



Important Enrollment Notices

SUMMARY OF MATERIAL MODIFICATION FOR MARQUETTE UNIVERSITY

Health Plan, Dental Plan, Vision Plan, Flexible Benefits Plan, and Employee Assistance Program

Effective January 1, 2018

Notice of Availability of Privacy Practices Notice

Our group health plan(s) may need to use and disclose your protected health information to facilitate medical treatment you may receive, for payment of such medical treatment and also for other purposes. Because the privacy of your medical information is important to us, we have procedures in place to ensure its protection. As part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), our group health plan(s) have a Privacy Notice describing how medical information about you may be used and disclosed and also how you can access this information. The notice is posted on the benefits website at <http://www.marquette.edu/hr/employeebenefits.shtml> (on the Articles & Resources tab). You can view the privacy notice online, or you can request a paper copy by contacting the Marquette University Human Resources Department.

Notice of Special Enrollment Rights

The Open Enrollment plan choices are available only once a year. The choices you make will remain in effect until the next Open Enrollment, unless you experience a qualifying event or lose eligibility under another plan. If you decline enrollment for yourself or your dependents (spouse or children) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan or switch to another plan option for which you are eligible if:

- You or your dependents lose eligibility for that other coverage; or
- The employer stops contributing towards your or your dependents' other coverage.

However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, or switch to another plan. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

The plan will also allow a special enrollment opportunity if you or your eligible dependent(s) either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible; or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days from the date of the Medicaid/CHIP eligibility change to request enrollment in the group health plan. This new 60-day period does not apply to any other special enrollment situations. To request Special Enrollment or obtain more information, contact the Marquette University Human Resources Department.

Annual Notice of Women's Health Rights

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your Plan Administrator at (414) 288-7305 for more information.

Notice of Non-Discrimination and Accessibility Requirements

Discrimination is Against the Law

Marquette University complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Marquette University does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Marquette University:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Lynn Mellantine.

If you believe that Marquette University has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Lynn Mellantine, Assistant VP of HR, 915 W. Wisconsin Ave., Straz Tower – HR, Milwaukee, WI 53233, (414) 288-3430 (phone), (414) 288-7425 (fax), lynn.mellantine@marquette.edu. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Lynn Mellantine, Assistant VP of HR, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (1-877-696-6775).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (1-877-696-6775).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (1-877-696-6775)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (1-877-696-6775).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (1-877-696-6775)۔

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (1-877-696-6775).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (1-877-696-6775)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (1-877-696-6775).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-696-6775

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຮ (1-877-696-6775).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (1-877-696-6775).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (1-877-696-6775).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (1-877-696-6775) पर कॉल करें।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (1-877-696-6775).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (1-877-696-6775).
