Benefits for You

THE UNIVERSITY OF CHICAGO MEDICAL CENTER

GRADUATE MEDICINE EDUCATION

BENEFIT INFORMATION GUIDE

JULY 2009 through JUNE 2010
# Table of Contents

- **Eligibility for Benefit Plans**
  - Same Sex Domestic Partners
  - Make your Benefit Choices
  - Four Tiers of Coverage
  - Change of Coverage

- **Enrollment Information**
  - Enroll Online
  - Enroll by Telephone

- **Important Information**
  - Privacy Notice
  - Newborn and Mother's Protection Act
  - Woman's Health and Cancer Rights Act
  - Initial and General Notice of Continuation Coverage Rights Under COBRA
  - Prescription Drug Coverage and Medicare Notice

- **Plan Information**
  - Health Plan Comparison
  - Resources Connection
You may choose from four different coverage levels to fit you (and your family situation).

Your eligible family members include:

**All Medical & Dental Plans:**
- spouse or same sex domestic partner (all plans);

**BCBS PPO & University of Chicago Health Plans:**
- unmarried dependent children under age 23

**HMO Illinois, Dental & Vision Plans:**
- unmarried dependent children under age 26 (or age 30 if an honorably discharged veteran)

**Same Sex Domestic Partners**
If you wish to add your same sex domestic partner, you must complete a *Statement of Domestic Partnership Application* and meet the eligibility requirements outlined on the Statement. This application is available in the Benefits Office and on the enrollment website. Electing coverage on the website or by telephone does not satisfy your enrollment requirements and does not entitle you to coverage. Your *Statement of Domestic Partnership Application* must be submitted to and approved by the Benefits Office before your same sex domestic partner will be enrolled in coverage.

**Make Your Benefit Choices**
Certain benefits can only be chosen or changed once per year during Open Enrollment. These benefits include the following:

- Medical Plan
- Life Insurance (Supplemental & Dependent)
- Dental Plan
- Vision Plan
- Personal Accident Insurance
- Flexible Spending Accounts

Medical coverage is effective on the start date of your employment.

Additional Benefits (dental, vision, personal accident, supplemental & dependent life) are effective the first day of the month following one full month of employment.

Long term disability is effective the first day of the month following 90 days of employment.

**Four Tiers of Coverage**
Within each plan option, UCMC offers four different coverage levels to better-fit diverse family situations:

- Employee only
- Employee + Child/Children
- Employee + Spouse or Same Sex Domestic Partner
- Family

You choose a level based on the number of family members you want to cover, and each coverage level has a different cost. You pay for the level of coverage you need - no more, no less.

**Coverage Changes**
Once enrolled, you can only change your insurance coverage during open
The Medical Center’s Intranet is available at anytime - from work or home. Login 24/7 to get answers to your questions and up-to-date information about your benefit plans.

When can I add my spouse or baby to my coverage?
Who should I call to replace a lost insurance card?
When is Open Enrollment?
How do I choose a primary care physician?
What is a Life Event Change?
How does the retirement plan work?
What is a Summary Plan Description and how do I get a copy?
Where can I get a Tuition Reimbursement application?
How can I change the beneficiary of my life insurance?

enrollment or if you have a qualified family status change. Otherwise, your insurance must remain in effect for the entire plan year. A “qualifying change in family status” is a life event that affects the level of benefits coverage you need. Qualifying changes include:

- Marriage or Divorce
- Birth of a baby or legal adoption
- Death
- Loss or change of your spouse’s or same sex domestic partner’s job
- Registration of a same sex domestic partner with the Medical Center
- Termination of a same sex domestic partnership
- Eligibility (or loss of eligibility) for Medicaid coverage

If any of the first six events occurs, you must contact the Employee Benefits Office within 31 days of the event to make the appropriate change to your coverage (medical, dental, vision, life and FSA).

If you become eligible (or lose eligibility) for Medicaid coverage, you will have 60 days to contact Benefit Office to drop (or enroll in) a UCMC health insurance plan.

Your coverage will become effective on the date of your qualifying event.

If you do not make your change within time indicated, you must wait until the next annual Open Enrollment.
UCMC’s secure, password protected enrollment website, www.UCHBenefits.com, provides everything you and your family will need to choose the benefit plans and coverage that will best fit your needs. This Benefits Informational Guide provides information benefit eligibility, instructions on how to log on and important documents provided to all employees. Please keep and read

**Self-generated password** – you can create your own password. Once you login, you will be asked to replace your temporary password. See the enclosed sheet for more information.

**Cost Modeling** – use the My Options feature to determine the cost of your coverage before you enroll.

**View and Update Your Dependents** – not only can you add your spouse and dependents on line to your medical and dental plans, you may also enter beneficiaries for your life insurance plan.

**“One-Click” access to Insurance Web sites** – need more information on a specific plan? Simply click on an insurance link and you’ll be connected to their website.

**Online Confirmation Statements** – confirmation statements will be mailed to your home address. However, you can view your statement and print a copy for your records directly from the website.

**Live Enrollment Counselors** - If you choose not to enroll online, you can call a Benefit Express counselor who will help you enroll. Counselors are also available to assist you if you need help while enrolling online.

**Year round Internet access to your benefits information**

UCHBenefits.com is more than an enrollment website. You will have access to this website 365 days of the year. We hope you will logon often to review benefit plan descriptions, print copies of insurance forms and link to other benefit related web sites.

**Get Email Updates**

Prefer to get your benefit information by email? You can sign up or change your email address at anytime. Go to UCHBenefits.com and sign up today!
Enroll online

You must make your elections within 30 days of your Hire Date

Enroll in Benefits via the Internet at:
www.UCHBenefits.com

Using the Internet to enroll is easy and safe! Our secured website is set-up to automatically take you through each of the following steps:

STEP 1 Log On
The website will prompt you to enter your USERNAME and your PASSWORD. Your Username is the first letter of your first name followed by the first five, (or up to) letters, of your last name and then the last 4 digits of your Social Security Number. Example: sclark1234. If this is the first time you access the website, your Password is your birth date entered as MMDDYYYY.

- Changing Your Password
  First time users will be required to select a new password. You cannot access the site until this has been completed. Passwords must be at least six (6) and no more than twelve (12) characters in length. They can include any combination of letters and numbers but cannot include spaces, dashes or special characters.

STEP 2 Add Your Dependents
On the home page click the New Hire button. The first step will ask you to identify your dependents. On this page you should add any dependent you will cover under your health insurance or name as life insurance beneficiary. Proof of relationship will be required. The coverage levels you are offered are based on the dependents you have on file.

- Does Adding a Dependent Automatically Add Them to My Coverage?
  No. You must complete the enrollment process in order to add a new dependent to your coverage. You are required to reselect all the dependents you wish to cover for each plan, not just the new one.

STEP 3 Enroll In Benefits
Click on Next button and you will be prompted thru the enrollment process.

Select the plan and level of coverage you would like and click the NEXT button. You will repeat this process for each type of benefit available to you. Additional information will be requested where needed. All deductions shown are on a monthly basis, except flexible spending accounts. Those are shown on a per pay period basis.

STEP 4 Review Your Enrollment Status
When you have completed enrollment, the system will present you with a Confirmation screen. Verify that ALL information is updated correctly. If your intent is to cover dependents, check to be sure that each dependent is listed as covered under the applicable benefit plan.

STEP 5 You’re Finished!
Once you have reviewed your Confirmation, you are finished. If you need to change any information, follow the instructions at the top of the screen.
enroll by telephone

1 **Enroll In Benefits**

If you do not have access to the internet or are not comfortable using an online system, you must call the Customer Service Center at (877) 837-5017 Monday through Friday between the hours of 7:30 AM and 5:30 PM Central Time. A representative will review your new cost and walk you through the process over the phone. If you need more information, stop by the Employee Benefits Office to pick up a telephone enrollment highlights sheet.

2 **Look for Your Confirmation Statement**

If you enroll on the telephone, a Confirmation Statement will be mailed to you home address.

3 **Have Questions?**

The enrollment website also includes highlights of all the plans and links to useful information. This information will be available to you all year long. However, the Benefits Office staff is also available to assist you and answer any of your benefit questions.
Important notices

The University of Chicago Medical Center is responsible for preparing and disseminating the following employee notices. This includes items such as annual employee notifications required by Federal law and regulations, notification of employee rights and notices relating to employee benefits. Please read these documents and keep this copy for your records.

▶ Privacy Notice

University of Chicago Medical Center Health Plan Organized Health Care Arrangement

Notice of Privacy Practices for health plan beneficiaries.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. The Group Health Plans

This Notice describes the privacy practices of the University of Chicago Medical Center’s Employee Benefit Health Plans and the Health Care Spending Account feature of UCMC’s Flexible Benefits Plan. In this notice, we call each of these a “Plan.” To help us with HIPAA compliance, we combined the Plans into the University of Chicago Medical Center Health Plan Organized Health Care Arrangement (the “UCMC Health Plan OHCA”). The University of Chicago Medical Center is called the “Plan Sponsor.” The Plans provide health benefits to eligible employees of UCMC and their eligible dependents. No other employee benefits programs or plan is covered by the Privacy Regulations or by this Notice of Privacy Practices.

II. The Plan’s Privacy Obligations

The law requires the Plans (“us” or “we”) to maintain the privacy of certain of your health information called “Protected Health Information.” Protected Health Information is the information that you provide us or that we create or receive about your health care, and that is related to your participation in a Plan. The law also requires us to provide you with this Notice of our legal duties and privacy practices. When we use or disclose (share) your Protected Health Information, we follow the terms of this Notice or other notice in effect at the time we use or share the Protected
Health Information. Finally, the law provides you with certain rights set forth in this Notice.

III. Uses and Disclosure Without Your Written Authorization

In many situations, we can use and share your Protected Health Information for activities that are common in many employee benefit health plans. In certain other situations, which we will describe in Section IV below, we must obtain your written permission (authorization) in order to use and/or share your Protected Health Information. We do not need any type of permission from you for the following uses and disclosures:

A. Treatment. We may disclose your Protected Health Information to your health care provider so that it can provide you with, coordinate, and manage your health care and related services — for example, to manage your health care with the Plan or to refer you to another provider for care.

B. Payment. We may use and disclose your Protected Health Information to obtain payment for your coverage and to determine and fulfill our responsibility to provide health benefits — for example, to make coverage determinations, administer claims, and coordinate benefits with other coverage you may have. We may also disclose your Protected Health Information to another health plan or a health care provider for its payment activities — for example, for the other health plan to determine your eligibility or coverage, or for the health care provider to obtain payment for health care services provided to you.

C. Health Care Operations. We may use and disclose your Protected Health Information for our health care operations — for example, to do business planning, arrange for medical review, and conduct quality assessment and improvement activities. We may also disclose your Protected Health Information to another health plan or a health care provider that has or had a relationship with you for it to conduct quality assessment and improvement activities; accreditation, certification, licensing, or credentialing activities; or to review our activities to help us comply with laws — for example, for the other health plan to manage cases or evaluate health care provider performance, or for the health care provider to evaluate the outcomes of treatments or conduct training programs to improve health care skills.

D. To Comply with the Law. We may use and disclose your Protected Health Information to the extent required to comply with the law.

E. Disclosures to the hospital, which Sponsors the Health Plan. Only certain UCMC employees (or others working for UCMC) are permitted to use and disclose your Protected Health Information, and only to allow them to perform and administer the Plans’ payment and health care operations
activities. UCMC is not permitted to use your Protected Health Information that
the Plan discloses for any other purpose, including any employment-related
actions (e.g. to make a hiring decision), without your Authorization (see below
for more information about Authorization). The Plan documents identify by
position specific employees or others working for UCMC who are authorized to
have access to or receive your Protected Health Information for the purpose of
administering the Plans. Health Information that UCMC receives from other
sources, for example in connection with an application for disability benefits or
a leave qualifying under the Family and Medical Leave Act, is not Protected
Health Information and is not protected by HIPAA.

F. Disclosure to Relatives, Close Friends, and Caregivers. We may share your
Protected Health Information with your family member/relative, a close
personal friend, or another person who you identify if we (1) first provide you
with the chance to object to the disclosure and you do not object; (2) infer that
you do not object to the disclosure; or (3) obtain your agreement to share your
Protected Health Information with these individuals. If you are not present at
the time we share your Protected Health Information, or you are not able to
agree or disagree to our sharing your Protected Health Information because you
are not capable or there is an emergency circumstance, we may use our
professional judgment to decide that sharing the Protected Health Information
is in your best interest.

G. Marketing Communications. We may use and disclose your Protected Health
Information to communicate face-to-face with you to provide you with
opportunities to purchase or to use certain products or services that is not part
of the health benefits provided by the Plan, or to provide a promotional gift of
nominal value to you. We may also contact you to provide appointment
reminders or information about treatment alternatives or other health-related
benefits and services that may be useful to you.

H. Public Health Activities. We may disclose your Protected Health Information
for the following public health activities and purposes: (1) to report health
information to public health authorities that are authorized by law to receive
such information for the purpose of preventing or controlling disease, injury, or
disability; (2) to report child abuse or neglect to a government authority that is
authorized by law to receive such reports; (3) to report information about a
product or activity under the jurisdiction of the U.S. Food and Drug
Administration; and (4) to alert a person who may have been exposed to a
communicable disease if the Plan is authorized by law to give such notice.

If we reasonably believe you are a victim of abuse, neglect, or domestic violence,
and are required to share your Protected Health Information with the Illinois
Department of Children and Family Services, the Illinois Department of Human
Services, or other governmental authority, including a social service or
protected services agency that is legally permitted to receive reports of abuse, neglect, or domestic violence, we may do so.

I. **Health Oversight Activities.** We may share your Protected Health Information with a health oversight agency that oversees the health care system and ensures the rules of government health programs, such as Medicare or Medicaid, are being followed.

J. **Judicial and Administrative Proceedings.** We may disclose your Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

K. **Law Enforcement Officials.** We may disclose your Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order or other process authorized by law.

L. **Health or Safety.** We may use or share your Protected Health Information to prevent or lessen a serious and imminent threat to a person for the public’s health or safety, or to certain government agencies with special functions such as the State Department.

M. **Workers’ Compensation.** We may disclose your Protected Health Information as necessary to comply with workers’ compensation laws.

IV. **Uses and Disclosure That Require Your Written Permission**

We may use or disclose to others your Protected Health Information for a purpose other than the purposes described in Section III above, only when you give the Plans your written permission (called an Authorization). You may change your mind (revoke your Authorization) by delivering a written revocation statement to the Plan’s Contact identified below. This revocation will take effect when you give it to the Plan Contact, except to the extent either Plan has acted in reliance on the Authorization.

V. **Uses and Disclosure of Your Highly Confidential Information**

Federal and state law requires special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including any portion of your Protected Health Information that is: (1) kept in psychotherapy notes; (2) about mental health and developmental disabilities services; (3) about alcohol and drug abuse prevention, treatment and referral; (4) about HIV/AIDS testing, diagnosis or treatment; (5) about venereal diseases; (6) about genetic testing; (7) about child abuse and neglect; (8) about domestic abuse of an adult with a disability; or (9) about sexual assault. Before we share your highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.
VI. Your Individual Rights

A. For Further Information; Complaints. If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your Protected Health Information, you may contact the Plan Contact or the Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. When you ask, the Privacy Office will provide you with the correct address for the Director. We will not take any action against you if you file a complaint with the Plan Contact, the Privacy Office, or the Director.

B. Right to Receive Confidential Communications. You may ask us to send papers that contain your Protected Health Information in a special way or to a different location than the address that you gave us when you enrolled. You will need to ask us to do this in writing. We will try to grant your request if we feel it is reasonable. For example, we will send a copy of your Protected Health Information to a different address than your home address. Note to dependents: in certain situations, such as eligibility and enrollment information, we are obliged to communicate directly with the employee rather than a dependent unless your request clearly states that disclosure of that information to the employee could endanger you.

C. Right to Inspect and Copy Your Protected Health Information. You may request access to the Plans' records that contain your Protected Health Information in order to inspect and request copies of these records. Under limited circumstances, we may deny you access to a portion of your records. If you want access to your records, please obtain a record request form from the Plan Contact and submit the completed form to the Plan Contact. If you request copies, we will charge you copying and mailing costs. For a copy of records, materials, or information that cannot routinely be copied on a standard photocopy machine, such as x-ray films or pictures, we may charge for the reasonable cost of the copy.

D. Right to Amend Your Records. You may have the right to request that we amend your Protected Health Information maintained in the enrollment, payment, claims, adjudication, and case or medical management record systems maintained by or for the Plans and any other records that we use to make decisions about individuals covered by the Plans. If you want to amend your records, you may obtain an amendment request form from the Plan Contact. Return the completed form to the Plan Contact. We will comply with your request unless we believe that the information that would be amended is correct and complete or that other circumstances apply. If your physician or other health care provider created the information that you desire to amend,
you should contact the provider to amend the information. We may deny your request for an amendment if it does not include a reason to support the request or if we believe that the information is accurate as is. In addition, we may deny your request if you ask us to amend information that was created by another healthcare organization. But we will inform you of the source of that information as we know it.

E. **Right to Receive An Accounting of Disclosures.** You may ask for an accounting of certain disclosures for your Protected Health Information made by us on or after April 14, 2003. These disclosures must have occurred before the time of your request, and we will not go back more than six (6) years before the date of your request. If you request an accounting more than once during a twelve (12) month period, we will charge you based on the rate sheet. Direct your request for an accounting to the Plan Contact.

F. **Right to Receive Paper Copy of this Notice.** If you ask, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

G. **Personal Representatives.** You may exercise your rights through a personal representative, who we will require to produce evidence of his or her authority to act on your behalf. For example, proof of authority may be made by a notarized power of attorney or a court order of appointment of the person as your legal guardian or conservator. The Plan reserves the right to deny access to your personal representative.

**VII. Effective Date and Duration of this Notice**

A. **Effective Date:** this Notice is effective on April 14, 2003.

B. **Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice on our intranet site at //home.uchospitals.edu. You may also obtain any new notice by contacting the Plan Contact or the Privacy Office.

C. **Limitation on Application of Notice.** This notice does not apply to information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. In addition, we may disclose “summary health information” to UCMC (as the Sponsor of the Plans) for its purposes of obtaining premium bids or modifying, amending, or terminating a benefit or the Plan. Summary health information is information that summarizes claims history, claims expenses or types of claims you experienced but that does not include identifying information, except for five-digit zip codes. We and UCMC (as the Sponsor of the Plans) may use or disclose eligibility and enrollment information without your Authorization.
We and UCMC (as the Sponsor of the Plans) may use or disclose eligibility and enrollment information without your Authorization.

Privacy Office Contact:     Plan Contact:
University of Chicago Medical Center University of Chicago Medical Center Benefits Office
MC1000 MC1086, #B112,
5841 South Maryland Avenue 5841 South Maryland Avenue
Chicago, IL 60637 Chicago, IL 60637
Telephone Number: 773.834.9716 Telephone Number: 773.702.6364

▶ Newborn’s and Mother’s Protection Act
The minimum stay for mothers and newborn children is 48 hours following a normal delivery and 96 hours following a cesarean section. Providers are not required to obtain authorization from the Plans or the claims administrator for prescribing a length of stay not in excess of the above period.

▶ Women’s Health and Cancer Rights Act
The Women’s Health and Cancer Rights of 1998 requires the Plan to cover the following medical services in connection with coverage for a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and
- Prostheses and physical complications in all states of mastectomy, including lymph edemas.

▶ Initial/General Notice of Continuation Coverage Rights Under Cobra
You are receiving this notice because you are currently covered under The University of Chicago Medical Center Medical plan(s.) This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage.
This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan’s Summary Plan Description or get a copy of the Plan Document from the University of Chicago Medical Center.

The Plan Administrator is Benefit Express, P.O. Box 189, Arlington Heights, IL 60006, 1-877-837-5017. The Plan Administrator is responsible for administering COBRA continuation coverage.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage may be required to pay for COBRA continuation coverage. If you are required to pay for COBRA continuation coverage, you will be notified at the time you are offered COBRA continuation coverage of the amount and the date payment is due.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse’s hours of employment are reduced;
3. Your spouse’s employment ends for any reason other than his or her gross misconduct;
4. Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
5. You become divorced or legally separated from your spouse.
Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee’s hours of employment are reduced;
3. The parent-employee’s employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The University of Chicago Medical Center and NOT your Medical provider and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee’s spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

**When is COBRA Continuation Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event (1) within 30 days of any of these events or (2) within 30 days following the date coverage ends.

**You Must Give Notice of Some Qualifying Events**

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent
child), you must notify the Plan Administrator. Generally Plans require that notification of such events be provided to the Plan Administrator within 60 days after the qualifying event has occurred. However, your Plan may allow a longer period of time to provide notification. Please consult your Plan’s SPD to determine the Plan’s qualifying event notification requirements. You must send this notice to **The University of Chicago Medical Center** and as directed under the terms of the Plan located in the SPD.

**How is COBRA Continuation Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered when appropriate to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that Plan coverage is lost.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event causing loss of coverage is the death of the employee, enrollment of the employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event causing loss of coverage is the end of employment or reduction of the employee’s hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

**Disability extension of 18-month period of continuation coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that you provide a copy of the SSA’s disability determination to the Plan Administrator prior to the last day of the initial 18-month COBRA continuation coverage period **AND** within 60 days of the latest of the dates listed below:

- the date the qualified beneficiary was informed (through the Summary Plan Description (SPD) or Initial General Notice of COBRA Rights) of the responsibility and procedures for informing the plan of the disability determination;

- the date on which the qualifying event occurred;

- the date coverage was lost; or
• the date the SSA made their determination (date of the determination notice of award).

This notice should be sent to: The University of Chicago Medical Center as indicated in the COBRA Election Notice you receive at the time you are offered COBRA continuation coverage.¹

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

If, while receiving COBRA continuation coverage, your spouse and/or dependent child(ren) experiences another qualifying event which causes a loss of coverage, they can get additional months of COBRA continuation coverage, for a total of up to a maximum of 36 months from the date of the first qualifying event. This extension is available only to the spouse and dependent children if the former employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to: The University of Chicago Medical Center – H.R Benefits Department or other party as indicated in the COBRA Election Notice you receive at the time you are offered COBRA continuation coverage.¹

¹At the time you are being provided with this Initial General Notice of COBRA Rights, Benefit Express is your employer’s COBRA administrator. In the future, you should refer to the COBRA Election Notice you receive at the time you are offered COBRA continuation coverage to confirm that Benefit Express still performs this function for your employer and that Benefit Express remains the appropriate place for you to send notice of a Social Security Disability or Second Qualifying event.

**If You Have Questions**

If you have questions about your COBRA continuation coverage, you should contact The University of Chicago Medical Center or you may contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

**Keep Your Plan Informed of Address Changes**

In order to protect your family’s rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.
Note to UCMC Employees:

All employers who offer medical plans that provide prescription drug coverage are required to send a notice to all plan participants who are eligible for Medicare. To meet this obligation UCMC is providing this notice to all employees who are eligible for UCMC benefit programs. **PLEASE DISREGARD THIS NOTICE IF YOU OR YOUR DEPENDENTS ARE NOT MEDICARE ELIGIBLE.**

Important Notice from University of Chicago Medical Center 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 University of Chicago Medical Center 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. University of Chicago Medical Center has determined that the prescription drug coverage offered by the Medical Center’s Employee Health Benefit 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 November 15th through December 31st.
However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current University of Chicago Medical Center coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current University of Chicago Medical Center coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with University of Chicago Medical Center 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 November to join.

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

For further information call the HR Benefits Office at 773.702.6364. 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 University of Chicago Medical Center changes. You also may request a copy of this notice at any time.
For More Information About This Notice Or Your Current Prescription Drug Coverage...

For further information call the HR Benefits Office at 773.702.6364. 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 University of Chicago Medical Center changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: May 1, 2009  
Name of Entity/Sender: University of Chicago Medical Center  
Contact–Position/Office: HR-Benefits Office  
Address: 5841 S. Maryland Avenue  
Room B112 MC1086  
Chicago, IL 60637  
Phone Number: 773.702.6364
Special Health Benefit Enrollment Rights Under the New Law

Overview
On February 4, 2009, a new federal law was passed providing healthcare coverage for uninsured children whose family income falls below a certain level under the Child Health Insurance Program, called “CHIP” for short.

To determine if your children are eligible to participate in the program, contact your state’s health department.

Your Rights Under the UCMC Group Health Plan
The special enrollment rights under the new law provide the following opportunities for those who qualify for the University of Chicago Medical Center Group Health Plan:

Enrollment With the State Program
If your dependent becomes eligible to receive a premium subsidy from the Child Health Insurance Program, you can remove your dependent from the University of Chicago Medical Center Group Health Plan.

You must request this coverage change within 60 days of the day on which you were approved for the subsidy. If you want to remove your dependent, contact the Employee Benefits Office and submit the supporting documentation to the UCMC Benefits Office right away.

Termination From a State Program
If you or your dependent’s coverage terminates due to a loss of eligibility (as opposed to termination due to failure to pay premiums) under Medicaid, Illinois’ All Kids program, or a State Children’s Health Insurance Plan, you may enroll in the University of Chicago Medical Center Group Health Plan.

You must request this coverage within 60 days of the termination of coverage under the state program. If you want to add yourself or your dependent, contact the Employee Benefits Office and submit supporting documentation to the UCMC Benefits Office right away.

Eligible for State Premium Assistance
If you or your dependent become eligible for state-granted premium assistance under Medicaid, Illinois’ All Kids program, or a State Children’s Health Insurance Plan, you may enroll in the University of Chicago Medical Center Group Health Plan.

You must request this coverage within 60 days of the termination of coverage under the state program. If you want to add yourself or your dependent, contact the Employee Benefits Office and submit supporting documentation to the UCMC Benefits Office right away.

You may contact the Employee Benefits Office by:

Telephone: 773.702.6364
Email: HR.Benefits@uchospitals.edu
In Person: Goldblatt Pavilion
Room B112
## HEALTH PLAN COMPARISON

### Plan Features

<table>
<thead>
<tr>
<th></th>
<th>University of Chicago Medical Center</th>
<th>BCBS PPO Network Provider</th>
<th>Out of Network</th>
<th>UCHP - University of Chicago Health Plan</th>
<th>BCBS HMO Illinois</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANNUAL DEDUCTIBLE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$100</td>
<td>$250</td>
<td>$250</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td>$300</td>
<td>$750</td>
<td>$750</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Inpatient</td>
<td>None</td>
<td>None</td>
<td>$250</td>
<td>None</td>
<td>None</td>
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<tr>
<td><strong>ANNUAL COINSURANCE MAXIMUM (NOT INCLUDING DEDUCTIBLE OR CO-PAYMENTS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$250</td>
<td>$750</td>
<td>$2,000</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td>$750</td>
<td>$2,250</td>
<td>$6,000</td>
<td>None</td>
<td>None</td>
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<tr>
<td><strong>HOSPITAL AND PHYSICIAN SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>90%</td>
<td>80%</td>
<td>70%</td>
<td>100% after $10 co-pay</td>
<td>100% after $10 co-pay</td>
</tr>
<tr>
<td>Hospital: Inpatient</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Hospital: Outpatient</td>
<td>90%</td>
<td>80%</td>
<td>60%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Contact the Medical Services Advisory for instructions.</td>
<td>90% No Deductible</td>
<td>Contact the Medical Services Advisory for instructions.</td>
<td>80% No Deductible</td>
<td>Contact the Medical Services Advisory for instructions.</td>
</tr>
<tr>
<td>Infertility Service/Treatment</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Drugs used for treatment of infertility covered at 75%, lifetime maximum of $6,750. Impotence treatment limited to six syringes or tablets per 30 days.</td>
<td>Provided in full with required criterion and referral from Primary Care Physician</td>
</tr>
<tr>
<td>Mental Health Services: Outpatient</td>
<td>90% Hospital</td>
<td>80% Hospital</td>
<td>60% Hospital</td>
<td>$20 co-pay</td>
<td>$10 co-pay</td>
</tr>
<tr>
<td>Mental Health Services: Inpatient</td>
<td>90% Hospital</td>
<td>80% Hospital</td>
<td>60% Hospital</td>
<td>Limit 30 days per Calendar Year</td>
<td>Limit 30 days per Calendar Year</td>
</tr>
<tr>
<td>Wellness: Well Child Care</td>
<td>No deductible</td>
<td>No deductible</td>
<td>No deductible</td>
<td>100% after $10 co-pay</td>
<td>100% after $10 co-pay</td>
</tr>
<tr>
<td>Wellness: Well Adult Care</td>
<td>No deductible</td>
<td>No deductible</td>
<td>No deductible</td>
<td>Vision screening (eye chart screening) for children under age 17 available through UCHP Pediatricians</td>
<td>After $10.00 co-pay 100% for annual routine eye exam; $75 toward purchase of prescription eyeglasses or contact lenses once every 24 months.</td>
</tr>
<tr>
<td>Vision Care</td>
<td>Discounts available at participating centers</td>
<td>Discounts available at participating centers</td>
<td>Discounts available at participating centers</td>
<td>Provided in connection with surgery or trauma</td>
<td>Provided based upon medically necessity</td>
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<tr>
<td>Prescription Drugs</td>
<td>Prescription Provided by Caremark</td>
<td>$15 Generic</td>
<td>$25 Brand Name</td>
<td>$25 Brand Name</td>
<td>$35 Non-Formulary</td>
</tr>
<tr>
<td></td>
<td>Retail One Month Supply</td>
<td>$15 Generic</td>
<td>$25 Brand Name</td>
<td>$25 Brand Name</td>
<td>$35 Non-Formulary</td>
</tr>
<tr>
<td></td>
<td>Mail Order 90 Day Supply</td>
<td>$20 Generic</td>
<td>$30 Brand Name</td>
<td>$30 Brand Name</td>
<td>$40 Non-Formulary</td>
</tr>
</tbody>
</table>

This is a summary of the benefits available to you. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied by The University of Chicago Medical Center or vendors of plan provisions or level of payments.
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Office</td>
<td></td>
<td>773-702-6364</td>
<td><a href="http://www.bcbsil.com">www.bcbsil.com</a></td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>PPO</td>
<td>800-634-8644</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HMO Illinois</td>
<td>800-420-8774</td>
<td></td>
</tr>
<tr>
<td>COBRA Administration</td>
<td>Benefits Express</td>
<td>877-837-5017</td>
<td></td>
</tr>
<tr>
<td>Aetna Dental</td>
<td>DMO or PPO</td>
<td>877-238-6200</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Benefits Express</td>
<td>877-837-5017</td>
<td>www/myfsaexpress.com</td>
</tr>
<tr>
<td>Group Life (Basic, Optional &amp; Dependent)</td>
<td>Reliance Standard</td>
<td>800-644-1103</td>
<td></td>
</tr>
<tr>
<td>Life Insurance (Individual)</td>
<td>AON Worksite Solutions</td>
<td>800-544-9382</td>
<td></td>
</tr>
<tr>
<td>Long Term Disability (LTD)</td>
<td>Matrix Management</td>
<td>877-202-0055</td>
<td><a href="http://www.matrixefiling.com">www.matrixefiling.com</a></td>
</tr>
<tr>
<td>Parking and Transportation Accounts</td>
<td>Wageworks</td>
<td>877-924-3967</td>
<td><a href="http://www.wageworks.com">www.wageworks.com</a></td>
</tr>
<tr>
<td>Pet Insurance</td>
<td>Veterinary Pet Insurance (VPI)</td>
<td>800-USA-PETS</td>
<td><a href="http://www.petinsurance.com">www.petinsurance.com</a></td>
</tr>
<tr>
<td>Personal Accident Insurance</td>
<td>Chubb</td>
<td>312-454-4367</td>
<td></td>
</tr>
<tr>
<td>Retirement Investment Companies</td>
<td>TIAA-CREF</td>
<td>800-842-2776</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
</tr>
<tr>
<td></td>
<td>Vanguard</td>
<td>800-523-1188</td>
<td><a href="http://www.vanguard.com">www.vanguard.com</a></td>
</tr>
<tr>
<td>Prescription Drugs for PPO and UCHP</td>
<td>Caremark</td>
<td>800-966-5772</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>University of Chicago Health Plan</td>
<td>UCHP</td>
<td>773-834-0900</td>
<td></td>
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