until the next annual open enrollment. If you continue to participate in the Labouré College Health Plan , you do not need to take any action at this time.

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 Labouré College 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 Human Resources 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 Labouré College changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: October 2016

Name of Sender: Labouré College

The Newborns' and Mothers' Health Protection Act (NMHPA)

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Plans may be subject to State law requirements, please refer to the Plan Summary Plan Document for details describing any applicable State law.

HIPAA Privacy Notice Availability

We take your privacy seriously… We are able to provide a copy of our HIPAA privacy notice and talk to you about our privacy practices. Please contact the Human Resources Department if you have any questions.

Patient Protection Notice

Tufts Health Plan requires the designation of a Primary Care Provider (PCP). You have the right to designate any PCP who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP. You do not need prior authorization from Tufts Health Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in the 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 information on how to select a PCP, and for a list of the participating PCPs and/or health care professionals who specialize in obstetrics or gynecology, contact Tufts Health Plan.

Notice of Your HIPAA Special Enrollment Rights

A federal law called HIPAA requires that we notify you about two very important provisions in the plan. The first is 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. Second, this notice advises you of the plan's preexisting condition exclusion rules that may temporarily exclude coverage for certain preexisting conditions that you or a member of your family may have.

I. Special Enrollment Provision

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 the Labouré College Health 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 the Labouré College Health Plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment with in 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 in the Labouré College Health Plan. 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 the Labouré College Health 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 Human Resources.

Dependent Children Coverage

Dependent children are covered up to the end of the month in which they turn age 26, regardless of the dependent's financial dependency, student status, or employment status. Your Tufts Health Plan subscriber certificate will provide you with a full description of your coverage for eligible dependents.

Michelle's Law

As a result of the passage of Federal Bill HR 2851, Michelle's Law, Tufts Health Plan made changes to their eligibility provisions effective October 1, 2009.

As of October 9, 2009, a student who qualifies as an eligible dependent under a subscriber's policy who takes a leave of absence from a post-secondary school for a medical reason, may be eligible to remain enrolled under the subscriber's group contract. This continued coverage will be provided only when the student takes a medically necessary leave of absence (or he or she experiences any other change in enrollment status that would impact his or her eligibility for coverage) due to a serious illness or injury. The attending physician must certify this in writing. In this case, the child will continue to be covered until one year from the date the leave of absence begins or until the date on which coverage would otherwise end, whichever comes first.

Your subscriber certificate and riders provide important information about your plan. You should review these documents carefully. Your policy tells you how you can obtain your benefits, what you pay for covered services, any changes to your benefits, the limited circumstances in which your policy can be terminated and any particular requirements you must follow to receive benefits such as prior authorizations. Your policy explains how your plan works as well as your rights to appeal.

Mental Health Benefit Changes

The Federal Emergency Economic Stabilization Act of 2008 went into effect for employees on January 1, 2011.This Act requires group health plans that provide physical and mental health/substance abuse disorder benefits, ensure member financial requirements and treatment limitations that apply to mental health and substance abuse disorder benefits are no more restrictive than the financial requirements and treatment limitations on physical benefits.

Consequently, deductibles, co-insurance, copays, and out-of-pocket expenses for mental health and substance abuse disorder benefits will be no more restrictive than those for medical/surgical benefits. Also, treatment limits, such as frequency and number-of-visit limits, and coverage days will be no more restrictive than those for medical/surgical services.

Lifetime Limits and Routine Preventive Care

Effective October 1, 2010 and after:

* Any lifetime limit on the dollar value of benefits under the medical plan no longer apply.
* Coverage for preventive health care was increased to provide 100% coverage with no deductible. Office visit copayments were eliminated and there will be no cost to you for routine annual physical exams, well-child exams, routine annual gynecological exams, mammograms, pap smears and routine age based cancer screenings and lab work related to any of these services.

Women's Health & Cancer Rights Act Notice

On October 21, 1998 Congress passed a bill called the Women's Health and Cancer Rights Act. This law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed,
- Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Physical complications during all stages of mastectomy, including lymphedemas

In addition, the plan may not:

- Interfere with a woman's rights under the plan to avoid these requirements, or
- Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan. If you have questions about the current plan coverage, please contact a member of the Human Resources Team.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

Premium Assistance under Medicaid and the Children's Health Insurance Programs (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, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**GEORGIA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	**INDIANA – Medicaid**
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	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
COLORADO – Medicaid	**IOWA – Medicaid**
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	**KANSAS – Medicaid**
Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512

KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	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
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public- assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462

NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
SOUTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	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
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx 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**
Website: Medicaid: http://health.utah.gov/medicaid CHIP: 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

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

U.S. Department of Labor
Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Employee
Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

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This benefit summary is prepared by

Arthur J. Gallagher & Co.

This document is an outline of 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 policies and contracts themselves must be read for those details. 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.