

Special Enrollment Notice: 2013

**Auburn University Health Plan
Auburn University Dental Plan
Auburn University Vision Plan
Auburn University Flexible Spending Account Plan**

EFFECTIVE DATE

This Notice is effective January 1, 2013.

PURPOSE

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 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 the Payroll & Employee Benefits office at (334) 844-4183, Blue Cross and Blue Shield of Alabama (the Plan Administrator for the Health and Dental Plans) at (800) 633-8052, Superior Vision (the Plan Administrator of the Vision Plan) at (800) 507-3800, or BenefitElect of Alabama (the Plan Administrator for the FSA Plan) at (800) 257-0986.

Special Enrollment Notice

If you are declining enrollment in the Plan for yourself or your dependents (including your spouse) because of other health or dental insurance or group health or group dental plan coverage, you may be able to enroll yourself or your dependents in this Plan if you or your dependents lose eligibility for that 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, or placement for adoption, 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, or placement for adoption.

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 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.

Plan Contact Information

Information about the Plan may be obtained at either of the addresses or phone numbers below:

**Payroll & Employee Benefits
212 Ingram Hall
Auburn, AL 36849
(334) 844-4183**

Plan Administrator, or TPA (Health and Dental):

**Blue Cross and Blue Shield of Alabama
Attn: Customer Accounts
450 Riverchase Parkway East
Birmingham, AL 35298-0001
(800) 633-8052**

Plan Administrator, or TPA (Vision)

**Superior Vision Services, Inc.
P. O. Box 967
Rando Cordova, CA 95741
(800) 507-3800**

Plan Administrator, or TPA (FSA):

**BenefitElect of Alabama, Inc.
P.O. Box 59548
Birmingham, AL 35259
800-257-0986**

This contact information for the Plan may change from time to time. The most recent information will be included in the Plan's most recent summary plan description (if you do not have a copy, you may request one from the Payroll & Employee Benefits office).
