

## ORISE RESEARCH PARTICIPATION AT THE CDC

### NOTICE OF HEALTH INSURANCE COVERAGE AVAILABLE THROUGH OAK RIDGE ASSOCIATED UNIVERSITIES

**EFFECTIVE 7/1/04**

The Terms of Appointment for the Research Fellowship Program require participants to have coverage under a health insurance plan. Oak Ridge Associated Universities (ORAU) has an agreement with Blue Cross/Blue Shield of Tennessee (BCBST) to include Research Fellowship Program participants on appointments of one year or longer in a special *non-employee* classification under the regular ORAU employee health insurance plan.

***Coverage for participants in our program is limited to medical/health insurance and a prescription drug card.*** Enclosed is a benefit booklet. You are not eligible for dental or vision coverage or for the Flexible Benefits Plan. Each state has a list of medical providers (doctors, hospitals, etc.) that participate in the Blue Cross Blue Shield Blue Network P plan. See [www.bcbst.com](http://www.bcbst.com) or call **1-888-698-2686** for provider lists. You receive the maximum coverage by using providers in the plan. If you elect to obtain this insurance coverage as a non-employee, you will be required to pay the full premium which is currently \$293.60 monthly for single coverage or \$803.20 monthly for family coverage.

If your appointment period begins prior to the 16<sup>th</sup> of the month, an amount equal to *twice* the monthly premium will be deducted from your first month's stipend check with a single premium deduction in subsequent months. If your appointment period begins on or after the 16<sup>th</sup> of the month, an amount equal to a single monthly premium will be deducted monthly from your check beginning with the first month. In either case, no deduction for insurance will be made during the final month of your appointment unless you elect to continue coverage past the termination of your appointment.

If you wish to participate in the ORAU group plan, please complete the enclosed application form and return it to ORAU with the signed copy of your appointment letter. Do not fill in the name and address of the insurance company and the contract number on the signed copy of the Terms of Appointment you return to ORAU. We will do that for you.

***Although health insurance coverage for participants is a program requirement, you are under no obligation to purchase your insurance through ORAU. This coverage is offered for your convenience and consideration.***

Unless you notify us of your desire to cancel, the health insurance coverage will continue for the duration of your appointment. Please give 30 days notice if you wish to change your BCBST insurance coverage in any way: start, cancel, change from individual to family coverage, etc. By federal law there is an option available under which you can continue the coverage for up to 18 months past the termination of your appointment. To exercise this option, we will provide you the forms necessary to continue your coverage.

