Holy Family UNIVERSITY

The Value of Family

Holy Family University offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

WELCOME

The benefits outlined within this guide will be effective from November 1, 2023 through October 31, 2024. Make sure to check the back of the guide for additional benefits related flyers!

INSIDE THIS GUIDE

Reminder!

Access your benefits information in one convenient location! Visit BenePortal to review plan information, value added services, and more! Go to **www.holyfamilybenefits.com** to get started!

Holy Family University reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.

What You Need to Know Before Enrolling in Benefits

Who is Eligible to Elect Benefits?

All full-time employees who work 30 hours or more per week are eligible to enroll in the benefits offered by Holy Family University after meeting benefit eligibility requirements.

Eligible Dependents:

- Legal Spouse
- Children, legally adopted children, stepchildren, and children for whom you/your spouse are a court-appointed legal guardian
  - Children are covered up to age 26 for medical and dental until the end of the year of their 26th birthday.
  - For vision it is the last day of the month of their 26th birthday.

Enrollment Timeline

You **MUST** enroll online through our enrollment system ***ADP***. Instructions for accessing ***ADP*** can be found on page 4 of this guide.

Qualified Status Changes

Qualified status changes include:

- Marriage
- Divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in your spouse's benefits or employment status.

Don't Forget!

Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status.

Online Enrollment: ADP

Preparing for Elections

- Review information and decide on elections
- Have dependent(s) date of birth and **social security number**

Making Your Elections in ADP

Please review your options carefully. You can make changes until the end of the enrollment period. Once the enrollment period has ended, your choices will be final until the next open enrollment period or until a qualifying life event occurs.

- Login to ADP Workforce Now at **https://workforcenow.adp.com**
- Select the **Myself** tab, **Benefits,** and the **Enrollment Screen**, where you can start enrollment.
- You will be taken to the Welcome Note. Click **Next** to move to the next selection.

1. **Review Dependents and Beneficiaries**
   - You can click a dependent's or beneficiary's name to view their information.
   - Enter social security number for all dependents. **This is a required field**.
2. **Start your Enrollment**
   - Select **Next**

Begin by selecting Next

- **Select Plan** for the appropriate plan and coverage level. Choose Dependents. Select **Enroll.**
- Continue to select each of the remaining benefits and select the appropriate plan or **Un-enroll From Plan.**

Enrollment required each year for Health Savings Account, Healthcare FSA, and Dependent Care FSA

- Select **Enroll in this Plan.**
- Select the amount you want deducted ***per pay period or per year (no decimals)*** from the drop down menu.
- When you input your contribution amount, the system will show your monthly and annual contribution amounts.

3. **Select Review and Submit**
   - You can review your benefit elections.
   - Next to **Print** at the top, you can select plan cost by **month** or by **pay period.**
   - Review your enrollment, costs, and covered individuals carefully.
   - On the bottom, you can select **Return to Choose Plans** if you want to make any changes to your selections, **Finish Later,** or **Submit Enrollment.**
   - Select **Submit Enrollment** to finalize your 2023/2024 benefits. Note that your benefit elections will not be processed until you click Submit Enrollment.
   - View all plans under Medical will allow you to view the plans that are available in the plan grouping.

Support & Resources

Benefits MAC

The Benefits Member Advocacy Center (MAC), provided by our benefits consultant, Conner Strong & Buckelew, has specially trained and experienced Member Advocates who can assist with questions you have regarding your ***Vision, Flexible Spending Accounts, Life/AD&D, Disability, Pre-Paid Legal, ID Theft and Voluntary benefits***.

You can contact the Benefits Member Advocacy Center for Assistance if you:

- Need clarification on information from the insurance company
- Have a question regarding a bill
- Are unclear on how your benefits work
- Need help resolving a problem you've been working on

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (EST). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours.

You may contact Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**
- Via the web: **www.connerstrong.com/memberadvocacy**
- Via email: **cssteam@connerstrong.com**
- Via fax: **856.685.2253**

BenePortal

At Holy Family Universtiy, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials.

Visit **www.holyfamilybenefits.com** to access your benefits information today!

Need Help?

Additional support and resources can be found on page 6 of this guide.

Support & Resources

LINE OF COVERAGE	COMPANY	WEBSITE/EMAIL	PHONE
Medical	Independence Blue Cross	www.ibx.com	610-225-1208
Telemedicine	Doctor On Demand	www.doctorondemand.com	800-997-6196
Prescription	Independence Blue Cross	www.ibx.com/paisboa	833-444-BLUE
Dental	Delta Dental	www.deltadentalins.com	800-932-0783
Vision (Through IBC)	VBA	www.vbaplans.com	800-432-4966
Vision	Superior Vision	www.superiorvision.com	800-507-3800
Flexible Spending Accounts	WageWorks	www.wageworks.com	877-924-3967
Commuter Benefits	Health Equity	www.healthequity.com/learn/commuter	866-346-5800
Life/AD&D, Disability, Hospital Indemnity & Accident Insurance	Unum	www.unum.com	866-676-3054
Health Savings Account	Health Equity	www.my.healthequity.com	866-346-5800
Pre-Paid Legal & ID Theft	Countrywide	www.countrywideppls.com	800-550-5297
AblePay	Able Pay	support@ablepayhealth.com	484-292-4000
EAP	HigherEDEAP	www.HigherEdEAP.com	800-252-4555

Medical Benefits: PAISBOA HBT/Independence Blue Cross

Don't guess when it comes to your health—make the most of your healthcare investment and take advantage of the preventive care services that are covered 100% in-network—no deductible, copays or coinsurance!

	IBC HMO 30/50	IBC PPO 20/40		IBC HDHP Plan	
	IN-NETWORK ONLY	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Deductible Individual Family	 $0 $0	 **$2,000** **$4,000**	 $4,000 $8,000	 $2,500 $5,000	 $5,000 $10,000
Out-of-Pocket Maximum Individual Family	 $6,350 $12,700	 $6,350 $12,700	 $10,000 $30,000	 $6,350 $12,700	 $10,000 $20,000
Preventive Care Services	Plan pays 100%	Plan pays 100%		Plan pays 100%	
Primary Care Physician (PCP) Office Visit	$30 copay	$20 copay no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
Specialist Office Visit	$50 copay	$40 copay no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
Diagnostic Lab	Plan pays 100%	Plan pays 100%	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
Diagnostic X-Ray	$50 copay	$40 copay no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
Complex Imaging (MRI, CT-Scan)	$100 copay	$80 copay no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
Emergency Room	$150 copay	$150 copay no deductible		No charge after deductible	
Urgent Care Center	$50 copay	$50 copay no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
Inpatient Hospital	$400/day: Max of 5 copays per admission	$150/day; Max of 5 copays per admission after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
Outpatient Surgery	$200 copay	$75 copay after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
PRESCRIPTION BENEFITS					
Retail Generic Preferred Brand Non-Preferred Brand	 $20 copay $75 copay $100 copay	 $20 copay $40 copay $60 copay		 $5 copay after deductible* $20 copay after deductible* $45 copay after deductible*	
Mail Order Generic Preferred Brand Non-Preferred Brand	 $20 (1-30) $40 (31-90) $75 (1-30) $150 (31-90) $100 (1-30) $200 (31-90)	 $20 (1-30) $40 (31-90) $40 (1-30) $80 (31-90) $60 (1-30) $120 (31-90)		 $10 copay after deductible $40 copay after deductible $90 copay after deductible	

* Please note: For the HDHP plan, there is an annual deductible of $2,500 per individual / $5,000 per family

** New deductible for PPO 20/40 that applies to inpatient hospitalization and outpatient surgery.

Maximizing Your Medical Benefits

Consider your in-network options first

You will typically pay less for covered services when you visit providers that are part of your medical plan's network. To search for in-network providers:

- Visit **www.ibx.com**
- Choose the **Find a Doctor** option
- Enter your search criteria
- Under Select a Plan, select **PPO** or **HDHP**
- Click **Submit**

If you are searching for providers outside of the Philadelphia area, please be sure to select the **National BlueCard PPO Network**.

Limit your use of out-of-network providers

The percentage of cost covered for out-of-network care is based on the plan allowance. If the plan allowance is less than the provider's actual charge, the provider may bill you for the difference between these two amounts. **The amount you are required to pay out-of-pocket may be significant.**

Follow plan rules to avoid penalties

PRECERTIFICATION: Certain services require precertification/pre-approval by IBC. In-network providers will obtain precertification for you. It is your responsibility to obtain precertification for out-of-network services. **You may be subject to a reduction in benefits if you do not obtain precertification for out-of-network services.** Refer to the IBC Benefit Summary for a complete listing of services that require precertification.

IBX App

Available for iPhone and Android, the free IBX mobile app helps you make the most of your health plan with easy access to your health info 24/7, wherever you are.

The new Doctor's Visit Assistant allows you to:

- view and share your ID card
- check the status of referrals and claims
- access your health history and prescribed medications
- record notes and upload photos of symptoms to discuss with your doctor

The IBX app also offers expanded provider search capabilities and other ways to manage your health on the go:

- find doctors, hospitals, urgent care centers, and Patient-centered Medical Homes
- access benefit information
- track deductibles and spending account balances

Resources: Independence Blue Cross

Blue Card

As a Blue Card Blue Shield member, you take your healthcare benefits with you across the country and around the world. You can find a doctor using the Independence Blue Cross tools no matter where you are.

- Visit the National Doctor & Hospital Finder at **www.BCBS.com**.
- Use the National Doctor and Hospital Finder app and the Blue Cross Blue Shield Global Core app for Android, iPhone, iPad, and iPod Touch.
- Call BlueCard Access at **800.810.2583**.

If you are in the HMO Plan and you or a family member will be out of the area for 90 days or more you can apply for guest membership with a participating HMO in your area. To apply call the dedicated PAISBOA Health Benefit Trust Dedicated Service Team at **833.444.2583**.

Virtual Care

Connect with our board-certified doctors and licensed therapists via live video right from your . phone, tablet, or computer 24/7.

Medical, therapy and psychiatry visits are free to you! For more information and to access care please visit **www.doctorondemand.com**, or download the app from the App Store or Google Play.

Wellness Programs: Independence Blue Cross

Weight Management

Get $150 back when you enroll in a weight management program! Support from others can make weight loss feel more manageable. Enroll in Weight Watchers, Weight Watchers Online, Noom, or an approved weight management program at a network hospital and the Healthy Lifestyles Weight Management Program will reimburse you up to $150.

Log in to **www.reimbursements.ibx.com/ibc** and submit the supporting documentation.

Tobacco Cessation

Get $150 back when you complete a tobacco cessation program! You probably know many of the reasons why you should quit smoking - it can help you breathe easier, live longer, and protect the health of those around you. Quitting isn't easy, and many people try it more than once before they succeed, but it's worth it!

To help you quit for good, our Healthy Lifestyles Tobacco Cessation Program will reimburse you up to $150 for completing an approved tobacco cessation program. Visit **www.ibx.com** to get started today.

Fitness Program

Join an approved fitness center and the Healthy Lifestyles Fitness Program will reimburse you $150 for working out regularly! Exercise 120 times in a 365 day period, then submit your documentation and request reimbursement by logging in to **www.ibx.com/reimbursement**.

Healthy Rewards

As a PAISBOA HBT member, you can earn $200 in gift cards by completing five healthy actions! Log in at **www.ibx.com** and start earning your Achieve Well-Being rewards. You may redeem your awards once per plan year (now through October 2024).

You will earn your gift cards by completing the following five activities:

- Visit your primary care physician for an annual check-up
- Complete an age and gender appropriate screening
- Complete your well-being profile (takes about 15 minutes)
- Complete at least one online well-being program
- Opt-in to receive IBX Wire messages

Enrolled spouses of PAISBOA HBT members can participate in the Healthy Rewards Program.

Wellness Programs: Independence Blue Cross (cont.)

Health Coaching

Sometimes you need a little extra support when you're considering making lifestyle changes. When you are ready to lose weight, quit smoking, or talk about other changes an Independence Blue Cross Wellness Coach can provide you with the support you need.

To speak with a wellness coach call **844.429.2273** to get started.

Nutrition Counseling

Did you know that nutrition counseling is covered by your health insurance? Eating health is a lot easier when you can get one-on-one time with nutrition experts to help you set goals for better habits.

To find an in-network dietician go to **www.ibx.com/findadoctor**, search by **"Specialty"** and enter **"Nutrition"** into the specialty field.

Diabetes Management

Livongo provides modern diabetes management, a no cost to you. By engaging with Livongo you get an advanced meter, unlimited testing strips and lancets, and on-demand coaching.

You can text **"GO HBT"** to **85240** to learn more, visit **www.join.livongo.com/HBT/register** or call **800.945.4355** to get started.

Acupuncture

Acupuncture is a health practice that involves using needles placed under the skin to stimulate points in the body and ease symptoms. Independence Blue cross members are covered for 18 acupuncture visits for pain management and certain other conditions.

Find a practitioner by visiting **www.ibx.com/findadoctor**.

Prescription Benefits: Independence Blue Cross

All of the medical plan options include prescription benefits administered through Indepdence Blue Cross.

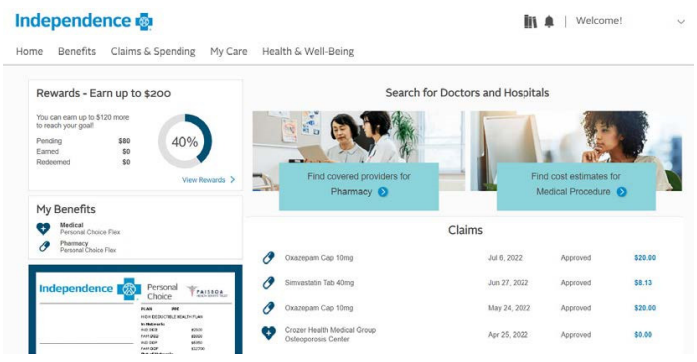
If you elect to participate in one of the Independence Blue Cross medical plans, you are automatically enrolled in the prescription drug plan that corresponds with the medical plan of your choice.

Online IBX Tools

Access your prescription drug benefits throughyour member account at **www.ibx.com/paisboa**. You can also scan the QR code.

Use the website to:

- Search for drugs covered under your plan – plus view drug descriptions, food interactions, and warning label information
- Use the drug pricing tool to identify lower cost alternatives
- View drug price details with a new price and save feature
- Access current prescription drug claims and historical prescription drug records
- Submit mail order prescription requests 24/7



IBX Mobile App

Use the IBX mobile app to:

- Access benefit information
- View, share, or order a new ID card
- Find a doctor or hospital, and change your primary care physician
- Estimate your out-of-pocket costs for medical procedures
- See your most recent claims and any open referrals
- Find or price a prescription drug
- Track deductibles and out of pocket expenses
- Reach your health goals with Achieve Well-being tools
- See important notifications and health messages

Vision Plan: VBA *(Included With IBC Medical Plans)*

If you enroll in any of the Independence Blue Cross plans you are automatically enrolled in the VBA vision plan.

VBA Vision Benefits

	IN-NETWORK	OUT-OF-NETWORK
Routine Eye Exam (once every 12 months)	Covered 100% after copay	$45 copay
Frames (once every 24 months)	$40 Wholesale Allowance (Approximately $100 to $120 retail)	$70
Lenses (once every 12 months) Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular	Covered 100%	 $40 $60 $80 $120
Contact Lenses (once every 12 months) In lieu of eyeglasses	$100	$100

Please refer to your VBA Benefits Summary for the complete details regarding your vision benefits.

Paying for Care With a HDHP

With a High Deductible Health Plan, you are responsible for paying some out-of-pocket costs at the time you receive care.

When Paying for Medical Services

- Depending on the type of service, you will be responsible for the payment of deductibles, coinsurance, or copayments. Your provider may be able to give you an estimate of the amount of your financial responsibility before you receive the services.
- You save money by choosing in-network providers when you receive covered services because of Independence Blue cross preferred provider discounts.

If You Have a Health Savings Account (HSA)

If you use an HSA to pay for out-of-pocket expenses when you receive health care services, you will be required to reconcile the funds in this account in order to avoid unnecessary taxes and penalties.

- Funds in an HSA must be used only for approved medical expenses, or taxes and penalties must be paid.
- You may request reimbursement from your HSA for the actual medical costs shown on your EOB

In-Network Providers

When working with an in-network provider to determine how much you need to pay:

- Ask if you can wait to pay expenses (other than copayments) until you have received an EOB from Independence that outlines final costs.
- If the provider requires payment at the time of service, ask if you can pay only a portion of the charges until Independence has sent you an EOB that outlines final costs.
- If the deductible amount is more than you can afford at that time, ask your provider if a payment plan can be worked out.

Dental Plan: Delta Dental

Below is the summary of the Dental Plan available to you and your family. Eligible employees have the option of enrolling in the Delta Dental Plan.

How Do I Find Participating Dentists?

There are thousands of participating dentists and specialists to choose from nationwide. For a list of these participating providers, please go to **www.deltadentalins.com**.

May I Choose a Non-Participating Dentist?

You are free to select the dentist of your choice; however, your out-of-pocket costs may be significantly higher if you choose a non-participating dentist.

Can I Find Out What My Out-of-Pocket Expense Will Be Before Receiving Care?

You can ask for a pretreatment estimate from your dental provider to help you prepare for any out-of-pocket cost for dental services. Usually, your dental provider will send Delta Dental a plan for your care and request an estimate of benefits. Contact your dental provider for more information.

Dental Benefits

	BASIC PLAN *IN- AND OUT-OF-NETWORK*	ENHANCED PLAN *IN- AND OUT-OF-NETWORK*
Calendar Year Deductible	None	None
Calendar Year Maximum	$1,000	$2,000
Preventive Exams, Cleanings, X-Rays, Sealants	Covered 100%	Covered 100%
Basic Care Fillings, Denture Repair, Stainless Steel Crowns, Posterior Composites	Covered 100%	Covered 100%
Major Care Crowns, Inlays, Onlays, Cast Restorations	Not Covered	Covered 50%
Orthodontic Benefits*	Not Covered	Covered 50%
Orthodontic Maximums	Not Covered	**$2,500 Lifetime**

*** Adults and Dependent children**

Vision Plan: Superior Vision

The Superior Vision plan provides in-network and out-of-network coverage for vision services (eye exams, glasses, contact lenses, etc.), however, members must pay the total cost for out-of-network services and submit claims to Superior Vision for reimbursement, as outlined below. To locate participating Superior Vision providers, visit www.superiorvision.com. For those who may not be electing medical coverage, this benefit is being provided for your consideration.

Vision Benefits

	IN-NETWORK	OUT-OF-NETWORK
Routine Eye Exam (once every 24 months)	Covered 100%	Up to $52 reimbursement
Frames (once every 24 months)	Covered up to $60	Up to $30 reimbursement
Lenses (once every 24 months) Single Vision Lenses Bifocal Lenses Trifocal Lenses	Covered 100%	 Up to $28 reimbursement Up to $41 reimbursement Up to $59 reimbursement
Contact Lenses (once every 24 months) In lieu of eyeglasses	Covered up to $95	Up to $80 reimbursement

Please refer to your Superior Vision Benefits Summary for the complete details regarding your vision benefits.

Employee Contributions

Employee contributions listed below are monthly, based on a 12 month pay schedule. Employee contributions for bi-weekly/26 pay period and 10 month pay schedule are listed in ADP.

Medical & Prescription Drug Contributions - PAISBOA HBT

	HMO 30/50 PLAN	PPO 20/40 PLAN	HDHP PLAN
	MONTHLY RATES	MONTHLY RATES	MONTHLY RATES
Employee Only	$42.47	$131.44	$38.30
Employee + Spouse	$276.17	$480.59	$265.90
Employee + Child(ren)	$171.96	$329.06	$182.59
Employee + Family	$340.30	$603.16	$279.55

Dental Contributions - Delta Dental

	BASIC		ENHANCED	
	BI-WEEKLY RATES	MONTHLY RATES	BI-WEEKLY RATES	MONTHLY RATES
Employee Only	$9.90	$21.44	$17.34	$37.56
Employee + Family	$26.20	$56.76	$45.87	$99.39

Vision Contributions - Superior Vision

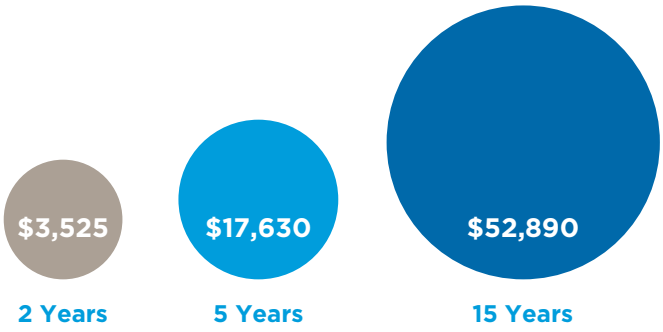
	VISION PLAN	
	BI-WEEKLY RATES	MONTHLY RATES
Employee Only	$2.48	$5.37
Employee + Family	$6.46	$13.99

Health Savings Account: Health Equity

If you elect the HDHP plan, you have the option of contributing toward a Health Savings Account (HSA), administered by Health Equity, through pre-tax dollars. An HSA allows you to save money for qualified healthcare expenses that you're expecting, such as contact lenses or prescriptions, as well as unexpected ones. If you sign up for the HSA compatible plan, please contact Human Resources.

HSA Advantages

- The money you deposit and withdraw is tax-free
- Helps pay for Out-of-Pocket expenses while enrolled in a High Deductible Health Plan (HDHP)
- The money you deposit is yours until you spend it, and you can keep it even if you change jobs, health plans or retire.
- Use it when you need it and let it grow as an investment tax-free



Contribution Limits

There are contribution limits, set by the Internal Revenue Service (IRS) and adjusted annually. These limits are:

- **$3,850** for individual coverage in 2023
- **$7,750** for family coverage in 2023
- **$1,000** extra if you're 55 or older, also known as catch-up contributions

Please note: The HSA Contributions for 2024 are **$4,150** for individual and **$8,300** for family coverage.

Qualified Medical Expenses

You can use the funds in your HSA to pay for qualified medical expenses such as:

- Doctor visits
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Chiropractic services
- Acupuncture
- Hearing aids and batteries

For a full list of qualified medical expenses, visit **IRS.gov**.

Contributions add up quickly!

When Karen enrolled in her company's High Deductible Health Plan, she decided to open an HSA and contribute $100 per month. Because she hasn't had many medical expenses, she decided not to touch the balance during her first year. Here's how her contributions added up:

- *Monthly contribution: **$100***
- *Annual contribution: **$1,200***
- *Annual income tax savings[1]: **$452***

[1] 25% federal | 5% state | 7.65% FICA

Flexible Spending Accounts: WageWorks

Did you know you can reduce your taxable income and get more out of your hard-earned money by tucking away pre-tax dollars for eligible healthcare and dependent care expenses? Flexible Spending Accounts (FSA) offered through WageWorks, allow you to do just that.

Healthcare FSA

With a Healthcare FSA, you elect to have your annual contribution deducted from your paycheck each pay period in equal installments throughout the year, until you reach the yearly maximum you have specified.

The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services. The IRS annual maximum amount that you can contribute to an FSA is **$3,050**.

Obviously, qualifying expenses that you incur late in the plan year for which you seek reimbursement after the end of the plan year will be paid first before any amount is forfeited.

For the Healthcare Flexible Spending Account, you must submit claims no later than 90 days after the end of the plan year.

Dependent Care FSA

Eligible employees may contribute up to $5,000 per year ($2,500 if married filing separately) to a Dependent Care FSA to pay qualified dependent daycare expenses such as:

- Before and after school programs
- Nursery school or preschool
- Summer day camp
- Adult daycare

A Dependent Care FSA reimburses you for expenses that allow you and your spouse, if married, to work while your dependents are being cared for.

Money left in your Dependent Care FSA account at the end of the plan year is forfeited according to the IRS use-it-or-lose-it rule.

You can avoid forfeitures by carefully reviewing your prior year's expenses and planning only for predictable costs. **For the Dependent Care Flexible Spending Account, you must submit claims no later than 90 days after the end of the plan year.**

If you have not spent all the amounts in your Healthcare Flexible Spending Account or Dependent Care Flexible Spending Account by the end of the Plan Year, you may continue to incur claims for expenses during the "Grace Period". The "Grace Period" extends 2 1/2 months after the end of the Plan Year. During this time you can continue to incur claims and use up all amounts remaining in your Healthcare FSA or Dependent Care FSA. Any monies left at the end of the Plan Year and the Grace Period will be forfeited.

Commuter Benefits: Health Equity

Holy Family University is pleased to provide our employees with the opportunity to enroll in a spending account specific to work-related transit expenses. Commuter Benefits allow you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.

Transit & Parking Benefits

Commuter benefits let you use tax-free money to pay for eligible transit and parking expenses. Commuter benefits help members realize significant savings on everyday commuting costs. Don't think of it as money deducted from your paycheck - think of it as money added to your wallet.

- No "use-it-or-lost-it" - commuter funds never expire
- Activate at any time; no need to wait for enrollment season
- Pause, change, or update your benefits any time

Eligible Transit Expenses

Eligible work-related transit expenses include vouchers, passes, tokens for buses, trains, rail, subway, ferries, and vanpooling costs.

Monthly Contributions

For the 2023 plan year you may contribute:

- Transit: Up to **$300** per month for transportation (mass transit, train, subway, bus fares, ferry rides)
- Parking: Up to **$300** per month for parking expenses incurred at or near your work location or near a location from which you commute using mass transit

See how much you can save! Scan the QR Code for more information!

Life and AD&D Insurance: Unum

For most people, maintaining a lifestyle depends on an important source of income - regular paychecks. Life and Accidental Death and Dismemberment (AD&D) insurance through Unum provides protection to those who depend on you financially, in the event of your death or an accident that results in death or serious injury.

Term Life and AD&D

Holy Family University provides company-paid group Life and AD&D insurance to all full-time employees. The benefit will be 1x annual salary.

LIFE AND AD&D	
Eligible Classes	Full time non-faculty employees working at least 30 hours per week and full-time faculty employees working at least 12 credit hours per semester.
Benefit Amount	1x annual salary up to a maximum of $200,000
Age Reduction Schedule	Age 70 - Benefits reduce by 33% of the original amount Age 75 - Benefits further reduced by 67% of the original amount
Minimum	$10,000

Log on to ADP to see your rates for the Supplemental Life and AD&D Insurance products.

Supplemental Life and AD&D Insurance

In addition to your Basic Life and AD&D, you have the option of electing Supplemental Life and AD&D insurance. Employees must enroll in order to elect coverage for spouse and/or dependent child(ren).

SUPPLEMENTAL LIFE AND AD&D	
Eligible Classes	Full time non-faculty employees working at least 30 hours per week and full-time faculty employees working at least 12 credit hours per semester.
Attained Age	Birth to 14 days: $1,000 15 days to 6 months: $1,000 6 months to 19 years (26 if full-time student): $10,000 (increments of $10,000)
Guaranteed Issue Amount	Employee: $100,000 Spouse: $25,000 Child: All amounts

PLEASE NOTE: Eligible employees must apply in writing for this insurance. Employees must complete, sign, and return the application during the initial enrollment period. All other employees must apply within 31 days of becoming eligible. If employee applies for insurance beyond the enrollment period or beyond the (31) days of becoming eligible, medical evidence of insurability will always be required; the only exceptions are life event changes and any annual enrollment approved by Holy Family University. Amounts over Guaranteed Issue will require Evidence of Insurability (EOI).

Disability Benefits: Unum

Your income is an important part of your life, so you'll want to make sure it's protected in case you are ever unable to work. With disability insurance, you have a plan in place to help cover your daily living expenses, while you are out of work, should you become ill or injured. The coverages outlined below are offered through Unum.

Short-Term Disability (STD)

Holy Family University offers voluntary short-term disability insurance for employees to purchase via payroll deductions.

SHORT-TERM DISABILITY	
Eligible Classes	Full-time employees (except any person employed on a temporary or seasonal basis)
Effective Date	1st of the month following the day you become eligible
Benefit Waiting Period	1st Day for Accident 8th Day for Sickness
Weekly Benefits	$1,150 not to exceed 60% of weekly earnings

Log on to ADP to see your rates for the Short-Term Disability product.

Long-Term Disability (LTD)

Holy Family University offers Unum LTD insurance to all full-time employees at no cost.

LONG-TERM DISABILITY	
Eligible Classes	Full-time employees (except any person employed on a temporary or seasonal basis)
Effective Date	1st of the month following the day you become eligible
Benefit Waiting Period	90 consecutive days of total disability
Monthly Benefits	Equal to 60% of covered monthly earnings up to a maximum of $5,000
Maximum Duration	Age 65

PLEASE NOTE: Eligible employees must apply in writing for this insurance. Employees must complete, sign, and return the application during the initial enrollment period. All other employees must apply within 31 days of becoming eligible. If employee applies for insurance beyond the enrollment period or beyond the (31) days of becoming eligible, medical evidence of insurability will always be required; the only exceptions are life event changes and any annual enrollment approved by Holy Family University. Amounts over Guaranteed Issue will require Evidence of Insurability (EOI).

Voluntary Benefits: Unum

Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection. With hospital indemnity insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness. Hospital Indemnity covers:

- Copays, deductibles, and coinsurance
- Or use it towards unexpected costs such as; child care, help around the house, follow-up services

	BI-WEEKLY RATES	MONTHLY RATES
Employee Only	$17.68	$38.30
Employee + Spouse	$34.86	$75.53
Employee + Children	$23.14	$50.13
Employee + Family	$40.32	$87.36

Accident Insurance

Accidents happen and they can affect your financial health. With Accident Insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You can use the money however you would like. Please refer to the benefit summary to understand how the plan pays benefits and any exclusions and limitations. Accident Insurance covers:

- Initial and emergency care
- Hospitalization
- Fractures and dislocation
- Follow-up care

	BI-WEEKLY RATES	MONTHLY RATES
Employee Only	$5.96	$12.91
Employee + Spouse	$10.53	$22.81
Employee + Children	$12.64	$27.38
Employee + Family	$17.21	$37.28

Voluntary Benefits: Countrywide

Pre-Paid Legal Services

Countrywide offers Pre-Paid Legal Services that are voluntary benefits offered to full and part-time eligible employees and are designed to provide specific legal services, when the need arises, on an affordable basis. Countrywide's plans provide an array of valuable legal services including:

- Unlimited telephone consultations and advice
- Preparation of simple wills
- Review of contracts and documents
- Living will and medical powers of attorney
- Legal letters and phone calls
- Discounted rate

BI-WEEKLY RATES	MONTHLY RATES
$6.36	$13.78

ID Theft Protection

Countrywide offers the Diamond plan for credit monitoring and ID theft protection. With the Diamond plan, you are able to view your credit report and score from all three bureau's every 30 days, get $1,000,000 in ID theft Insurance and 24/7 daily credit monitoring.

Who is covered?

Employees are covered and includes limited coverage for dependents in your household under the age of 24. You can enroll your spouse, domestic partner and dependents over 18 who are based on tax return status in full coverage. The rates below are per covered individual.

BI-WEEKLY RATES	MONTHLY RATES
$5.98	$12.96

Employee Assistance Program: HigherEdEAP

Life. Just when you think you've got it figured out, along comes a challenge. Whether your need are big or small, your Life Assistance & Work/Life Support Program, offered through Lifeworks, is there for you. If can help you and your family find solutions and restore your peace of mind.

Call the EAP Anytime

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. Advocates can also direct you to community resources and online tools.

Visit a Specialist

You have three face-to-face sessions with a behavioral counselor available to you - and your household members. Call us to request a referral. The Employee Assistance Program is confidential. If you choose to utilize any of the services offered, Holy Family University will not be notified.

Contact the EAP 24/7 by calling **800.252.4555** or visit the EAP online at **www.HigherEdEAP.com** and create a username and password.

You can also scan the QR code to explore your EAP benefits!

Achieve Work/Life Balance

If you would like help handling life's demands, call the EAP for extra support and guidance on topics such as:

- **Training and Personal Development.** Access an extensive library of online personal and professional development trainings in a variety of easy to use formats.
- **Self-Help Resources.** Access to a collection of thousands of tools, videos, financial calculators and informative articles coverage virtually every issue you might face.
- **Work/Life Benefits.** Assistance for financial, legal, and child & elder care.
- **Peak Performance Wellness Coaching.** Personal and professional coaching available from senior-level ESI coaches. Get 1-on-1 telephonic coaching and support, as well as online self-help resources and trainings.
- **Personal Assistant.** Help for everyday issues, including finding a local medical or dental provider, summer camp options and more.
- **Wellness Benefits**. Videos and resources to improve you and your family's overall health, including fitness, diet and tobacco cessation.

Simple Health Savings: AblePay

A unique, NO-COST, program that provides savings and flexible payment terms on out-of-pocket medical expenses.

Savings

At AblePay Health, we believe your financial wellness is just as important as your physical wellness. We provide our members with options that meet their current financial needs on every bill. Members who have the ability to pay in one payment save up to 13% on their out-of-pocket medical expenses.

Flexibility

We realize you might have a larger bill that may not allow you to pay in one payment. We give you the option of spreading your payments out over 3, 6, or 12 months on every bill. Our members save money even by extending out to 6 months. If a member chooses to pay a bill over 12 months (no savings but 0% interest).

Advocacy

We know that many people have questions and need help understanding their medical bills and the overall billing process. Our team is here to support our members when they have a question or issue with a bill. We also save our members a lot of time and energy as we will explain the bill or reach out to providers on behalf of our members when there is an issue to resolve.

Convenience

We realize that understanding and paying for medical bills can be both cumbersome and confusing. We have streamlined the process by making it easy to view, understand, store and pay your bills in your member portal.

How Do I Use AblePay?

Show your AblePay card along with your insurance card to medical providers. They will process your AblePay card like secondary insurance. After you service is complete and your insurance company processes your claim, your provider will bill AblePay. You will get an email from AblePay notify you that we received your bill and the amount you owe (after your insurance has paid their portion). You will have 5 days to decide if you would like to change your payment method and terms to one of the options below. If you do nothing, after 5 days the first payment will be pulled from your default payment method based on the term you originally chose.

How Do I Enroll?

- You can enroll directly at **https://enroll.ablepayhealth.com/apply/HFUniversity**
- Add your Demographic information
- Add anyone to your account that you want to be financially responsible for
- Add your Default Payment Term and Payment Method(s)
- Receive your AblePay card in the mail and keep with your insurance card(s)
- Show your AblePay card along with your insurance card to your medical providers

Contact AblePay

You can contact AblePay directly via phone at **484.292.400** or via email at **support@ablepayhealth.com**.

Other Perks

BenefitPerks

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all full and part time staff and full time faculty at no additional cost. The program allows consumers to receive discounts and cash back for hand-selected shopping online at major retailers.

Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Consumers can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at **connerstrong.corestream.com**

GoodRx

Stop paying too much for prescriptions!

Good Rx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. The cost for the same medications vary drastically from one drug store to the next.

Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find huge savings on drugs not covered by your insurance plan – you may even find savings versus your typical co-payment!

Start saving on your prescriptions today at **https://connerstrong.goodrx.com**

HUSK Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace (formerly GlobalFit).

Visit **marketplace.huskwellness.com/connerstrong** for more information.

Legal Notices

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program) If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment. 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). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

Loss of coverage for Medicaid or a State Children's Health Insurance Program If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption
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 new dependents. However, you must request enrollment within 30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Holy Family University offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

Michelle's Law

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued if written certification from a treating physician is received until:

One year from the start of the medically necessary leave of absence, or
The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

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 health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

Legal Notices

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 617-886-8102
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462
CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA - Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS - Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

Legal Notices

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: http://mywvhipp.com/ and https://dhhr.wv.gov/bms/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Important Notice From Holy Family 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 Holy Family 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. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Holy Family University has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Do Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Holy Family University coverage may be affected. Holy Family University currently offers to active employees the Select Formulary Rx:

- $20 generic drugs/$40 Brand name drugs/ $60 Non-Formulary drugs
- $20 generic drugs/$75 Brand name drugs/ $100 Non-Formulary drugs
- $5/$20/$45 Integrated Rx

If you do decide to join a Medicare drug plan and drop your current Holy Family University coverage, be aware that you and your dependents may not be able to get this coverage back. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/, which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Holy Family University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Holy Family University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	September 1, 2023
Name of Entity/Sender:	Holy Family University
Contact Position/Office:	Human Resources Department
Address:	9801 Frankford Avenue Philadelphia, PA 19114
Phone Number:	267-341-3448

Legal Notices

Continuation Coverage Rights Under COBRA

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [must pay]for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct

If you're the spouse of any employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both;); or
- You become divorced or legally separated from your spouse

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (under Part A, Part B, or both;); or
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both)

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. Contact your COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. [*Contact your employer and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.*]

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

Keep Your Plan informed of Address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

If you do not understand any part of this summary notice or have questions regarding the information or your obligations, please contact us at:
PAISBOA (c/o PlanSource)
ATTN: COBRA Administrator
(888)266-1732

ADDITIONAL BENEFIT FLYERS

AblePay
SIMPLE HEALTH SAVINGS

What is AblePay Health?

AblePay is a program that can save you money on your deductible/coinsurance (up to 13%) along with helping you if you ever have questions/concerns on a medical bill. AblePay is offered at **NO-COST (no monthly/annual fees)** to you by Holy Family University and it also provides flexible payment terms for any of your deductible/coinsurance expenses.

How do I get started?

1. Visit the website (www.ablepayhealth.com) and click "Enroll Now" or use the link: https://enroll.ablepayhealth.com/apply/HFUniversity
2. Enter your demographic Information and list "Holy Family University" as your employer.
3. Add your family members that you'll be responsible for (they can have a different insurance plan)
4. Add your default payment term and payment method(s)
5. Receive your AblePay card in the mail and keep with insurance card

When do I use AblePay?

Providers currently accepting AblePay include **Penn Medicine, Main Line Health, Tower Health, Grand View Health, Penn State Health, Penn Medicine – Lancaster General Health (LGH), St. Luke's University Health Network, Lehigh Valley Health Network (LVHN), Armstrong Center for Medicine & Health (ACMH), Indiana Regional Medical Center(IRMC), EPGI, and Punxsutawney Area Hospital (all hospitals and employed doctors in the physician groups).** AblePay is also having success in getting discounts for their members at other providers throughout the country – try and use the card everywhere!

How do I use AblePay?

Show your AblePay card along with your insurance card to medical providers. They will process your AblePay card like secondary insurance. After your service is complete and your insurance company processes your claim, your provider will bill AblePay. You will get an email from AblePay notifying you that we received your bill and the amount you owe (after your insurance has paid their portion). You will have 5 days to decide if you would like to change your payment method and terms to one of the options below. If you do nothing, after 5 days the first payment will be pulled from your default payment method based on the term you originally chose.

Savings example:

You have a $1000 medical bill at Penn Medicine or Mainline Health (both providers currently accepting AblePay). You pay AblePay $870, save $130, while the full $1000 goes toward your deductible and is satisfied at the provider! You can tie an FSA or HSA card as a payment method to further stretch those funds! **Have an existing bill? Contact AblePay to see if they can help!**

1 Payment	Save 13% with Bank ACH, 10% with credit/debit card
3 Payments	Save 10% with Bank ACH, 7% with credit/debit card
6 Payments	Save 8% with Bank ACH, 5% with credit/debit card
12 Payments	Save 0% with Bank ACH and with credit/debit card (no interest)

Any questions? Visit the website (ablepayhealth.com) or call them at (484) 292-4000!

ACMH · Punxsutawney Area Hospital · St Luke's University Health Network · Penn Medicine · GVH Grand View Health · Tower Health · Penn Medicine Lancaster General Health · PennState Health · Main Line Health · Orthopedic Associates of Lancaster, Ltd · May-Grant Obstetrics | Gynecology · IRMC · epgi · Warren General · Lehigh Valley Health Network

Log in at **ibx.com** to Find a Doctor

The Find a Doctor tool at ibx.com helps you make confident decisions about your health care.

Easy-to-use search

Simple navigation helps you get faster, more accurate results when looking for doctors, hospitals, or other facilities.

Doctor and hospital profiles

Informative doctor and hospital profiles and nationally recognized quality measurements help you find the doctor that is right for you. Our provider profiles offer more than just location and phone number. You can also view credentials, hospital affiliations, reviews from other members, office hours, gender, specialty, language spoken, and whether they're accepting new patients.

Rate and review your experience

See what other members thought about a doctor or hospital, and share your own experiences. Anyone can read ratings and reviews, but you must log in at ibx.com to submit a review.

Compare doctors and facilities

Easily compare up to five doctors and hospitals at once. You can compare specialties, education, board certifications, quality reviews, and more.

Questions?

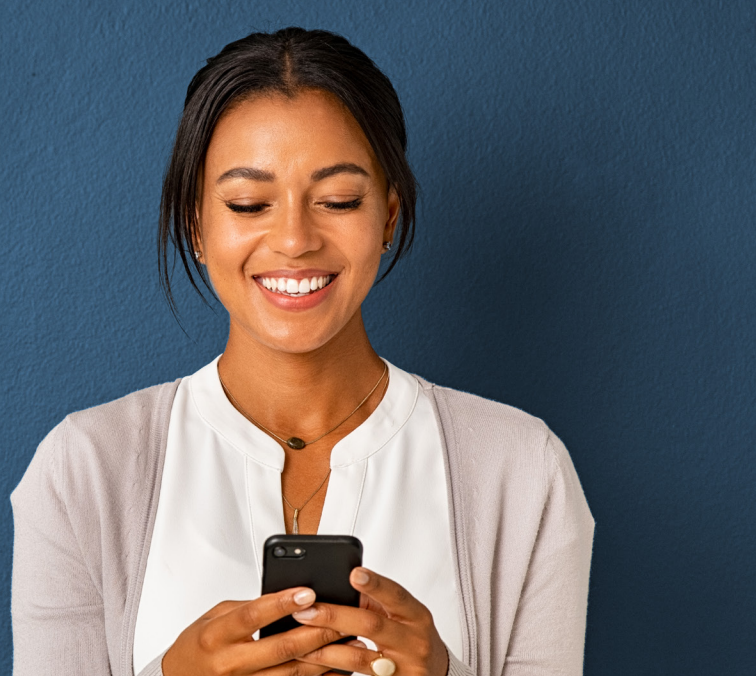
Call Customer Service at the number on the back of your member ID card.

ibx.com

Independence

19647 1118200 (09/20)

Make one call for all your health care needs



With your Independence Blue Cross coverage, you have a Champion to support you! Your Champion is ready to help you live your healthiest life and make the best decisions based on your health plan.

We want to make sure you have the support you need along your unique health journey. You can count on your Champion for all your health care needs.

With one call, you can get:

Information about your benefits from someone who is trained specifically on your health plan and ready to help you get the most out of it

One-on-one support from your dedicated Registered Nurse Health Coach for your physical, mental, emotional, and even financial well-being — and personalized outreach based on your health

A multi-specialty care team to help you navigate your health care journey

To reach your Champion, call **1-833-444-BLUE (2583).**

Get connected to maximize your benefits

Sign up to receive text alerts from Independence Blue Cross, and you'll get:

- Personalized reminders about your health, such as annual visits and screenings
- Notifications about important plan information
- Alerts to help you learn more about benefits you may not be taking advantage of

Visit **ibx.com/getconnected** to enroll.

Independence

PAISBOA HEALTH BENEFIT TRUST

21148 2216652 (01-23)

Achieve
Well-being@Work
Wellbeing Hub

Take charge of your well-being your way

Resources to improve your mind and body

The work you do helps students reach their full potential. Now it's your turn to learn how to live a healthier, happier, and more balanced life!

Achieve Well-being@Work with Independence is a wellness program that offers opportunities to help you better manage your mental, emotional, and physical health.

Take a recess for your mind and body

You can access free monthly virtual global workshops and an on-demand library of interactive resources on mindfulness, stress management, nutrition, and healthy living.

Global workshops will be streamed live and recorded so you can enjoy them at your convenience. Think of it as a chance to take a recess for your mind and body!

- Mindfulness techniques: Explore the basics of mindfulness and learn how to apply these techniques to your daily life.
- Work-life balance strategies: Develop emotional intelligence skills and learn to set boundaries to help you thrive in all areas of your life.
- Nutrition: Learn how to prepare quick, healthy meals along with a dietitian and get answers to your nutrition questions.

Check out
hub.onthegoga.com/paisboa/sign-up
to get started today!

ibx.com/paisboa

Independence | PAISBOA HEALTH BENEFIT TRUST

IBX

21804 2544650 (7/23)

Get rewarded for your healthy choices

As a PAISBOA Health Benefit Trust member, you can earn $200 in gift cards just by completing five healthy actions!

With Achieve Well-being, you can bring healthy habits within reach. This online program offers a personalized set of well-being tools and resources to help you achieve your health goals in a way that's simple, easy, and fun. And as a PAISBOA Health Benefit Trust member, you'll get rewarded!

Enrolled spouses/partners of PAISBOA Health Benefit Trust members are eligible to participate in the program.

Log in today at **ibx.com** to start earning your rewards!

You'll earn $200 in gift cards when you complete all the following activities:

- Visit your primary care physician for an annual check-up.
- Complete an eligible preventive health screening.*
- Complete your Well-being Profile (takes about 15 minutes).
- Sign up for and visit the *Wellbeing Hub* at **https://hub.onthegoga.com/paisboa/sign-up** OR complete an Achieve Well-being web-based program. For instructions on completing a program, use the Achieve Well-being Rewards Step-by-Step Guide, which you can find on the microsite under *Member Flyers*.
- Opt in for IBX Wire® to get important plan notifications, health screening reminders, and information about your rewards progress by text. To sign up, text **IBX Wire** to **77576**.

After completing all five activities, you'll earn $200 in gift cards. You may redeem your reward once per plan year (now through October 31, 2024).†

* You can find a list of preventive services that are part of the Achieve Well-being program when you log in at ibx.com in the Achieve Well-being section.

† IRS rules require that the gift card(s) be reported as income.

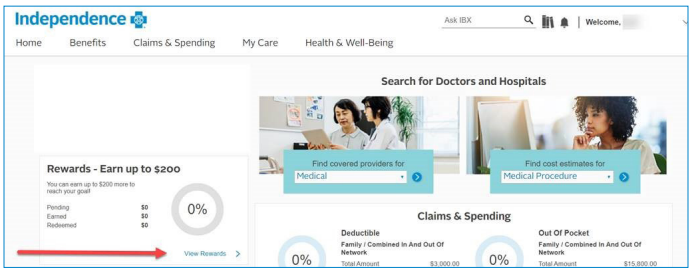
Independence | PAISBOA HEALTH BENEFIT TRUST

IBX

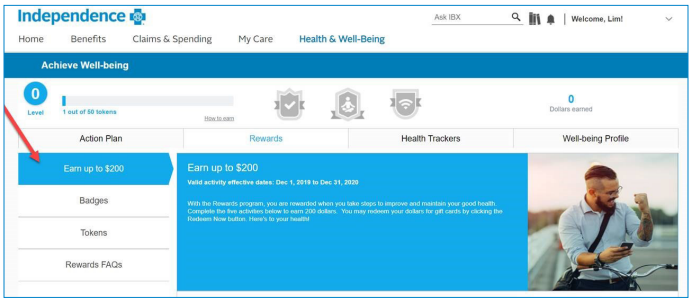
Log in today to start earning!

Follow these steps to start earning your rewards.

1. Log in at **ibx.com**. Click the *View Rewards* link in the Rewards section of the homepage.



2. Click the *Rewards* tab from the top menu to see what activities you need to complete to earn gift cards.



Not registered for **ibx.com** yet? Don't worry — it only takes a couple of minutes! Visit **ibx.com** and click the *Log in/Register* button at the top.

Questions?

Call Customer Service at the number on the back of your member ID card.

ibx.com/paisboa

Independence | PAISBOA HEALTH BENEFIT TRUST

IBX

21705 2544650 (07-23)

Nutrition counseling

Get support to live healthier from anywhere

It's easier than ever to take advantage of nutrition counseling. Schedule a virtual visit with a registered dietitian through secure video via your smartphone or other device.

As an Independence Blue Cross (Independence) member, you're covered for up to six nutrition counseling visits a year at no cost when you use an in-network registered dietitian.*

You can work with an in-network dietitian and get the same benefits of in-person counseling with virtual visits on your digital device.

Nutrition counseling can help you:

- Look and feel better
- Learn how to eat right
- Have more energy
- Lower cholesterol levels
- Reduce blood pressure
- Decrease risk of heart disease and stroke

Get started today!

1. Log in at **ibx.com** and use the Find a Doctor tool to find a registered dietitian.
2. Schedule an appointment with a participating registered dietitian, your primary care physician, or another network provider.

ibx.com/paisboa

*Check your benefits to see if you have coverage for nutrition counseling visits.

Independence | PAISBOA HEALTH BENEFIT TRUST

IBX

21707 2544650 (7-23)

Acupuncture

What does my health insurance cover?

Find out when and how acupuncture is covered by your health plan

What is acupuncture?

Acupuncture is a health practice that involves using needles placed under the skin to stimulate points in the body and ease symptoms. Studies suggest that acupuncture may help ease chronic pain and certain other conditions and is a reasonable option for people with chronic pain to consider.[1]

How does Independence cover acupuncture?

Subject to your benefits, Independence Blue Cross (Independence) members are covered for 18 acupuncture visits for pain management and certain other conditions:[2]

- Headache (migraine, tension)
- Post-operative and chemotherapy-induced nausea, vomiting
- Nausea from pregnancy
- Low back pain
- Pain from osteoarthritis of knee/hip
- Chronic neck pain

Acupuncture for these conditions is available without precertification, and coverage is based on plan type:

- **PPO members** will pay specialist cost-sharing.
- **HMO, POS, and DPOS members** will need a referral from their PCP and will pay their specialist cost-sharing.

Learn more about your acupuncture benefits

Call Customer Service at the number on the back of your member ID card.

Is acupuncture right for me?

To determine whether you could benefit from acupuncture:

- **Talk with your doctor.** Acupuncture should only be used to complement your doctor's care, not replace it. Your doctor can help you decide if acupuncture is right for your symptoms.
- **Check covered conditions.** Review Medical Policy #12.00.01 at ibx.com/medpolicy to determine the conditions for which acupuncture is considered medically necessary.
- **Find the right practitioner.** Ask your doctor for a recommendation, or visit ibx.com/findadoctor. Use as much care as you would in choosing a traditional health care professional.

1 National Center for Complementary and Integrative Health. Acupuncture: In Depth, nccih.nih.gov. Accessed on October 15, 2018.

2 For PPO members, the 18 acupuncture visits are combined in- and out-of-network.

Acupuncture is covered for limited conditions. For details on covered conditions, please reference medical policy #12.00.01, which you can find at ibx.com/medpolicy.

Independence

19368 791660 (09/19)

Get care **away from home**

When it comes to good health, there are no geographic boundaries. That's why we offer out-of-area coverage.

Get urgent care while you travel*

- If you need urgent care when traveling across the U.S., give us a call, and we'll put you in touch with a Blue Cross® Blue Shield® provider (BlueCard® provider) in your travel area, so you can have access to care wherever you are.
- Traveling abroad? You also have access to doctors and hospitals in more than 200 countries and territories around the world through Blue Cross Blue Shield Global® Core.

Get the follow-up care you need*

While you are out of your home area, you're also covered for any follow-up visits your doctor recommends with a BlueCard provider. Give us a call to find a provider near you.

Questions?

Call Customer Service at the number on the back of your member ID card.

Apply for guest membership when you're away long-term

- When you know that you or a member of your family will be out of the area for at least 90 days, we'll help you apply for a guest membership with a participating HMO plan in your travel area, where available.
- A guest membership through the Away from Home Care® program offers a comprehensive set of HMO benefits through a participating plan while away from home.
- Guest memberships may be appropriate for situations like:
  - A long-term work assignment
  - Retirees with a dual residence
  - Students who are temporarily living away while at college

Refer to your member benefit booklet for additional information, limitations, and restrictions regarding the Away from Home Care® program.

*Preauthorization of care is required.

Independence

19367 791660 (09/19)

Hear better at any age with TruHearing®

Better hearing improves your overall health

Hearing well is essential to your overall health and well-being. If you think you may be experiencing hearing loss, you don't have to wait to get quality care.

As an Independence Blue Cross (Independence) member, you have access to TruHearing for an easy and affordable way to help you hear better. With TruHearing, you and your family members are covered for exams and discounts on hearing aids and hardware.

TruHearing features

Excellent service

TruHearing consultants will help you schedule an exam, fitting, and follow-up care with a licensed provider near you.

Improved quality of life[1]

You have access to smartphone apps to adjust your hearing aids and stream your favorite music and shows with Bluetooth®.

State-of-the-art technology[2]

Experience clarity in a crowed room with the newest technology that lifts voices from background noise and redefines your ability to have conversations. Rechargeable batteries that last all day are also available.

Call TruHearing today

Your dedicated Hearing Consultant can answer your questions, explain your coverage, and schedule an appointment with a TruHearing provider near you.

Call 1-888-933-7861 (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m.

Get complete hearing care

- Access to a large provider network
- Risk-free 60-day trial period
- One year of follow-up visits
- 80 free batteries per non-rechargeable hearing aid
- Full three-year manufacturer warranty

Independence

PAISBOA HEALTH BENEFIT TRUST

Treating hearing loss can help improve your balance,[4] mental health, and quality of life.

2023 hearing coverage with TruHearing

The TruHearing program includes coverage for a hearing exam and discounts on a range of hearing aids. No matter your lifestyle, budget, or level of hearing loss, you have a variety of options.

Service	Your cost	Average retail cost	How often?
Hearing exam	**$0**	$59–$95	1 exam, per year
Hearing aid – Basic[3]	**$495**	$1,850	1 aid per ear, every 3 years
Hearing aid – Standard[3]	**$895**	$2,000	
Hearing aid – Advanced[3]	**$1,295**	$2,450	
Hearing aid – Premium[3]	**$1,695**	$3,100	

Would you like to take a quick hearing test?

Grab your headphones, find a quiet spot, and click the button below to get started.

Take the test

Visit TruHearing.com/IndependenceCommercial-HS

1 Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Some TruHearing models connect to Android® phones directly. Connectivity also available to many Android phones with use of an accessory. TV streaming available through most TVs with use of an accessory. In-app interfacing requires provider activation.

2 Features may vary by model. Activation required.

3 Price based per hearing aid.

4 Attitudes and Actions Towards Hearing Health Summary Report of U.S. Adults Ages 18+, ASHA, 2021.

This is a value-added program and not a benefit under an Independence health plan and is, therefore, subject to change without notice. The TruHearing program is provided by TruHearing, Inc., an independent company. TruHearing, Inc. does not provide Blue Cross products or services.

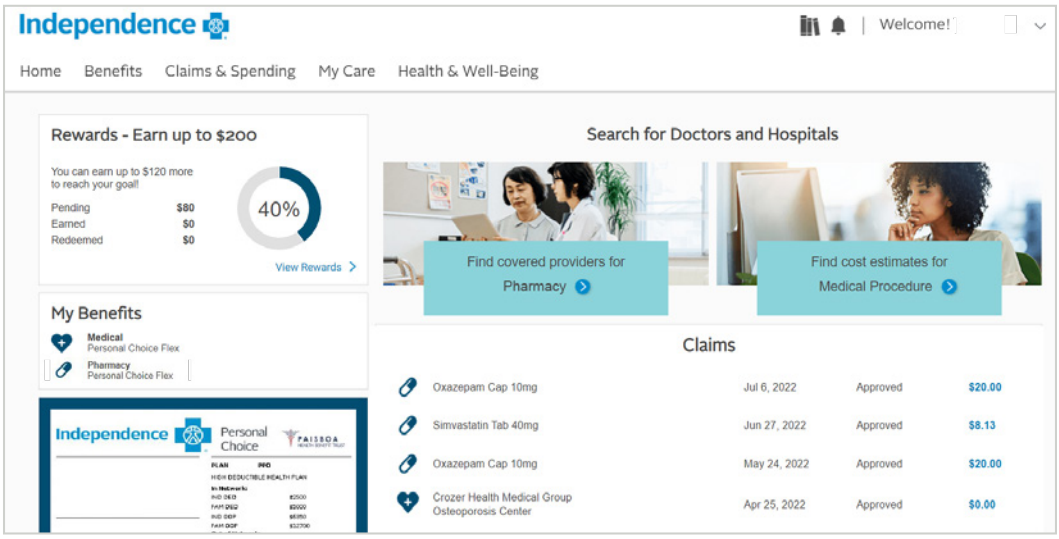
TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant.

Independence

PAISBOA HEALTH BENEFIT TRUST

20399 1901500 (7/22)
Large Group Standard Plans

Pharmacy Benefits



Use the website to:

- Search for drugs covered under your plan – plus view drug descriptions, food interactions, and warning label information
- Use the drug pricing tool to identify lower-cost alternatives
- View drug price details with a new price and save feature
- Access current prescription drug claims and historical prescription drug records
- Submit mail order prescription requests 24/7
- Search for a participating pharmacy near you

Use the IBX app to:

- Access benefit information
- View, share, or order a new ID card
- Find a doctor or hospital, and change your primary care physician
- Estimate your out-of-pocket costs for medical procedures
- See your most recent claims and any open referrals
- Find or price a prescription drug
- Track deductibles and out of pocket expenses
- Reach your health goals with Achieve Well-being tools
- See important notifications and health messages

Access your prescription drug benefits through your member account at **ibx.com/paisboa**

Independence | PAISBOA HEALTH BENEFIT TRUST

1992324 (07/22)

Term Life with Accidental Death & Dismemberment (AD&D) Insurance

How does it work?

You keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why Choose Unum?

Your employer is offering you this coverage at no cost to you.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to $250,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

You:	You can receive 1 times your earnings up to a maximum of $200,000. You can get up to $200,000 with no medical underwriting.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can get 1 times your earnings of AD&D coverage up to a maximum of $200,000.

No medical underwriting is required for AD&D coverage.

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.
An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.
Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – 'Being intoxicated' means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.
Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Age Reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 67% of the original amount when you reach age 70, and will reduce to 33% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.
Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
Unum complies with state civil union and domestic partner laws when applicable.
Underwritten by:
Unum Life Insurance Company of America, Portland, Maine

Term Life and Accidental Death & Dismemberment (AD&D) Insurance

How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you buy a minimum of $10,000 of coverage now, you can increase your coverage in the future up to $100,000 to meet your growing needs. There would be no medical underwriting to qualify for coverage.

What else is included?

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to $250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. **These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable.** Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

You:	Choose from $10,000 to $500,000 in $10,000 increments, up to 5 times your earnings. You can get up to $100,000. This is the amount of coverage you can qualify for with no medical underwriting.
Your spouse:	Get up to $500,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Your spouse can get up to $25,000 with no medical underwriting, if eligible (see delayed effective date).
Your children:	Get up to $10,000 of coverage in $2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday − or until their 26th birthday if they are full-time students. The maximum benefit for children live birth to 6 months is $1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to $500,000 of AD&D coverage for yourself in $10,000 increments to a maximum of 5 times your earnings.
Your spouse:	Get up to $500,000 of AD&D coverage for your spouse in $5,000 increments, if eligible (see delayed effective date).
Your children:	Get up to $10,000 of coverage for your children in $2,000 increments if eligible (see delayed effective date).

No medical underwriting is required for AD&D coverage.

How much coverage can I get?

Calculate your costs

1. Enter the coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the rate table (at right) to find the rate based on age.
   (Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date. To determine your spouse rate, choose the age the employee will be when coverage becomes effective. See your plan administrator for your plan effective date.)
4. Enter your cost.

	1	2	3	4
Employee	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
Spouse	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
Child	$_____,000	÷ $1,000 = $_____	X $_____	= $_____
			Total cost	

Employee monthly rate		Spouse monthly rate	Child monthly rate
Age	Per $1,000 of coverage	Per $1,000 of coverage	$0.240 per $1,000 of coverage
	Cost	Cost	
15-24	$0.030	$0.030	
25-29	$0.030	$0.030	
30-34	$0.040	$0.040	
35-39	$0.060	$0.060	
40-44	$0.090	$0.090	
45-49	$0.150	$0.150	
50-54	$0.230	$0.230	
55-59	$0.380	$0.380	
60-64	$0.500	$0.500	
65-69	$0.800	$0.800	
70-74	$1.390	$1.390	
75+	$1.390	$1.390	

1. Enter the AD&D coverage amount you want.
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your cost.

AD&D				
	1	2	3	4
Employee	$_____,000	÷ $1,000 = $_____	X $0.018	= $_____
Spouse	$_____,000	÷ $1,000 = $_____	X $0.018	= $_____
Child	$_____,000	÷ $1,000 = $_____	X $0.018	= $_____
			Total cost	

AD&D monthly rates		
	Coverage amount	Rate
Employee	per $1,000 of coverage	$0.018
Spouse	per $1,000 of coverage	$0.018
Child	per $1,000 of coverage	$0.018

Billed amount may vary slightly.
If you apply for coverage above the guaranteed issue amount, you may be subject to medical underwriting which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.
Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.
Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Age reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to 67% of the original amount when you reach age 70, and will reduce to 33% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.
Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
Underwritten by: Unum Life Insurance Company of America, Portland, Maine

Long Term Disability Insurance

How does it work?

This employer-paid coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week. Cover 60% of your monthly income, up to a maximum payment of $5,000. *See the Legal Disclosures for more information.

The monthly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

Your employer is paying the cost of this coverage so you don't have to answer health questions.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits to age 65.

Long Term Disability Insurance can replace part of your income if a disability keeps you out of work for a long period of time

What else is included?

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Survivor benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit Duration

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury; and
- During the elimination period, you are unable to perform any of the material and substantial duties of your regular occupation.

After 24 months, you are considered disabled when Unum determines that, due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Pre-existing conditions

You have a pre-existing condition if:

- you received medical treatment, medical advice, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage and
- the disability begins in the first 12 months after your effective date of coverage

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation laws
- The amount that you receive as disability income payments under the Pennsylvania Motor Vehicle Financial Responsibility Law
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans - if included
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Unum's LTD contracts standardly include a provision called the Social Security Claimant Advocacy Program.

With this feature, claimants can receive expert advice and assistance from us regarding their Social Security Disability claim during the application and appeal process. Social Security advocacy services are provided by GENEX Services, LLC or Brown & Brown Absence Services Group. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc. Work-life balance employee assistance program services are provided by HealthAdvocate. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

Short Term Disability Insurance

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 13 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

What else is included?

Cesarean section benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

Consider your expenses

Utilities	$
Housing	$
Groceries	$
Transportation	$
Child care/Elder care	$
Medical/Personal care	$
Education	$
Insurance	$

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week. Choose from $100 to $1,150 a week, (in $50 increments). You can cover up to 60% of your weekly income. *See the Legal Disclosures for more information.

If you don't sign up now but decide to apply later, you may have to answer health questions.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after 0 days if you become disabled due to an injury and 7 days if you become disabled due to an illness.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 13 week benefit duration.

Calculate your cost

- Follow the instructions on the worksheet at right to determine your cost per paycheck.
- For step 2:

Enter the weekly benefit amount you would want if disabled. This amount needs to be in $50 increments from $100 to the maximum weekly benefit available (calculated in step 1).

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

Disability worksheet

1 Calculate your weekly disability benefit.

$_____ (Enter your annual earnings) ÷ 52 = $_____ (Your weekly earnings) x 60% (Max % of income covered) = $_____ (Max weekly benefit available (if the amount exceeds the plan max of $1,150, enter $1,150.)

2 Calculate your cost per paycheck.

$_____ ÷ 10 = $_____ x _____ (Your rate) = $_____ (Your monthly cost) x 12 = $_____ (Your annual cost) ÷ 12 = (Number of paychecks per year) $_____ (Your cost per paycheck)

Age	Rates
15-24	$0.436
25-29	$0.436
30-34	$0.436
35-39	$0.436
40-44	$0.436
45-49	$0.436
50-54	$0.515
55-59	$0.689
60-64	$0.777
65+	$0.794

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.

Exclusions and Limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.
The loss of a professional or occupational license or certification does not, in itself, constitute disability.
'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- you received medical treatment, medical advice, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage and
- the disability begins in the first 12 months after your effective date of coverage

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan. This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.
Underwritten by: Unum Life Insurance Company of America, Portland, Maine

Group Accident Insurance

How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on or off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive $50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

How much does it cost?

Your monthly premium	Option 1
You	$12.91
You and your spouse	$22.81
You and your children	$27.38
Family	$37.28

SCHEDULE OF BENEFITS

Accidental Death and Dismemberment

AD&D	
Employee	$50,000
Spouse	$25,000
Children	$12,500
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)	
Employee	$50,000
Spouse	$25,000
Children	$12,500
Dismemberment	
Both Feet	$50,000
Both Hands	$50,000
One Foot	$25,000
One Hand	$25,000
Thumb and Index Finger of the same Hand	$12,500
Coma	
Coma	$10,000
Home & Vehicle Modifications	
Home & Vehicle Modifications	$1,500
Loss of Use	
Hearing (one ear)	$12,500
Hearing	$25,000
Sight of one Eye	$25,000
Sight of both Eyes	$50,000
Speech	$25,000
Paralysis	
Uniplegia	$12,500
Hemi/Paraplegia	$25,000
Triplegia	$37,500
Quadriplegia	$50,000

Hospitalization

Admission	$800
Admission – Hospital ICU (added to Admission)	$800
Daily Stay (365 days)	$250
Daily Stay – Hospital ICU (added to Daily Stay)	$250
Short Stay	$200

Injury

Injury due to felony & sexual assault	$150
Organized Sports	10%
Burns	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	$500
2nd Degree Burns - 20% or greater of skin surface	$1,000
3rd Degree Burns - Less than 5% of skin surface	$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	$5,000
3rd Degree Burns - 20% or greater of skin surface	$10,000
Concussion	
Concussion	$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	$150
Dislocations	
Knee joint (other than patella)	$1,650
Ankle bone or bones of the foot (other than toes)	$1,650
Hip joint	$3,375
Collarbone (sternoclavicular)	$825
Elbow joint	$500
Hand (other than Fingers)	$500
Lower Jaw	$500
Shoulder	$500
Wrist joint	$500
Collarbone (acromioclavicular and separation)	$325
Finger or Toe (Digit)	$150
Kneecap (patella)	$500
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	$200
Fractures	
Skull (except bones of Face or Nose), Depressed	$4,500
Hip or Thigh (femur)	$3,375
Skull (except bones of Face or Nose), Non-depressed	$2,250
Vertebrae, body of (other than Vertebral Processes)	$1,350
Leg (mid to upper tibia or fibula)	$1,350
Pelvis	$1,350

Injury

Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	$675
Upper Arm between Elbow and Shoulder (humerus)	$675
Upper Jaw, Maxilla (other than alveolar process)	$675
Ankle (lower tibia or fibula)	$450
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	$450
Foot or Heel (other than Toes)	$450
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	$450
Kneecap (patella)	$450
Lower Jaw, Mandible (other than alveolar process)	$450
Vertebral Processes	$450
Rib	$450
Tailbone (coccyx), Sacrum	$450
Finger or Toe (Digit)	$225
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	$200
Lacerations	
No Repair	$50
Repair Less than 2 inches	$150
Repair At least 2 inches but less than 6 inches	$300
Repair 6 inches or greater	$600
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	$750
One Digit (a Thumb or Big Toe)	$1,125
Two or more Digits	$1,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	$150
Ruptured or Herniated Disc	
One Disc	$150
Two or more Discs	$250

Recovery

At-Home Care	$100
Physician Follow-Up Visits	$75
Physician Follow-Up Maximum Visits	2

SCHEDULE OF BENEFITS

Recovery

Prescription Drug	$25
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	$100
Behavior Health Therapy	$20
Behavior Health Therapy visits	15
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	$20
Therapy Services Maximum Days	15

Surgery

Dislocations	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	$60
General Anesthesia	$150
Connective Tissue	
Exploratory without Repair	$75
Repair for One Connective Tissue	$600
Repair for Two or more Connective Tissues	$900
Eye Surgery	
Eye Surgery, Requiring Anesthesia	$200
Fractures	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times
General Surgery	
Abdominal, Thoracic, or Cranial	$1,000
Exploratory	$100
Incidence per covered accident	1 Per Insured
Hernia Surgery	
Hernia Surgery	$100
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	$100
Knee Cartilage (Meniscus) with Repair	$500
Outpatient Surgical Facility	

Surgery

Outpatient Surgical Facility	$200
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	$100
One Disc	$525
Two or more Discs	$800

Treatment

Organized Sports	10%
Ambulance	
Air	$1,000
Ground	$300
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	$50
Tier 2 (bedside commode, cold therapy system, crutches)	$100
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	$200
Emergency Dental Repair	
Dental Crown	$350
Dental Extraction	$115
Filling or Chip Repair	$90
Imaging	
Tier 1: X-rays or Ultrasound	$50
Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	$200
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
Lodging	
Lodging (per night)	$150
Prosthetic Device	
One Device or Limb	$750
Two or more Devices or Limbs	$1,500
Skin Grafts	
For Burns - Payable as a % of the applicable Burn benefit	50%
Not Burns - Less than 20% of skin surface	$250
Not Burns - 20% or greater of skin surface	$500
Treatment	
Emergency Room Treatment	$100
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	$50
Pain Management Injections (epidural, cortisone, steroid)	$100

Treatment

Transfusions	$400
Transportation (per trip)	$100
Treatment in a Physician's Office or Urgent Care Facility (initial)	$75

Organized Sports Benefit
This increased benefit payment will be applied if the covered Accident occurs while playing an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.

Active employment
You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

Effective date of coverage
Coverage becomes effective on the first day of the month in which payroll deductions begin.

Exclusions and limitations
We will not pay benefits for a claim that is caused by, contributed to by, or occurs as the result any of the following:
- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of trauma, infection, or other diseases;
- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it;
- Infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;#practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

The Accidental Death and Dismemberment Benefits are also subject to the following Exclusions. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
- being intoxicated; and
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, intoxicant, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of Coverage
If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:
- the date this policy is canceled by Unum or your employer;
- the date you are no longer in an eligible group;
- the date your eligible group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made;
- the last day you are in active employment.
  However, as long as premium is paid as required, coverage will continue
- in accordance with the Continuation of your Coverage during Absences provision; or
- if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.
  We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

THIS IS A LIMITED BENEFITS POLICY
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to certificate form GAC16-1 et al. and GAC16-2 and Policy Form GAP16-1 et al. in all states or contact your Unum representative.
Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Unum Insurance Company, Portland, Maine

Group Hospital Insurance

How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive $50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

How much does it cost?

Your monthly premium	
You	$38.30
You and your spouse	$75.53
You and your children	$50.13
Family	$87.36

Coverage may vary by state. See exclusions and limitations.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	$2,000
Hospital Daily Stay	Payable per day up to 365 days	$100

Procedure, Treatment and Follow-Up Benefits for Covered Accidents		
Surgery		
- Tier 1	Payable for up to 5 days per calendar year	$100
- Tier 2	Payable for up to 5 days per calendar year	$200
- Tier 3	Payable for up to 5 days per calendar year	$400

Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

Active employment
You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.
New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Pre-existing Condition
We will not pay benefits for a claim when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by, or resulting from any of the following:
• a Pre-existing Condition; or
• complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.
An Insured has a Pre-existing Condition if, within the 3 months just prior to their Coverage Effective Date, they have a physical condition or Sickness for which medical treatment, consultation, care or services, or diagnostic measures were received during that period.
Pre-existing Condition requirements are not applicable to:
• Children who are newly acquired after your Coverage Effective Date.
The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.

Exclusions and limitations
Unum will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
• Committing or attempting to commit a felony;
• Being engaged in an illegal occupation or activity;
• Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
• Active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
• Participating in war or any act of war, whether declared or undeclared;
• Combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
• Being intoxicated;
• A Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
• Elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
• Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
• Any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
• Voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; and
• Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
• Stroke, Alzheimer's disease, trauma, viral infection; or
• Other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.
Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of employee coverage
If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.
Otherwise, your coverage under this certificate ends on the earliest of:
• the date the Policy is cancelled by us or your Employer;
• the date you are no longer in an Eligible Group;
• the date your Eligible Group is no longer covered;
• the date of your death;
• the last day of the period any required premium contributions are made; or
• the last day you are in Active Employment.
However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.
We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.
Unum complies with applicable civil union and domestic partner laws.

Underwritten by: Unum Insurance Company, Portland, Maine

unum

Holy Family UNIVERSITY

Learn more about your annual Be Well Benefit

Your Unum plan pays a Be Well Benefit for one Be Well screening each year.

With Unum's Be Well Benefit, you and other covered family members can receive a valuable incentive for important tests and screenings. Many of these tests are routinely performed, so it's easy to take advantage of this benefit.

Your Accident Be Well benefit is $50.

Your Hospital Be Well benefit is $50.

BE WELL SCREENINGS

- Annual exams by a physician including sports physicals and well-child visits, dental and vision exams
- Cancer screenings including pap smear, colonoscopy
- Cardiovascular function screenings
- Cholesterol and diabetes screenings
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

IT'S EASY TO FILE A CLAIM

You can receive a benefit for tests that are performed after your initial coverage date.

Follow these simple steps:

File your claim online with a one-time registration on **unum.com**, by mail or over the phone. Simply call **1-800-635-5597** to learn more.

You will need to provide the following:

- First and last names of the **employee** and **claimant** (the employee might not be the claimant)
- Employee's **Social Security number** or **policy number**
- **Name** and **date** of the test
- Name of **physician** and the **facility** where the test was performed.

Each year, you can earn a valuable incentive just for taking care of your health. And so can each of your covered family members.

For more information, please contact your HR representative.

Better benefits at work.™

unum.com

EN-1911-BeWell FOR EMPLOYEES (11-22)

Holy Family University

Holy Family University reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.