

# EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

## Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

**\*Special hours of service eligibility requirements apply to airline flight crew employees.**

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of

continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

## Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.**



For additional information:  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
**WWW.WAGEHOUR.DOL.GOV**

U.S. Department of Labor | Wage and Hour Division



**OKLAHOMA STATE UNIVERSITY**  
**DRUG-FREE WORKPLACE STATEMENT**

**TO ALL EMPLOYEES:**

In accordance with the Drug-Free Workplace Act of 1988, Oklahoma State University hereby notifies all employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace. Any employee found to have violated this prohibition may be subject to disciplinary action up to and including dismissal or be required to satisfactorily participate in a drug abuse assistance or rehabilitation program as a condition of continued employment. The drug abuse assistance/rehabilitation program shall be one that has been previously approved for such purposes by federal, state, or local health, law enforcement or other appropriate agency. The imposition of such disciplinary action or requirement to satisfactorily participate in a drug abuse assistance/rehabilitation program is premised solely upon a violation of this prohibition and does not require a criminal conviction.

As a condition of employment at Oklahoma State University, all employees will:

1. Comply with the terms of this statement; and
2. Notify the University (through either their immediate supervisor, other supervisory administrator, or project director) of any criminal drug statute conviction for a violation occurring in the workplace in writing no later than five days after such conviction.

Such conviction may, of course, result in the employee being disciplined or required to satisfactorily participate in a drug abuse assistance/rehabilitation program as specified above. Failure of an employee to report his/her conviction, as required herein, constitutes grounds for dismissal.

As a further requirement of the Drug-Free Workplace Act, the University has established a drug-free awareness program for the purpose of informing employees about the dangers of drug abuse in the workplace, the University's prohibition of controlled substances in and on OSU property, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed for drug abuse violations. An Employee Assistance Program has been created in furtherance of the drug-free awareness program. Information about the drug-free awareness program and the Employee Assistance Program may be obtained from University Counseling Services.

Reference is made to Policy and Procedures Letter 1-1205 and the Drug-Free Workplace Act of 1988 as sources of information and clarification.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(Expires 6-30-2023)

## 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.

### 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?

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.

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<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 Oklahoma State University		4. Employer Identification Number (EIN) 73-1383996	
5. Employer address Benefits: 401 General Academic Building		6. Employer phone number 405-744-5449	
7. City Stillwater	8. State OK	9. ZIP code 74078	
10. Who can we contact at this job? OSU Employee Services			
11. Phone number (if different from above)	12. Email address OSU-es@okstate.edu		

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

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:  
Continuous, regular employees with an FTE of 0.75 or greater are eligible for health benefits.

•With respect to dependents:

We do offer coverage. Eligible dependents are:  
Your spouse and children up to age 26 or child of any age who is certified as disabled.

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** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Oklahoma State University and the Agricultural and Mechanical Colleges

EMPLOYEE GROUP HEALTH PLAN

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: January 1, 2015

This NOTICE describes how the OSU A&M (Institution's) Employee Health Plan may use or disclose your health information and how you can get access to that information. It applies to the health information that is protected by HIPAA that is generated or maintained by the Institution's Employee Health Plan.

Please review it carefully.

In order to provide you with benefits, the Institution will receive personal information about your health, from you, your physicians, hospitals, and others who provide you with health care services. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

The Institution's Employee Health Plan is required by law to protect the privacy of your health information that is protected by HIPAA, give you a Notice of its legal duties and privacy practices, and follow the current Notice. It will be followed by all employees of the Institution's Health Plan.

**KINDS OF INFORMATION THAT THIS NOTICE APPLIES TO:** This notice applies to any information in our possession that would allow someone to identify you and learn something about your health. It does not apply to information that contains nothing that could reasonably be used to identify you.

**WHO MUST ABIDE BY THIS NOTICE**

- OSU A&M Group Health Plan.
- All employees, staff, students, volunteers and other personnel whose work is under the direct control of the Institution.

The people and organizations to which this notice applies (referred to as "we," "our," and "us") have agreed to abide by its terms. We may share your information with each other for purposes of treatment, and as necessary for payment and operations activities as described below.

**OUR LEGAL DUTIES**

- We are required by law to maintain the privacy of your health information.
- We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.

**HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.**

We may use your health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a

brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

**Treatment:** The Institution's Employee Health Plan may use or disclose your health information for treatment, services, or activities of health care providers. *Example:* Your health coverage or eligibility information may be shared with doctors so a treatment plan can be arranged.

**Payment:** The Institution's Employee Health Plan may use your health information for payment activities, such as to determine plan coverage. *Example:* Your health information may be released to coordinate payment for services.

**Operations:** The Institution's Employee Health Plan may use your health information for uses necessary to run its healthcare plan, such as to conduct quality assessment activities, train, audit, or

arrange for legal services. We are not allowed to use genetic information to decide whether to give you coverage or the price of that coverage. (This does not apply to long-term care plans.) *Example:* The Institution's Employee Health Plan may access your health information to help you resolve claims issues.

**Administration of the Plan:** The Institution's Employee Health Plan may disclose your health information to the health plan sponsor for plan administration. *Example:* We may provide the plan sponsor with certain statistics to explain or determine premium setting.

**Business Associates:** The Institution's Employee Health Plan may disclose your health information to other entities that provide a service to the Institution's Employee health Plan or on behalf of the Institution's Employee Health Plan that requires the release of your health information, such as a third party administrator, but only if the Institution's Employee Health Plan has received satisfactory assurance that the other entity will protect your health information.

**Individuals Involved in Your Care or Payment for Your Care:** The Institution's Employee Health Plan may release your health information to a friend, family member, or legal guardian who is involved in your care or who helps pay for your care.

**Research:** We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.

**Public Health Activities:** We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.

**To Report Abuse:** We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.

**Law Enforcement:** We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.

**Specialized Purposes:** We may disclose the health information

of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president. We also may disclose health information about an inmate to a correctional institution or to law enforcement officials, to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution. We may also disclose your health information to your employer for purposes of workers' compensation and work site safety laws (OSHA, for instance).

Oklahoma law requires that the Institution's Employee Health Plan inform you that health information used or disclosed may indicate the presence of a communicable or noncommunicable disease. It may also include information related to mental health.

**Information to Members:** We may use your health information to provide you with additional information. This may include sending

appointment reminders to your address. This may also include giving you information about treatment options or other health-related services that we provide.

**Underwriting Purposes:** The Institution uses protected health information to conduct underwriting/rate setting purposes. However, federal law prohibits the use or disclosure of genetic information about an individual for such purposes.

**Health Benefits Information:** Since your enrollment in the Institution's health plan is sponsored by your employer, your health information may be disclosed to your employer, as necessary for the administration of your employer's health benefit program for employees. Employers may receive this information only for purposes of administering their employee group health plans, and must have special rules to prevent the misuse of your information for other purposes.

### **Your Rights Regarding Your Health Information**

**Authorization:** We may use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses

and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require authorization. If you authorize us to use or disclose your health information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under "Whom to Contact" at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

**Right to Request Restrictions:** You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law or for treatment purposes.

**Confidential Communication:** If you believe that the

disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to your home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.

**Inspect And Receive a Copy of Health Information:** You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes medical and billing records. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying, reproducing in electronic media, and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under "Whom to Contact" at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.

**Amend Health Information:** You have the right to ask us to amend health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.

**Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover.

**Right to a Copy of This Notice:** You have the right to a paper copy of this Notice, which is posted on OSU and A&M Human Resources' websites.

**Right to Designate a Representative:** If you have given someone a medical power of attorney or have a legal guardian, that person can exercise your rights under HIPAA and make choices about your health information. We may require proof of this person's status.

**Complaints:** You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with us, or with the person listed under "Whom to Contact" at the end of this notice. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

**Changes to this Notice:** We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. We will mail the new notice to all subscribers

within 60 days of the effective date. The new notice will include an effective date.

**WHOM TO CONTACT:** Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current notice of privacy practices.

**Privacy Official:**  
Director of Benefits  
106J Whitehurst  
Stillwater, OK 74078  
(405) 744-5449