



# TABLE OF CONTENTS

3.....CONTACT INFORMATION

4.....MEDICAL PLAN HIGHLIGHTS: CIGNA PPO 80/60 \$2000

5.....MEDICAL PLAN HIGHLIGHTS: CIGNA HDHP 100/80 \$3000

6..... DENTAL & VISION PLAN HIGHLIGHTS

7.....ANCILLARY PLAN HIGHLIGHTS

8.....OPEN ENROLLMENT & QUALIFYING EVENTS

9.....WELLVIA TELEDOC

10.....PROCARE RX

11.....FSA BENEFIT

12-13.....HSA BENEFIT

14, 15.....SUMMIT ONLINE FSA AND HSA RESOURCE

16.....BENEFIT NOTICES

17-19.....MARKETPLACE NOTICE

20-21.....MEDICARE PART D CREDITABLE COVERAGE NOTICE

22-24.....CHIP NOTICE

25-28.....PRIVACY NOTICE

# CONTACT INFORMATION

Carrier	Benefit	Web Address	Phone Number
EBMS	Medical	<a href="http://www.mibenefits.com">www.mibenefits.com</a>	1-866-326-7613
CIGNA	Provider Network	<a href="http://www.mycigna.com">www.mycigna.com</a>	
PrCare RX	Pharmacy	<a href="https://memberaccess.pro-carerx.com">https://memberaccess.pro-carerx.com</a>	1-800-699-3542
Guardian	Ancillary Benefits	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>	1-888-482-7342
FAIR Health Consumer	Transparency Tool	<a href="https://www.fairhealthconsumer.org/medical">https://www.fairhealthconsumer.org/medical</a>	1-855-566-5871
Good RX	Pharmacy Pricing	<a href="https://www.goodrx.com">https://www.goodrx.com</a>	855-268-2822

Benefits & Enrollment Contacts	Email Address	Phone Number
Eddie Cummings- Director of HR	<a href="mailto:ecummings@centenary.edu">ecummings@centenary.edu</a>	Direct Line: 318-869-5191 Cell: 318-469-0500
Rachel Thrash- Benefits Group Advisor	<a href="mailto:rthrash@qnins.com">rthrash@qnins.com</a>	Direct Line: 318-429-0516 Cell: 318-347-4405
Callie Ware- Benefits Account Advisor	<a href="mailto:cware@qnins.com">cware@qnins.com</a>	Direct Line: 318-429-0553 Cell: 318-210-1387
Coty Hamman- FSA/HSA Benefit Specialist	<a href="mailto:chamman@qnins.com">chamman@qnins.com</a>	Direct Dial: 318-429-0529

## MEDICAL: OPTION 1 PLAN HIGHLIGHTS

Insurance Carrier/ Plan Design	EBMS CIGNA/ PPO Copay
Office Visit Copay	\$50
Urgent Care Copay	\$55
In-Network Deductible- Individual/Family	\$2,000/\$6,000
In-Network Co Insurance	20%
In-Network Individual - Out of Pocket Max	\$6,000
In-Network Family - Out of Pocket Max	\$12,000
Emergency Room Visit	Deductible then 20%
Out of Network Benefits	Refer to SBC

Prescription Drug: Copays	
Tier 1	\$10
Tier 2	\$30
Tier 3	\$55
Tier 4	*Specialty Drugs Not Covered

\*Specialty Drugs will no longer be covered on the plan. You will be assigned an advocate to obtain these drugs directly from the manufacturer.

Benefit Tier	Monthly Deduction
Employee	\$224.00
Employee & Spouse	\$534.00
Employee & Child(ren)	\$628.00
Employee & Family	\$785.00

The insurance being offered to you from your employer meets the criteria of affordable and providing minimum essential coverage. You will not be eligible for any subsidy on the Exchange.

**If you are at an In-Network Hospital or Emergency Room- The anesthesiologists, pathologists, radiologist and emergency room doctors might not participate in the network. You may be subject to additional billing outside of your deductible. Check with your hospital or doctor in advance of any planned surgery or testing.**

This is intended to be a summary of benefits not a contract. Please consult the insurance contract for more details. If there is a conflict between this summary and the contract, the contract governs.

## MEDICAL: OPTION 2 PLAN HIGHLIGHTS

Insurance Carrier/ Plan Design	EBMS CIGNA/ PPO HDHP
Preventive Care/Screening/Immunization	No Charge
In-Network Deductible- Individual	\$3,000
In-Network Deductible- Family	\$6,000
In-Network Co Insurance	0%
In-Network Individual - Out of Pocket Max	\$3,000
In-Network Family - Out of Pocket Max	\$6,000
Office Visits for injury or illness	Deductible
Out of Network Benefits	Refer to SBC

**This is plan is HSA eligible**

Prescription Drugs: EE responsibility after medical deductible	
Tier 1	0%
Tier 2	0%

\*Specialty Drugs will no longer be covered on the plan. You will be assigned an advocate to obtain these drugs directly from the manufacturer.

Benefit Tier	Monthly Deduction
Employee	\$210.00
Employee & Spouse	\$500.00
Employee & Child(ren)	\$588.00
Employee & Family	\$735.00

The insurance being offered to you from your employer meets the criteria of affordable and providing minimum essential coverage. You will not be eligible for any subsidy on the Exchange.

**If you are at an In-Network Hospital or Emergency Room- The anesthesiologists, pathologists, radiologist and emergency room doctors might not participate in the network. You may be subject to additional billing outside of your deductible. Check with your hospital or doctor in advance of any planned surgery or testing.**

This is intended to be a summary of benefits not a contract. Please consult the insurance contract for more details. If there is a conflict between this summary and the contract, the contract governs.

## DENTAL & VISION PLAN HIGHLIGHTS

Dental Coverage		
Guardian	Deductible (Limit of three)	\$50
	Annual Maximum	\$1,500
	Type 1: Preventive	100%
	Type 2: Basic	90% after deductible
	Type 3: Major	60% after deductible
	Orthodontia (children under 19)	50% after deductible up to lifetime max of \$1500

Benefit Tier	Monthly Deduction
Employee	\$16.19
Employee & Spouse	\$33.52
Employee & Children	\$47.14
Employee & Family	\$63.89

Vision Coverage		
Guardian	In Network Exam Copay	\$10
	In-Network Materials Copay	\$25
	Lenses**	\$0
	Frames**	\$130 Allowance then 20% discount
	Elective Contact Lenses (Includes fitting and evaluation)**	\$130 Allowance then 15% discount
	Frequencies	Exam: Once every 12 months Eyeglass Lenses: Once every 12 months Frames: Once every 12 months Contact Lenses: Once every 12 months

\*\*Benefit Includes coverage for glasses or contact lenses, not both

Benefit Tier	Monthly Deduction
Employee	\$4.57
Employee & Spouse	\$9.13
Employee & Children	\$9.85
Employee & Family	\$14.32

This is intended to be a summary of benefits not a contract. Please consult the insurance contract for more details. If there is a conflict between this summary and the contract, the contract governs.

## ANCILLARY PLAN HIGHLIGHTS

### Benefits Paid by Centenary

- » Basic Life and AD&D: 1x Annual Salary
- » Dependent Life
- » Long Term Disability
- » Short Term Disability
- » Employee Assistance Program
- » 403(b) Retirement Plan: match up to 5%

### Employee Paid Benefits

- » Voluntary Life and AD&D
- » Accident
- » Cancer
- » Critical Illness



This is intended to be a summary of benefits not a contract. Please consult the insurance contract for more details. If there is a conflict between this summary and the contract, the contract governs.

---

## OPEN ENROLLMENT & QUALIFYING EVENTS

### Open Enrollment Opportunity

Open Enrollment is your opportunity to reevaluate your current benefits and make changes for the coming year. You are given an Open Enrollment opportunity each year during the month of December for a January 1st effective date.

### What Changes Can I Make?

- . Enroll if not currently on the plan
- . Cancel if you have coverage elsewhere
- . Add/Drop dependents

### Who is Eligible and When:

New full-time employees are eligible for benefits after they have satisfied their waiting period. Eligible employees are effective the first of the month following the date of hire.

If you do not take advantage of this open enrollment opportunity, you must wait until next open enrollment unless you experience a qualifying event that will allow mid-year changes.

### What if I forget?

If you don't take advantage of this Open Enrollment opportunity, you cannot enroll or make changes until Open Enrollment next year unless you experience a qualifying event.

**PLEASE NOTE:** Other than the annual Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status, such as:

- . Loss of eligibility of a covered dependent
- . Death of your covered spouse or child
- . Birth or adoption of a child
- . Marriage, divorce, or legal separation
- . Completion of New hire waiting period
- . Loss or gain of coverage through your parent or spouse

You have 30 days from a change in family status to make modifications to your current coverage.

### How do I make these changes?

You may contact Edie Cummings at 318-869-5191

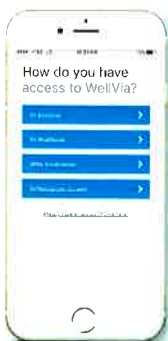


# WELLVIA®

Available  
**24/7/365**

Talking with  
a Doctor  
has never  
been easier!

Download the Free WellVia App for Apple and Android Devices!



ACTIVATE



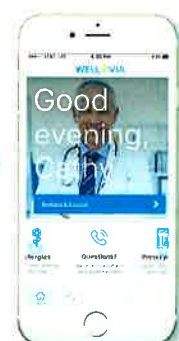
REGISTER



SIGN IN



SECURITY



GET WELL



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



Member Care Center: (855) WELLVIA  
(855) 935-5842

## Member Portal

MC-Rx has developed a secure online Member Portal for all of our members. This portal is specifically designed to inform and help members manage their pharmacy benefit prescription demands. The portal provides eligible members access to their prescription profiles and other important pharmacy benefit information.

The Member Portal provides members with the ability to:

- Create and maintain their own secure login
- Participate in clinical programs selected specifically for them, allowing the member to request clinical information about their disease state
- Access and/or restrict profile viewing by other family members
- Review prescription claims history or individual prescriptions
- Request refills of mail order prescriptions or transfer maintenance or specialty pharmacy prescriptions from a retail pharmacy to ProCare PharmacyCare
  - Ability to see order status and track shipment
  - Ability to see next available refill date on prescriptions
- Locate participating pharmacies within a county/city/state or zip code with radius as well as identify long-term care, home infusion, or MTM pharmacy providers
- Look up a drug to identify formulary status and preferred alternatives, find generic alternatives to brand drugs, view patient education information for drugs, view drug imprints and images, and download electronic versions of plan formularies
- Calculate estimated plan-pay and copay amounts according to plan coverage and price prescriptions before taking them to the pharmacy for fulfillment
- View plan and benefit information that is specific to the member and print profiles for historical or tax purposes

One of the unique aspects of MC-Rx's Member Portal is the personalized clinical programs feature that appears on the member's home page based on the disease states, inferred using the member's prescription profile. Every patient can have information about THEIR disease state at their fingertips right on their home page.

By using the features and tools provided, members will be empowered to make educated decisions. MC-Rx's Member Portal is available as a mobile website and runs on smart phones and tablets.

# How To Submit A Reimbursement Claim (FSA)



*All sections of the claim form must be completed in order to receive reimbursement.*

## Claim Form Section 1: Employee Information

The following information must be included for each claim:

- Employee (Participant) SSN (last 4)
- Employee Name
- Employee Address
- Employee Phone Number

## Claim Form Section 2: Claim Information

The following must be included for each claim:

### For Medical Expenses

- Date of Service
- Patient Name
- Name of Provider
- Description of Service
- Amount of Claim

### For Dependent Care Expenses:

- Date of Service
- Dependent Name
- Dependent Age
- Name of Care Provider
- Care Provider Address
- Provider Tax ID/SSN
- Amount of Claim

**For Medical Expenses**, you must provide a provider receipt or insurance carrier explanation of benefits (EOB) that contains ALL of the information listed under “For Medical Expenses” above. Cancelled checks, non-detailed credit card receipts, or generic cash receipts do not provide all the information necessary to substantiate claims and cannot be accepted. **Statements with “Previous Balance”, “Balance Forward”, or “Paid on Account” do not contain all of the necessary information and cannot be accepted.**

**For Dependent Day Care Expenses**, you must provide either a receipt that contains ALL of the information listed under “For Dependent Day Care Expenses” or a signature of the Care Provider on the completed claim form. Expenses submitted for Dependent Care reimbursement must allow the participant to be gainfully employed (or looking for work). Overnight camps, extracurricular activity fees, care for children over the age of 12, and private school fees (for grades Kindergarten and up) are not eligible expenses for Dependent Care reimbursement.

## Claim Form Section 3: Signature

The participant must sign and date the claim form in order for the claims to be reimbursed.

## For Reimbursement

Submit the claim form by uploading via Summit portal, email, or fax.  
Summit: [qnins.summitfor.me](https://qnins.summitfor.me) (preferred method)  
Summit employer ID: 10  
Email: [benefits@qnins.com](mailto:benefits@qnins.com)  
Fax: 318-216-3529

## Reminders

**Carryover Amount:** \$500

**Run-out period** to submit 2019 claims: 90-days from 12/31/2019.

**Keep all documentation** for eligible expenses.

Documentation (substantiation) must be provided for debit card swipes that do not auto-resolve **within 60 days** to avoid card suspension.

**2020 claims will use the 2019 carryover first.** Keep this in mind if you submit a 2019 claim late in the run-out period. *We can reprocess* a 2020 claim to pay a 2019 plan year claim if carryover has been exhausted.

## HEALTH SAVINGS ACCOUNT (HSA)

Employees who are enrolled in CIGNA HDHP option 2 and *elect to participate in the HSA*. Enrollments and account changes can be accomplished online.

### Plan Advantages

- HSA contributions, interest and earnings in the account are tax free.
- Contributions to the HSA can be made pre-tax or post-tax and can be changed at anytime.
- There is no “Use It or Lose It” provision. The balance of your HSA account rolls over every year.
- The account is portable if you terminate employment.
- After age 65, the account can be used for other expenses without paying the additional 20% penalty.

### Plan Rules

- Account holder must be enrolled in an HSA qualified High Deductible Health Plan (Medical Option 2) and no other health plan.
- HSA should only be used to pay for qualified medical expenses. A 20% penalty tax is applied if money is withdrawn for non-qualified expense.
- The **maximum contribution limits** for 2020 are \$3,550 for Employee Only Coverage or \$7,100 for Family Coverage. If you are over 55, you can contribute an additional \$1,000 per year.
- You cannot contribute to an HSA if any part of Medicare is elected. However, you can continue to use funds previously contributed.



This is intended to be a summary of benefits not a contract. Please consult the insurance contract for more details. If there is a conflict between this summary and the contract, the contract governs.

# Welcome to Mobile summit



## Benefits at Your Fingertips

Access your employee benefits account information on your mobile device with the Mobile Summit app for Apple and Android.

## What You Can Do with Mobile Summit

- ✓ **View Accounts** – Access detailed balance and account information, including alerts.
- ✓ **Card Activity** – Review transaction information, including whether receipts are needed.
- ✓ **SnapClaim™** – Our integrated SnapClaim technology allows claims filing using your smartphone or mobile device! Just open a claim using the app, fill in some details onscreen, take a photo of the receipt with your smartphone camera, and upload. Claims filing couldn't be easier!



## Locating and Loading the Mobile Summit App



Search for “Mobile Summit” on the App Store for Apple products or in the Google Play Store for Android products, and load as you would any other app.

## Logging in

Mobile Summit uses the same login credentials as the online participant portal. Once you have registered online, log in to Mobile Summit using the same username, password, and TPA code.\* After logging in to the Mobile app, you will be on the home page which lists your navigation options.

*\*Login credentials include username, password, and the TPA Code provided by your plan administrator. If the TPA Code is not available, you can use the URL for your online Summit account portal instead. Just enter the URL in the TPA Code field (URL example: [www.MySummitTPA.com](http://www.MySummitTPA.com)).*

## Getting Help



Click the Contact icon at the bottom of the home page to access contact information for your administrator, who will be able to provide assistance.

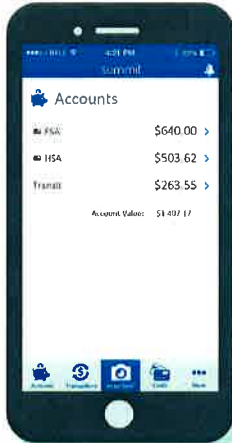
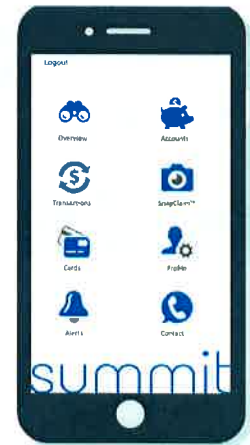
# summit Mobile Quick Start Guide

## Logging In

Open the Mobile Summit app. Use the same username and password to log in that you use to log in to the full Summit portal online.

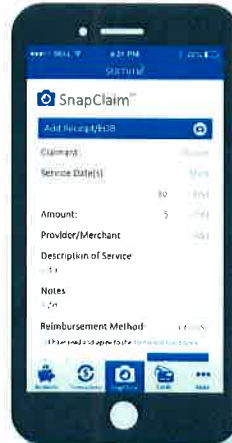
## What You Can Do with Mobile Summit

Once you log in, the Home page displays on the screen. Tap the icons to access the available features:



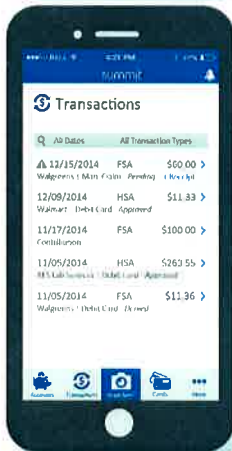
### Accounts –

View a list of all your accounts (FSA, HRA, HSA, Transit) and available funds. Select an account to view Annual Elections, Reimbursements, Available Balance, and Contributions. You may even access the transaction history from the account screen. Dependents who are linked to the account are listed.



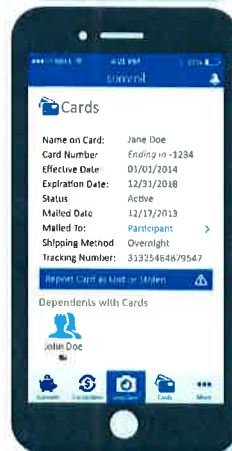
### SnapClaim™ –

SnapClaim is a quick, convenient, and secure way to file claims using your smartphone's camera. On the SnapClaim screen, enter claim information including Claimant, Service Dates, Amount, Provider/Merchant, and Reimbursement Method, then upload a photo of the receipt or EOB, and submit for processing.



### Transactions –

Access a list of transactions across all accounts, sorted by date. Click on any transaction to view specific details. For any debit card transactions requiring receipts, click the +Receipts link to upload photos of the associated receipts or EOBs from your smartphone's camera.



### Cards –

View card details, including Name on Card, Card Number, Expiration Date, and Status. You may also view dependents who hold cards. If your card is lost or stolen, you may report it through this screen.



**Overview** – View account balances, last claim received, and last card transaction amounts.



**Profile** – Access your profile and view information. You may edit information from this screen.



**Alerts** – View all alerts for your accounts and cards.

## Querbes & Nelson

Employee Benefits

An Assurex Global Partner

214 Milam Street, Shreveport, LA 71101  
318-429-0529-Direct | Benefits@qnins.com



### WHCRA Notice: The Women's Health and Cancer Rights Act of 1998

As specified in the Women's Health and Cancer Rights Act, if you have had or are going to have a mastectomy, you may be entitled to certain benefits. 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 this plan.

### Notice: Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in your group's health plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to the first day of first plan year beginning on or after September 23, 2010. For more information contact Querbes & Nelson at 318.429.0553.

### Notice: Lifetime Limit No Longer Applies

The lifetime limit on the dollar value of benefits under your company no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Querbes & Nelson at 318.429.0553.

### Patient Protection Notice

Designation of Primary Care Providers

You have the right to designate any primary provider (PCP) who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as a PCP.

### Direct Access to OB/Gyns

You do not need prior authorization to obtain direct access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

### Newborns' And Mothers' Health Protection Act Notice

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



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Edie Cummings at 318-369-5191](mailto:Edie.Cummings@DOL.gov)

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Centenary College of Louisiana		4. Employer Identification Number (EIN) 72-0408915	
5. Employer address P.O. Box 41188		6. Employer phone number 318-869-5191	
7. City Shreveport	8. State LA	9. ZIP code 71134	
10. Who can we contact about employee health coverage at this job? Edie Cummings			
11. Phone number (if different from above)		12. Email address ecummings@centenary.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:  
Those who work a regular schedule of 30 hours per week, have satisfied the eligibility requirements and are in active status.

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:  
The spouse and dependent(s) of an eligible employee. The employee may cover his or her dependent(s) only if the employee is also covered.

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- Yes** (Continue)  
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

- Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

- a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_
- b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year? \_\_\_\_\_**

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)
- a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_
- b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## MEDICARE PART D CREDITABLE COVERAGE NOTICE

### Important Notice from Centenary College of Louisiana 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 Centenary College of Louisiana 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. Centenary College of Louisiana has determined that the prescription drug coverage offered by ProCare RX is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
- 

#### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

If you do decide to join a Medicare drug plan and drop your current Centenary College of Louisiana coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Centenary College of Louisiana and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact Edie Cummings at 318-869-5191 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 Centenary College of Louisiana 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).**

<b>Date:</b>	11/19/2019
<b>Name of Entity/Sender:</b>	Centenary College of Louisiana
<b>Contact--Position/Office:</b>	Edie Cummings
<b>Address:</b>	P.O. Box 41188, Shreveport, LA 71134
<b>Phone Number:</b>	318-869-5191

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your 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](http://www.healthcare.gov).

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **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, 2019. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/lssa/hip/">http://www.in.gov/lssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022 ext. 15473</p>
<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>	<p align="center"><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>	<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:  <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>  Phone: 1-800-362-3002</p>
<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>	<p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>  Phone: 307-777-7531</p>
<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>  Medicaid Phone: 1-800-432-5924  CHIP Website:  <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>  CHIP Phone: 1-855-242-8282</p>	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

## **NOTICE OF PRIVACY PRACTICES**

### **Your Information. Your Rights. Our Responsibilities.**

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.**

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us at [contact info] .
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Our Uses and Disclosures****How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research**

We can use or share your information for health research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services



214 MILAM STREET  
SHREVEPORT, LA 71101  
318.221.5241