

IMPORTANT NOTICE: This document is provided to help employers understand the compliance obligations for Health & Welfare

# Important Legal Notices Affecting Your Health Plan Coverage

Receive Information about Your Plan and Benefits

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## CONTACT INFORMATION

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Request confidential communications

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Ask us to limit what we use or share

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Get a list of those with whom we've shared information

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## Our Uses and Disclosures

How do we typically use or share your health information?

Help manage the health care treatment you receive

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

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Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

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

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Respond to lawsuits and legal actions

Our Responsibilities

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Important Notice from Moravian University 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 Moravian University 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.

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

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



<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>	<p>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</p>
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>





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 1/31/2026)









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 Moravian University		4. Employer Identification Number (EIN) 24-0795460	
5. Employer address 1200 Main Street		6. Employer phone number 610-861-1467	
7. City Bethlehem	8. State PA	9. ZIP code 18018	
10. Who can we contact about employee health coverage at this job? Dior Mariano			
11. Phone number (if different from above)		12. Email address marianod@moravian.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:

Some employees. Eligible employees are:

- With respect to dependents:  
We do offer coverage. Eligible dependents are:

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