AUBURN UNIVERSITY

Employee Benefit Plans (Active)
REQUIRED AND SPECIAL NOTICES

EFFECTIVE DATE

Unless otherwise indicated, the effective date of this notice is January 1, 2027.

CONTACT INFORMATION

Plan Sponsor:

Auburn University Human Resources
Payroll and Employee Benefits **PH: (334) 844-4145**
1550 East Glenn Ave FX: (334) 844-1799
Auburn, Alabama 36849
Web: https://www.auburn.edu/administration/human_resources/benefits/index.php

Plan Administrator, or TPA (Health Plans):

BlueCross BlueShield of Alabama **PH: (800) 633-8052 Customer Service**
450 Riverchase Parkway East (800) 248-2342 Pre-Admission Certification
P. O. Box 995 Web: www.bcbsal.org
Birmingham, Alabama 35298-0001

Plan Administrator, or TPA (Vision & Dental Plans):

Ameritas Life Insurance Corp (Eff. 01/01/2027) **PH: (800) 487-5553 Customer Service**
P.O. Box 82520 Fax 402-467-7336
Lincoln, NE 68501-2520 Web: www.Ameritas.com
Vision – VSP 800-877-7195 or www.VSP.com
Vision – EyeMed 866-289-0614 or www EyeMed.com

Plan Administrator, or TPA (Flexible Benefit Plans):

Health Equity **PH: (877) 924-3967 Customer Service**
15 W. Scenic Pointe Drive, Ste. 100 FX: (877) 353-9236 Claims Fax
Draper, UT 84020 Web: Flexible Spending & Health Savings Accounts
www.healthequity.com

PURPOSE

The Auburn University employee health plan, dental Plan, vision Plan, and flexible benefit plan (collectively referenced in these notices as the "Plan") are regulated by numerous federal and state laws. Many of these laws require that all eligible employees be provided with annual notices describing certain rights of the participants in the Plan, or certain features contained within the benefits the Plan provides.

These notices are important to you and you should review them carefully. If you have any questions, please contact either Human Resources - Employee Benefits or the Plan Administrator.

IF YOU ARE APPROACHING YOUR SOCIAL SECURITY RETIREMENT AGE please read the Important Notice about your Prescription Drug Coverage and Medicare on page 4.

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IMPORTANT FEDERAL HEALTH CARE REFORM NOTICES

SUMMARY PLAN DESCRIPTIONS

Summary plan descriptions for the Auburn University health, welfare and retirement plans are available on the Auburn University Human Resources Payroll and Employee Benefits website. If you're unable to access the website, you may request printed copies of the summary plan descriptions by calling Human Resources Payroll and Employee Benefits at the number shown above.

Auburn University shall perform its duties as the Plan Administrator and in its sole discretion shall determine appropriate courses of action in light of the reason and purpose for which this Plan is established and maintained. In particular, the Plan Administrator shall interpret all Plan provisions and make all determinations (including factual determinations) as to whether any particular participant or beneficiary is entitled to receive any benefit under the terms of this Plan, which interpretation shall be made by the Plan Administrator in its sole discretion. Any construction of the terms of the Plan that is adopted by the Plan Administrator and for which there is a rational basis shall be final and legally binding on all parties. Any interpretation of the Plan or other action of the Plan Administrator shall be subject to review only if such interpretation or other action is without rational basis. Any review of a final decision or action of the Plan Administrator shall be based only on such evidence presented to or considered by the Plan Administrator at the time it made the decision that is the subject of review and shall be entitled to the maximum deference permitted by law.

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment in a benefit plan for yourself or your dependents (including your spouse or sponsored adult dependent) because of other health insurance or group health coverage, you may be able to enroll yourself or your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 45 days after the day your other coverage or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, placement for adoption, assignment of permanent legal custody, or satisfaction of the requirements for a sponsored adult dependent, you may be able to enroll yourself and your dependents in the Plan. However, you must request enrollment within 45 days after the date of marriage, birth, adoption, placement for adoption, assignment of permanent legal custody, or satisfaction of the requirements for a sponsored adult dependent.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment in the Auburn University health plan with 60 days of the day that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this Plan and you request enrollment within 60 days after the day the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 45-day period applies to most special enrollments.

To request special enrollment or to obtain more information, contact Human Resources Payroll and Employee Benefits at 334-844-4145 or Benefit@auburn.edu .

SMOKING CESSATION PROGRAM

If you are a smoker, we offer a smoking cessation program. We will work with you to help you stop smoking. You may contact Auburn University's Pharmaceutical Care Center at 334-844-4099 or email aupcc4@auburn.edu to inquire about the program. If you complete the program, you can notify Benefits

and have the tobacco charge waived. Please contact AUPCC to get started in their Tobacco Cessation program.

Please see your benefit booklet for the benefits provided to you for mental health/ substance use disorders.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you establish your prior coverage, you may be entitled to certain rights to reduce or eliminate preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy. Should you have any questions, please contact Human Resources Payroll and Employee Benefits.

MEDICAL PLAN INFORMATION

PPO	IN-NETWORK	OUT-OF-NETWORK
Individual Deductible	$500	$500
Family Deductible	$1,500	$1,500
Coinsurance	100%	80%

HDHP	IN-NETWORK	OUT-OF-NETWORK
Individual Deductible	$2,500	$5,000
Family Deductible	$5,000	$10,000
Coinsurance	20%	40%

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

The effective date of this Notice is October 1, 2026.

Please read this notice carefully and keep it where you can find it.

This notice has information about your current prescription drug coverage with the Auburn University Plan 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.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

There are two important points you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage is available 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. Auburn University has determined that the prescription drug coverage offered by your 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 on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in 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. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. 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 and drop your drug coverage under the Auburn University Health Plan, be aware that you and your dependents will not be eligible for coverage under the Plan in the future.

Please contact Auburn University Human Resources Payroll & Employee Benefits for more information about what happens to your coverage if you enroll in a Medicare drug plan.

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 under the Auburn University Health Plan and do not join a Medicare drug plan 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 our office for further information **Note:** You'll get this notice annually and at other times in the future such as before the next period you can join a Medicare drug plan, and if this coverage through Auburn University 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 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 1 (800) MEDICARE (1 (800) 633-4227). TTY users should call 1 (877) 486-2048.

For people with 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 Drug 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).***

Name of Entity/Sender: Human Resources

Contact–Position/Office: Payroll and Employee Benefits

Address: 1550 East Glenn Avenue

Auburn, Alabama 36849

Phone Number: (334)844-1789

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

(Full Notice is included on the last two pages of this document)

IMPORTANT HEALTH BENEFIT COVERAGES

Women's Health and Cancer Rights Act of 1998

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and,
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Plan. Therefore, the deductibles and coinsurance noted in the SPD may apply. If you would like more information on the WHCRA benefits, call the claims administrator at the number listed on the back of your medical identification card.

NEWBORN'S ACT

The medical benefits offered under the Plan, and your health insurer, 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 the newborn earlier than 48 hours (or 96 hours, as applicable). In any case, the Plan and health insurer may not, under federal law, require that a provider obtain authorization from the Plan or the health insurer for prescribing a length of stay not in excess of 48 hours (or 96).

COBRA CONTINUATION COVERAGE RIGHTS

This notice generally explains COBRA coverage, when it may become available to you and your covered dependents, and what you need to do to protect the right to receive it.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that requires an employer to make available temporary continuation of coverage to participants in any group health plan or group dental plan following any event which would normally cause that coverage to end. Because you are a participant in the Plan you must be provided with this notice.

COBRA (and the description of COBRA coverage contained in this notice) applies only to the group health, dental and vision benefits offered under the Plan and not to any other benefits offered by the University. Under certain circumstances COBRA continuation coverage could also apply to the Auburn University

Flexible Spending Account Plan if you are a participant in that Plan.

COBRA coverage can become available to you when you would otherwise lose your coverage under the Plan. It can also become available to your dependents if they are covered under the Plan when they would otherwise lose their coverage under the Plan. This notice does not fully describe COBRA coverage or other rights under the Plan. For additional information about your rights and obligations under the Plan and under federal law you should review the Plans' summary plan descriptions or contact Auburn University Payroll & Employee Benefits, or the Plan Administrator for that specific benefit plan. The Plan provides no greater COBRA rights than what COBRA requires – nothing in this notice is intended to expand your rights beyond COBRA's requirements.

What Is COBRA Coverage?

COBRA 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 below. After a qualifying event occurs and any required notice of that event is properly provided to the University, COBRA coverage must be offered to each person losing Plan coverage who is a "qualified beneficiary." You and your covered dependents could become qualified beneficiaries and would be entitled to elect COBRA if coverage under the Plan is lost because of the qualifying event. (Certain newborns, newly adopted children and alternate recipients under a qualified medical child support order (QMCSO) may also be qualified beneficiaries. This is discussed in more detail in separate paragraphs below.) Under the Plan, qualified beneficiaries who elect COBRA must pay for COBRA coverage.

Individuals who are eligible for COBRA continuation coverage are also eligible to enroll in individually purchased health insurance coverage through the National Health Insurance Marketplace. For more information, go to healthcare.gov.

Who is entitled to Elect COBRA?

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

- Your hours of employment are reduced, or
- 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 lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct; or
- You become divorced from your spouse.

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

- The parent/employee dies;
- The parent/employee's hours of employment are reduced;
- The parent/employee's employment ends for any reason other than his or her gross misconduct;
- The parents become divorced; or
- The child stops being eligible for coverage under the plan as a "dependent child."

COBRA Continuation Coverage for Sponsored Adult and/or Sponsored Child Dependents

A sponsored adult and/or sponsored child dependent is not recognized under COBRA. However, in certain circumstances, federal regulations may require that a sponsored adult dependent (and any relevant sponsored child dependents) be offered continuation coverage in the same manner as a spouse and his/her dependents. In these circumstances, any reference to "spouse", "dependent child" or "dependent children" in this notice would apply to your sponsored adult and/or sponsored child dependent accordingly.

Alternate recipients under QMCSOs

A child of the covered employee who is receiving benefits under the Plan pursuant to a qualified medical

child support order (QMCSO) received by the University during the covered employee's period of employment with the university is entitled to the same rights to elect COBRA as an eligible dependent child of the covered employee.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after Human Resources Payroll & Employee Benefits has been notified that a qualifying event has occurred. When the qualifying event is the end of employment, the reduction of hours of employment or the death of the employee, Payroll & Employee Benefits will be notified by the Human Resources office of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child) you must notify Human Resources Payroll & Employee Benefits within 45 days after the qualifying event occurs.

Electing COBRA?

Once Human Resources Payroll & Employee Benefits receives notice that a qualifying event has occurred, the Plan Administrator for each benefit plan will contact each qualified beneficiary and offer COBRA continuation coverage. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. Any qualified beneficiary for whom COBRA is not elected within the 60-day election period specified in the Plan's COBRA election notice will lose his or her right to elect COBRA.

How long does COBRA Coverage Last?

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, your divorce, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage may last for up to a total of 36 months.

When the qualifying event is the end of employment or the reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee may last until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus eight months). Otherwise, when the qualifying event is the end of employment or the reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

The coverage period described here are maximum coverage periods. COBRA coverage can end before the end of the maximum coverage period for several reasons which will be explained to you by the Plan Administrator when you become eligible for COBRA coverage. These reasons are also described in the summary plan description for the Plan.

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 to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

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

If your family experiences another qualifying event while receiving 18 months of COBRA continuation

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

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the Plan Administrator or to Human Resources Payroll & Employee Benefits. For more information about your rights under the Employee Retirement Income Security Act of 1974 (ERISA), HIPAA, and other laws affecting group health plans, including COBRA, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) or visit the EBSA website at www.dol.gov/ebsa. Addresses and phone numbers of Regional and District EBSA Offices are available through the EBSA website.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep Human Resources Payroll & Employee Benefits, or 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 Human Resources Payroll & Employee Benefits or to the Plan Administrator.

NOTICE OF PRIVACY PRACTICES

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

The Auburn University health plan, the Auburn University dental plan, the Auburn University vision plan, and the Auburn University flexible spending account (FSA) Plan (collectively referenced in this notice as the "Plan") are regulated by numerous federal and state laws.

The Health Insurance Portability and Accountability Act (HIPAA) identifies protected health information (PHI) and requires that the Plan maintain a privacy policy and that it provides you with this notice of the Plan's legal duties and privacy practices. This notice provides information about the ways your medical information may be used and disclosed by the Plan and how you may access your health information.

This notice is provided by Auburn University Human Resources Payroll & Employee Benefits and describes the duties and obligations of Auburn University and your right under the Plans listed above.

This notice describes the ways your medical information may be used and disclosed by the Plan.

What is Protected Health Information (PHI)?

PHI means individually identifiable health information that is created or received by the Plan that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you; and that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. If state law provides privacy protections that are more stringent than those provided by federal law the Plan will maintain your PHI in accordance with the more stringent state law standard.

In general, the Plan receives and maintains health information only as needed for claims or Plan administration. The primary source of your health information continues to be the health care provider (for example, your doctor, dentist or hospital) that created the records. Most health benefits are administered by a third party administrator (TPA) where the Plan sponsor does not have access to PHI. If you are enrolled in any portion of the Plan, you will receive a separate privacy notice from the TPA.

The Plan is required to operate in accordance with the terms of this notice. The Plan reserves the right to change the terms of this notice. If there is any material change to the uses or disclosures, your rights, the Plan's legal duties or privacy practices, the notice will be revised and you'll receive a copy. The new provisions will apply to all PHI maintained by the Plan, including information that existed prior to revision.

Uses and Disclosures Permitted Without Your Authorization or Consent

The Plan is permitted to use or disclose PHI without your consent or authorization in order to carry out treatment, payment or healthcare operations. Information about treatment involves the care and services you receive from a healthcare provider. For example, the Plan may use information about the treatment of a medical condition by a doctor or hospital to make sure the Plan is well run, administered properly and does not waste money. Information about payment may involve activities to verify coverage, eligibility, or claims management. Information concerning healthcare operations may be used to project future healthcare costs or audit the accuracy of claims processing functions.

The Plan may also use your PHI to undertake underwriting, premium rating and other insurance activities related to changing TPA contracts or health benefits. However, federal law prohibits the Plan from using or disclosing PHI that is genetic information for underwriting purposes which include eligibility determination, calculating premiums, the application of pre-existing conditions, exclusions and any other activities related to the creation, renewal, or replacement of a TPA contract or health benefit. Federal law also prohibits the Plan from sharing any PHI that is genetic information with your employer which may be used for any employment purpose.

The Plan may disclose health information to the University if the information is needed to carry out administrative functions of the Plan. In certain cases, the Plan or TPA may disclose your PHI to specific employees of the University who assist in the administration of the Plan. Before your PHI can be used by or disclosed to these employees, the University must certify that the Plan documents explain how your PHI will be used; identify the employees who need your PHI to carry out their duties to administer the Plan; and, separate the work of these employees from the rest of the workforce so that the University cannot use your PHI for employment-related purposes or to administer other benefit plans. For example, a designated employee may have the need to contact a TPA to verify coverage status or to investigate a claim without your specific authorization.

The Plan may disclose information to the University that summarizes the claims experience of Plan participants as a group, but without identifying specific individuals, to get a new TPA contract, or to change the Plan. For example, if the University wants to consider adding or changing an organ transplant benefit, it may receive this summary health information to assess the cost of that benefit.

The Plan may also use or disclose your PHI for any purpose required by law, such as responding to a court order, subpoena, warrant, summons, or similar process authorized under state or federal law; to identify or locate a suspect, fugitive, material witness, or similar person; to provide information about the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person's agreement; to report a death we believe may be the result of criminal conduct; to report criminal conduct at the university; to coroners or medical examiners; in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime; to authorized federal officials for intelligence, counterintelligence, and other national security authorized by law; and, to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

The Plan may disclose medical information about you for public health activities. These activities generally include licensing and certification carried out by public health authorities; prevention or control of disease, injury, or disability; reports of births and deaths; reports of child abuse or neglect; notifications to people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; organ or tissue donation; and notifications to appropriate government authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence. The Plan will make this disclosure when required by law, or if you agree to the disclosure or when authorized by law and the disclosure is necessary

to prevent serious harm.

Uses and disclosures other than those listed will be made only with your written authorization. Types of uses and disclosures requiring authorization include use or disclosure of psychotherapy notes (with limited exceptions to include certain treatment, payment or healthcare operations); use or disclosure for marketing purposes (with limited exceptions); and disclosure in exchange for remuneration on behalf of the recipient of your protected health information, or the sale of any protected health information.

You should be aware that the Plan is not responsible for any further disclosures made by the party to whom you authorize the release. If you provide the Plan with authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to Auburn University Human Resources Payroll & Employee Benefits. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Auburn University Human Resources Payroll & Employee Benefits.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to Auburn University Human Resources Payroll & Employee Benefits. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that is not part of the medical information kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy; or is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Auburn University Human Resources Payroll & Employee Benefits. Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your

care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had, except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), we will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to Auburn University Human Resources Payroll & Employee Benefits. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply–for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Auburn University Human Resources Payroll & Employee Benefits. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to Obtain a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave SW, Washington, DC, 20201.

Duties and Obligations of the Plan Administrator

The entities listed in the plan contact Information section above are required by law to maintain the privacy and security of your protected health information and to let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Each such entity must follow the duties and privacy practices described in this notice or in a notice provided specifically by that entity for the Plan which they administer. Please review the summary plan description for that plan for the particular notice that applies to that entity.

Each entity will not use or share your information other than as described in this notice or in a notice provided specifically by them unless you tell them they can in writing. If you tell them they can, you may change your mind at any time. You must let them know in writing if you change your mind.

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:

Auburn University Human Resources, Payroll and Employee Benefits (334) 844-4345

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) Offers Free or Low-Cost Health Coverage to Children and Families

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 July 31, 2024. Contact your State for more information on eligibility –

ALABAMA - Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA-Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS- Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado member Contact Center:
1-800-221-3943/State Relay 711
CHP+:
https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program

CALIFORNIA – Medicaid
Website:
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

FLORIDA – Medicaid
Website:
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268 Email:
CustomerServiceMyFLHIPP@gainwelltechnologies.com

GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 404-657-5468 or 877-438-4179

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: : https://www.in.gov/medicaid/
Phone 1-800-318-2596

IOWA - Medicaid
Website:
http://dhs.iowa.gov/ime/members
Phone: 1-800-338-8366
Hawki website: http://dhs.iowa.gov/Hawki
Hawki Phone : 1-800-972-2017

KANSAS - Medicaid
Website: https://www.kancare.ks.gov/

Phone: 1-800-792-4884

KENTUCKY - Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov https://www.chfs.ky.gov/agencies/dms/Pages/default.aspx

LOUISIANA - Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-877-697-6703 (LaHIPP)

MAINE - Medicaid
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 207-287-3707
TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -207-287-9385.
TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP
Website: https://www.mass.gov/info-details/contact-masshealth-information-for-members
Phone: 1-800-841-2900, TDD/TTY 711

MINNESOTA - Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/
Phone: 1-800-627-3529

MISSOURI - Medicaid
Website: https://dss.mo.gov/ddo Phone: 800-348-6627

MONTANA - Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: (406) 444-5622

NEBRASKA – Medicaid
Website: https://dhhs.ne.gov/Pages/Medicaid-Eligibility.aspx Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-866-569-1746

NEW HAMPSHIRE - Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid
Phone: 844-275-3447

NEW JERSEY - Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/
CHIP Website:www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK - Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 888-245-0179

NORTH DAKOTA - Medicaid
Website: https://www.hhs.nd.gov/
Phone: 1-800-755-2604

OKLAHOMA - Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON - Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid
Website: Select "Apply for Medicaid" https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-877-395-8930

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/

Phone: 855-840-4774, or 401-465274 (Direct RIte Care Line)

SOUTH CAROLINA - Medicaid
Website: www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA-Medicaid
Website: http://dss.sd.gov
Phone: 1-605-773-4678

TEXAS - Medicaid
Website: https://www.hhs.texas.gov/services/health/medicaid-chip Phone: 1-800-541-7905

UTAH - Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
1-866-435-7414
CHIPWebsite: https://medicaid.utah.gov/childrens-health-insurance-program/
Phone: 1-866-608-9422

VERMONT - Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-855-899-9600

VIRGINIA - Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid & CHIP Phone: 1-8855-242-8282

WASHINGTON - Medicaid
Website: https://www.hca.wa.gov/
1-800-562-3022

WEST VIRGINIA - Medicaid
Website: http://mywvhipp.com
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-608-266-1865

WYOMING - Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Telephone: 1-866-571-0944

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
(1-866-444-3272)

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services
www.cms.hhs.gov
Medicare 800-MEDICARE (800-633-4227)
Medicaid 800-772-1213

CREDITABLE DRUG COVERAGE NOTICE

Date: October 1, 2026

Employer Name: Auburn University

Plan Name: Auburn University Medical Plans

Contact: Human Resources - Benefits

Address: 1550 East Glenn Avenue, Auburn, AL 36849

Telephone Number: 334-844-4145

Important Notice 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 your employer 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. Your employer has determined that the prescription drug coverage offered by your employer 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 through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current employer group coverage **may be affected.** For example, you and your dependents **may not** be able to keep your current employer coverage if you join a Medicare drug plan.

If you decide to join a Medicare drug plan and drop your current employer group coverage, be aware that you and your dependents **may not** be able to get this coverage back.

Please contact us at the address and/or telephone number at the top of this notice for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

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 your employer and do not 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 our office at the address and/or telephone number at the top of this notice 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 your employer 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 personal 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).