

REQUIRED ANNUAL FEDERAL HEALTH INSURANCE NOTICES FOR BENEFITS-ELIGIBLE EMPLOYEES

General Notices

For the purposes of these notices, the Plan Administrator is Wellesley College. If you have any questions, contact Kelly Robinson, Human Resources at **781-283-3202**.

SPECIAL ENROLLMENT RIGHTS

If you do not enroll yourself and your dependents in a group health plan after you become eligible or during annual enrollment, you may be able to enroll under the special enrollment rules under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) that apply when an individual declines coverage and later wishes to elect it. Generally, special enrollment is available if (i) you declined coverage because you had other health care coverage that you have now lost through no fault of your own (or employer contributions to your other health care coverage terminate); or (ii) you have acquired a new dependent (through marriage or the birth or adoption of a child) and wish to cover that person.

As long as you meet the necessary requirements, you can enroll both yourself and all eligible dependents in the group health plan if you provide notice to the Plan Administrator within 30 days after you lose your alternative coverage (or employer contributions to your alternative coverage cease) or the date of your marriage or the birth, adoption, or placement for adoption of your child. See the Plan Administrator for details about special enrollment, or view the full notice under the Compliance Materials section of the Wellesley College [Benefits website](#).

CHIP

You may also enroll yourself and your dependents in a group health plan if you or one of your eligible dependent’s coverage under Medicaid or the state Children’s Health Insurance Program (CHIP) is terminated as a result of loss of eligibility, or if you or one of your eligible dependents becomes eligible for premium assistance under a Medicaid or CHIP plan. Under these two circumstances, the special enrollment period must be requested within 60 days of the loss of Medicaid or CHIP coverage or of the determination of eligibility for premium assistance under Medicaid or CHIP. See the Plan Administrator for details about special enrollment. For more information, view the full [CHIP notice](#).

SPECIAL RULE FOR MATERNITY AND INFANT COVERAGE

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 attending provider or physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). For more information, view the full notice under the Compliance Materials section of the Wellesley College [Benefits website](#).

SPECIAL RULE FOR WOMEN’S HEALTH COVERAGE

The Women’s Health and Cancer Rights Act of 1998 (“WHCRA”) requires group health plans, insurance issuers, and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes (i) reconstruction of the breast on which the mastectomy has been performed; (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas. For more information, view the full notice under the Compliance Materials section of the Wellesley College [Benefits website](#).

NOTICE REGARDING LIFETIME AND ANNUAL DOLLAR LIMIT

In accordance with applicable law, none of the lifetime dollar limits and annual dollar limits under our medical plan(s) shall apply to “essential health benefits,” as this term is defined under Section 1302(b) of the Affordable Care Act. The law defines “essential health benefits” to include, at a minimum, items and services covered within certain categories including emergency services, hospitalization, prescription drugs, rehabilitative and habilitative services and devices, and laboratory services, but currently provides little further information. Accordingly, a determination as to whether a benefit constitutes an “essential health benefit” will be based on a good faith interpretation by the Plan Administrator of the guidance available as of the date on which the determination is made.

PATIENT PROTECTION DISCLOSURE

You have the right to designate any participating primary care provider who is available to accept you or your family members (for children, you may designate a pediatrician as the primary care provider). For information on how to select a primary care provider and for a list of participating primary care providers, contact the Plan Administrator. You do not need prior authorization from your medical plan or from any other person, including your primary care provider to obtain access to obstetrical or gynecological care from a health care professional; however, you may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Plan Administrator.

MICHELLE'S LAW

Michelle's Law provides for continued health and dental benefits for dependent children who are covered under our medical and/or dental plans as a student but who lose their student status in a post-secondary school or college because they take a medically necessary leave of absence from school. If your child is no longer a student because he or she is out of school because of a medically necessary leave of absence, your child may continue to be covered under our medical plan for up to one year from the beginning of the leave of absence.

THE GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

GINA prohibits the Plan from discriminating against individuals on the basis of genetic information in providing any benefits under the Plan. Genetic information includes the results of genetic tests to determine whether someone is at increased risk of acquiring a condition in the future, as well as an individual's family medical history.

WELLNESS

Our medical plans include a Wellness Program that provides rewards when you complete certain activities. You have the right to request a reasonable alternative should it be determined that it is not medically advisable for you to complete these activities. For more information, view the full notice under the Compliance Materials section of the Wellesley College [Benefits website](#)

NOTICE OF MARKETPLACE / EXCHANGE

If this health insurance is unaffordable (your cost of the premium exceeds 9.5% of your income) as defined under the Affordable Care Act, you may have the right to subsidized health insurance purchased through an exchange or marketplace created pursuant to the Affordable Care Act.

IMPORTANT NOTICE FROM WELLESLEY 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 Wellesley 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.

Please note the following about your current coverage and Medicare's prescription drug coverage:

- 1.** Medicare prescription drug coverage became available in 2006 to anyone with Medicare coverage. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (such as 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.** Wellesley College has determined that the prescription drug coverage offered by the Wellesley College HMO and PPO Plans are, 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 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan and you drop your current Wellesley College coverage, be aware that you and your dependents will be able to get this coverage back only during Wellesley College's open enrollment period or if you have a qualifying life event during the year.

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 Wellesley 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 premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base 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 a Medicare prescription drug plan.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact information can be found on page 16.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if coverage through Wellesley College changes. You 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 [medicare.gov](https://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, or
- » Call **800-MEDICARE (800-633-4227)**. TTY users should call **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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at **800-772-1213** (TTY **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 20, 2021

Name of Entity/Sender: Wellesley College

Contact Person: Kelly Robinson, Human Resources

Phone Number: 781-283-3202

