This publication contains important information about your employee benefit program. 

Please read thoroughly.
Welcome to benefits enrollment. This is your opportunity to review our comprehensive selection of benefits and special programs. Our benefits program is designed to help you achieve maximum potential at work and at home. Additionally, we hope this guide helps educate and empower you to elect the coverage and support you and your family need. Please note, full details regarding our plans is contained in our summary plan descriptions (or SPDs). Should this publication differ from our SPD(s), the SPD(s) prevails.
2018 Program Updates

Medical Plan Design and Programs

- Plan design
  - The Tier 1 Network will continue to include St. Louis area SSM physicians and facilities, alongside SLUCare providers; this applies to both the Plus Plan and the Qualified High Deductible Health Plan (QHDHP)
  - Coverage for Applied Behavior Analysis (ABA) Therapy services will be added on both the QHDHP and the Plus Plan
  - Coverage for virtual visits will be added to both the QHDHP and the Plus Plan

Prescription Drug Design and Programs

- Plan design
  - Copays for retail drugs on the Plus Plan will increase
  - A separate prescription drug out-of-pocket maximum will be implemented on the Plus Plan
  - Copays for Mail Order drugs will change to $2.5 \times$ retail copays on the Plus Plan

- Out-of-pocket protection program—this program will adjust out-of-pocket maximums according to the assistance received (only impacts specialty drugs)

- Voluntary Smart 90 Program—this program will allow members to fill a 90-day supply of maintenance medications at Walgreens or through Home Delivery at the mail order copay level

Annual Enrollment

- Open enrollment runs from November 1 through November 17
- Each year, employees with spouses enrolled on the medical plan must complete the Spousal Health Care Affidavit in order to keep their spouse enrolled on the medical plan; all completed forms must be submitted to the Benefits Office for review; additional information and the affidavit for completion can be found on the Human Resource’s open enrollment webpage
- Unless you are changing your coverage election on Dental, Vision, or Accident, no action is required
- You must re-enroll in the Health FSA, Dependent Care FSA, and/or HSA and make a new election in order to continue participation in those programs in 2018
- All elections must be made through Banner self-service at Banner.SLU.edu; instructions are available online at www.slu.edu/human-resources-home/benefits/open-enrollment

Where Can I Find Out More Information About My Benefits?

Please visit the Benefits website at www.slu.edu/human-resources-home/benefits. On our website you will find details about all the benefit plans, links to enrollment and change forms, as well as premiums for insurance and other useful information. If you cannot find the answer to your question online, contact the Benefits office at 314.977.2595 or benefits@slu.edu.
Employee Contributions

As you know, SLU remains committed to a 75%/25% premium split between the University and employees. For the 2017 plan year, SLU adjusted this split to 76.2%/23.8% in order to keep employee contributions unchanged from the 2016 plan year. Starting with the 2018 plan year, SLU will gradually move back to the 75%/25% split in order to lower the increase to employee contributions. The split for the 2018 plan year will be 75.5%/24.5%.

- The salary threshold for the medical subsidy is increasing from $37,000 to $37,740

Decision Support Tools

SLU will be offering two new services to help employees understand their medical options and medical care throughout the year.

- Jellyvision/ALEX—ALEX is an online interactive tool which will help you select the best benefit plan for you and your family; ALEX will ask you questions about your health care needs and, based on your responses, recommend the Plus Plan or QHDHP Plan; to access Alex, visit www.myalex.com/slu/2018

- Compass—this service helps you navigate through the healthcare system; Compass can help you understand your benefits, find a provider, explain your bills, provide price comparisons, and more; at this time, these services will only be offered to those enrolled in the QHDHP Plan

Further details surrounding these changes can be found in this guide.
Enrollment Details

New Hire Enrollment

Newly hired employees have 31 days from your date of hire to enroll. If you do not enroll in benefits during your new hire period, you will not be eligible to enroll in benefits until annual enrollment, unless you experience a qualifying life event.

All benefit elections become effective on the employee’s first day of regular benefit eligible employment, provided online enrollment and dependent verification is submitted within 31 days. Members of a collective bargaining unit may have to satisfy a probationary period prior to insurance coverage. Such members should refer to their collective bargaining agreement for specific details.

Open Enrollment

Open enrollment is your yearly opportunity to review your current benefits and make benefit changes for the upcoming plan year. During open enrollment, you can add, change, or decline coverage. In addition, you can add and/or drop dependents during this time. Outside of open enrollment, you cannot change your benefit elections. During the middle of the plan year, you may only change your level of benefits coverage if you experience a qualifying life event.

Qualifying Life Event

A qualifying event is a change in your personal life or employment which may impact your eligibility or dependent’s eligibility for benefits.

Examples of some qualifying events include the following.

► Change of legal marital status (e.g., marriage, divorce, death of spouse)
► Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
► Change in employment or job status

Please note you have 31 days from the date of your qualifying event to make changes to your election. Changes cannot be accepted outside of the 31-day special enrollment period.
Eligibility

Eligible Employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working an average of 32 hours per week.

Eligible Dependents

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include your legal spouse and children up to age 26. Children may include natural, adopted, step-children, children obtained through court-appointed legal guardianship, or disabled children over age 26.

If you are adding a dependent, please provide your dependent verification documents within 31 days of your Benefits effective date. For more information, please see the Dependent Verification link on the Human Resources webpage. For your convenience, your documents may be scanned and emailed to benefits@slu.edu or faxed to 314.977.1785.

Working Spouse Eligibility

Full-time working spouses who have access to medical coverage through their employer are not eligible for SLU’s medical plan. Spouses are still eligible for coverage on SLU’s medical plan if they:

- Are not employed, or self-employed
- Are not eligible for coverage through their employer
- Are not offered qualifying coverage through their employer which includes preventive care, major medical, and prescription drug benefits with their employer contributing at least 50% of the premium for single coverage
- Are on Medicare and do not have access to an employer program

If one of the above scenarios applies, your spouse can remain enrolled in SLU’s medical plan. This definition of eligibility only applies to the medical plan. All spouses are eligible for the dental, vision, life, and accident plans. This provision also does not affect the definition of an eligible child.
Medical and Prescription Drug Coverage

For many people, nothing is more important than our health and the health of our family members. This is why SLU offers a robust medical and pharmacy insurance program to employees. The University partners with UnitedHealthcare (UHC) to administer the medical insurance and Express Scripts (ESI) to administer the pharmacy insurance.

As an employee of SLU, you have the option of choosing between 2 plans—the Plus Plan and the Qualified High Deductible Health Plan (QHDHP).

Features of Both Plans
- Access to the UHC Choice Plus network, including enhanced coverage at SLUCare and SSM
- Access to the full Express Scripts pharmacy network
- Coverage for routine preventive care at 100%

Plus Plan—Traditional PPO Plan Features
- Higher per-paycheck premiums with lower deductibles and out-of-pocket maximums
- Flat dollar copays for Tier 1 and Tier 2 prescription drugs
- Flat dollar copays for Tier 1 doctor’s office visits
- Eligible to participate in the Flexible Spending Account (FSA)

QHDHP Features
- Lower per-paycheck premiums with higher deductibles and out-of-pocket maximums, which allows you to pay for care when you need it
- Certain preventive medications are covered at 100%—no cost to you
- Eligible to participate in the Health Savings Account (HSA)
Decision Support Tools

ALEX by Jellyvision

In order to better support members, SLU will be offering a new employee benefit assistance tool—an interactive online application, ALEX, by Jellyvision. In addition to the support the Benefits Department provides, ALEX can further assist employees by serving as an educational and decision support resource during the open enrollment period. Members are encouraged to take advantage of the new employee benefit resource to better understand the medical plan options available to you. To access Alex, visit www.myalex.com/slu/2018.

Compass—Transparency Service

New for 2018, SLU is providing Compass transparency services to members enrolled in the QHDHP Plan. Compass utilizes trained Health Pro Consultants to assist members with navigating the healthcare system and empower members to make smarter healthcare decisions.

Your Health Pro Consultant will help members and their families by offering the following services.

► Provide education and give guidance to better understand benefits throughout the year
► Find highly rated doctors, dentists, and eyecare professionals who meet the member's personal health needs
► Provide price comparisons on facilities, services, etc.
► Compare prescription prices and explore lower-cost alternatives
► Review medical bills to make sure you are not overcharged

Members will be provided with SLU’s personal Compass Health Pro consultant’s direct information.
Express Scripts Programs
SLU continues to partner with Express Scripts, Inc. (ESI) to implement strategies for curbing the rising cost of pharmacy medications. The programs below are intended to drive better decision making and support healthier outcomes.

Voluntary Smart 90 Program
The Voluntary Smart 90 Program allows members to fill a 90-day supply of maintenance medications at Walgreens or through home delivery. By filling at a 90-day supply, members pay the reduced 90-day supply copay rather than filing at the 30-day retail copay each time. Currently, members can only fill a 90-day maintenance medication through home delivery. This allows an additional alternative. If you currently fill a maintenance medication at a retail pharmacy you will receive more information from Express Scripts regarding your new options.

Out-of-Pocket Protection Program
The out-of-pocket protection program ensures all member’s out-of-pocket expenses accurately reflect the member’s actual spend. Under certain circumstances, a member may receive copay assistance for a specialty drug, and their full copay is reflected under the plan. This program corrects the assistance accumulation, so only the amount a member spends will be reflected in their out-of-pocket maximum. This program does not take away from any specialty drug assistance the member may receive. Impacted members will receive communication from Express Scripts notifying them of the adjustment.

Prescription Drug Insurance Card
Upon enrollment in the medical plan, Express Scripts will send you an ID card. If you need to request a new one, contact Express Scripts at 888.778.8755 or www.express-scripts.com.

Mail Order Program
Our prescription benefit through ESI provides a mail order program which allows you to fill a 90-day supply. If you take a maintenance medication, the Express Scripts program will require you to make a choice between home delivery and the retail pharmacy. Members will receive communication material directly from ESI which will explain how to make your decision about where you would like to fill your maintenance medication. Failure to make your decision may create disruption in refilling your prescription at a retail pharmacy.

You can initiate your participation in the mail order program by contacting ESI Member Services at 888.778.8755.

Coverage Questions?
If you have questions regarding whether or not a prescription is covered, please contact customer service at 888.778.8755. If you are having issues, your prescription may be subject to step therapy, prior authorization, or drug quantity management.
Importance of Primary Care

Human Resources partners with Family and Community Medicine to increase access and availability of primary care services at 3 locations across the region. Having a relationship with a primary care team is recommended to maintain good health, coordinate chronic care, choose specialists when needed, and prevent unnecessary use of urgent care and emergency rooms. More information about Medical Home can be found at www.slu.edu/family-and-community-medicine-home/mycare-medical-home.

SSM Partnership

Continuing for 2018, Tier 1 for both the Plus Plan and QHDHP plan consist of SLUCare providers and St. Louis area SSM employed physicians and facilities. You are encouraged to utilize Tier 1 facilities and providers because there are greater benefits, leaving you with less out-of-pocket costs. Below is a list of SSM facilities which are considered Tier 1.

SSM Hospitals—St. Louis Area

- St. Joseph Hospital—St. Charles
- St. Joseph Hospital—Wentzville
- St. Mary’s Hospital
- Cardinal Glennon Children’s Hospital
- St. Clare Hospital
- St. Joseph Hospital—Lake St. Louis
- DePaul Hospital
- Saint Louis University Hospital
- SSM Rehabilitation Hospital—Bridgeton
- SSM Rehabilitation Hospital—Richmond Heights
- St. Clare Surgical Center
- St. Joseph Endoscopy Center

SSM Urgent Care Centers and St. Louis area SSM Health Express Clinics, formerly Walgreen’s Take Care Clinics, are also a part of the Tier 1 network. Independent SSM physicians are not part of the Tier 1 SSM physician network.

To find an up-to-date listing of Tier 1 providers, visit www.slu.edu/human-resources-home/find-a-provider. You may also call UnitedHealthcare to verify a physician or facility’s tier status.

Tier Clarification

- Tier 1 is for services received by SLUCare physicians, SSM employed physicians, and SSM facilities
- Tier 2 is for services received by UnitedHealthcare contracted physicians, hospitals, and ancillary services (Choice Plus network)
- Tier 3 is for services received at non-UHC contracted physicians, hospitals and ancillary services, and therefore out-of-network
## Medical/Prescription Drug Plan Details

<table>
<thead>
<tr>
<th>Calendar Year Deductible</th>
<th>SLUCare and SSM</th>
<th>UHC In-Network</th>
<th>Out-of-Network</th>
<th>SLUCare and SSM</th>
<th>UHC In-Network</th>
<th>Out-of-Network</th>
</tr>
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<tbody>
<tr>
<td>Individual</td>
<td>$250</td>
<td>$750</td>
<td>$1,000</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$3,000</td>
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<tr>
<td>Family</td>
<td>$500</td>
<td>$1,500</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$6,000</td>
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<tr>
<td>Coinsurance</td>
<td>10%</td>
<td>20%</td>
<td>40%</td>
<td>0%</td>
<td>10%</td>
<td>40%</td>
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<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum (Includes Medical Deductibles and Copays)</th>
<th>Non-Embedded*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Office Visits</th>
<th>Non-Embedded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Specialist Care</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$50 copay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Services</th>
<th>Non-Embedded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>10% after ded.</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100 copay</td>
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<table>
<thead>
<tr>
<th>Prescription Drugs—Express Scripts</th>
<th>Retail (34-Day Supply)</th>
<th>Mail Order (90-Day Supply)</th>
<th>Retail (34-Day Supply)</th>
<th>Mail Order (90-Day Supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$10</td>
<td>$25</td>
<td>Medical deductible, then 10% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>$35</td>
<td>$87.50</td>
<td>Medical deductible, then 10% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>50% coinsurance</td>
<td>$50 min–$100 max</td>
<td>Medical deductible, then 10% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>20% to $150</td>
<td>Not covered</td>
<td>Medical deductible, then 10% coinsurance</td>
<td></td>
</tr>
</tbody>
</table>

| Select Preventive Medications      | Priced according to the tier in which they fall | Covered at 100%, no deductible |

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum (Includes Prescription Drug Copays and Coinsurance Costs)</th>
<th>Non-Embedded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$1,00</td>
</tr>
<tr>
<td>Family</td>
<td>$2,00</td>
</tr>
</tbody>
</table>

* "Non-Embedded" means the entire deductible or out-of-pocket maximum could be borne by one family member.

This is a high level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

### Medical/Prescription Drug Contributions

#### 2018 Pre-Tax Plan Payroll Deductions

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Non-Wellness</td>
<td>With Wellness Discount</td>
</tr>
<tr>
<td><strong>UHC Plus Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$159.69</td>
<td>$109.69</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$439.87</td>
<td>$364.87</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>$380.10</td>
<td>$330.10</td>
</tr>
<tr>
<td>Family</td>
<td>$596.22</td>
<td>$521.22</td>
</tr>
<tr>
<td><strong>UHC Qualified High Deductible Health Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$84.87</td>
<td>$34.87</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$283.54</td>
<td>$208.54</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>$238.68</td>
<td>$188.68</td>
</tr>
<tr>
<td>Family</td>
<td>$372.95</td>
<td>$297.95</td>
</tr>
<tr>
<td><strong>UHC Plus Plan—Employees earning up to $37,740</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$50.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$330.18</td>
<td>$255.18</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>$270.41</td>
<td>$220.41</td>
</tr>
<tr>
<td>Family</td>
<td>$486.53</td>
<td>$411.53</td>
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</table>
Wellness in 2018

At Saint Louis University, we want each employee to realize the power of health. We have a continued partnership with Vitality to bring you a wellness program integrated with your health benefits, in order to achieve our goal of a healthier, happier, and more productive you.

Participation is voluntary, but if you choose to become engaged in the SLU wellness program you will earn a wellness discount of $50 per month for employee only coverage and $75 if both the employee and covered spouse complete the requirements.

How to Receive the Wellness Discount

To receive the wellness discount for 2018, you must complete both the Vitality Check and Vitality Health Review by November 17, 2017. Your covered spouse must also complete both requirements for the spouse discount to apply.

The Vitality Check is free during open enrollment to covered employees and spouses through SSM SLU Hospital Outpatient Services. The Vitality Check biometric screening allows you to learn more about your health risks and general health. The screening includes a blood screening and biometric assessment, which measures your body mass index (BMI), blood pressure, blood glucose, and total cholesterol.

The Vitality Health Review (VHR) is an interactive health risk assessment available online at www.PowerofVitality.com and through Vitality’s mobile app.

Diabetic and Pre-Diabetic Programs

We sponsor programs through UHC which help pre-diabetics and diabetics focus on prevention, control, and ongoing management. Take advantage of these UHC outreach programs and utilize the coaches and resources available to you. In addition to the outreach programs, SLU also sponsors a Diabetes Health Plan, which offers enhanced benefits for diabetes related expenses. If eligible for the program, UHC will reach out to you with more detail. More information can be found at www.uhctogether.com/SLU.
Health Savings Account (HSA)

An HSA is a tax-favored savings account which works in conjunction with your health plan coverage. If you enroll in the QHDHP medical plan and meet all eligibility requirements set by the IRS, you may contribute to an HSA account. Please note, 2017 elections do not carryover to 2018. You must make a new election each year.

An HSA is similar to a checking account; you must have money in the account in order to use it. If you don’t have funds in your HSA and must pay out-of-pocket with cash or another bank account, you can reimburse yourself from the HSA at a later date when the funds are available.

HSA Major Benefits

► Funds always belong to you (even if you leave/retire)
► Funds always rollover to use the following year (no “use it or lose it” provision)
► Your contribution lowers your taxable income

HSA Triple Tax Savings

► Tax-free deductions when you contribute to your account
► Tax-free earnings through investment opportunities
► Tax-free withdrawals for qualified medical expenses

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>2018 HSA Funding Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Coverage</td>
<td>$3,450</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$6,900</td>
</tr>
<tr>
<td>Age 55 or Older</td>
<td>Additional $1,000</td>
</tr>
</tbody>
</table>

SLU Contributes to Your HSA!

Saint Louis University’s HSA is administered through Optum Bank. SLU will continue to contribute money into your Optum Bank administered HSA account, called seed money, based on the tier of medical coverage you elect. In 2018, SLU will contribute the amounts listed below so long as you re-enroll during open enrollment and establish your Optum Bank HSA if newly enrolled.

► Individual coverage—$250       ► Family coverage—$500
Eligibility Requirements

Because there are so many tax advantages with the HSA, there are a few eligibility requirements which you must meet in order to open and contribute to an HSA. To contribute to an HSA, you must meet the following criteria.

► You must be enrolled in a Qualified High Deductible Health Plan, like SLU’s QHDHP plan
► You must not be covered by any other health plan which is not a Qualified High Deductible Health Plan
► You must not be covered by a Healthcare FSA for the tax year in which you will claim your HSA deposits as tax deductions, unless it is a Limited FSA
► You must not be eligible to be claimed as a dependent on someone else’s tax return
► You must not be enrolled in Medicare, TRICARE, or TRICARE for Life
► You must not have received Veterans Administration Benefits within the past 3 months (exception for service related disabilities)

How to Spend Your HSA

This is a list of eligible expenses you can pay for using your HSA savings.

► Medical deductibles and coinsurance payments
► Medical, dental, and vision care services
► Medical, dental, and vision care services for your spouse or dependents, even if they are not covered under the same plan as you
► Medicare premiums and COBRA coverage
► Over the counter medications with a written prescription

As the HSA owner, you are responsible for determining whether a healthcare expense is eligible for reimbursement from your HSA. For a more comprehensive list of eligible and non-eligible HSA expenses please visit irs.gov and view Section 213(d) of the IRS Tax Code.
Flexible Spending Account (FSA)

What is an FSA?

An FSA allows you to set aside pre-tax dollars from your paycheck to cover qualified expenses you would normally pay out of your pocket with after-tax dollars. We partner with ConnectYourCare to offer two types of Flexible Spending Account programs. Keep in mind, you must make a new FSA election every year; current elections will not carry forward.

Healthcare FSA

The Healthcare FSA helps you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. The maximum contribution to the Healthcare FSA is $2,650 per plan year.

Funds you elect to contribute to the Healthcare FSA are available in full on the first day of the plan year. For example, if you elect to contribute $1,000, your full election is available on day 1. You’ll continue to pay for the election pre-tax from your paycheck throughout the plan year.

If you enroll in the Plus plan (or no medical plan at SLU), you are eligible to contribute to the Healthcare FSA.

Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars towards qualified childcare. The maximum amount you may contribute to the Dependent Care FSA is $5,000 (or $2,500 if married and filing separately) per calendar year.

You are eligible to contribute to the Dependent Care FSA regardless of your medical plan enrollment.
Submitting a Claim

Our Healthcare FSA includes a grace period extension which allows an additional 2.5 months for claim reimbursement. If you have money left in your Healthcare FSA and no additional expenses to claim at the end of the year, you do not have to forfeit the balance. Instead, you can use the remaining balance to offset expenses incurred from January 1 through March 15 of the following year. You will have until March 31 of the following year to manually submit claims for reimbursement. Money left in your Healthcare FSA after March 31 will be forfeited.

Reimbursements from your FSA accounts can be processed when you submit either a paper form or online submission through www.connectyourcare.com. You can also set up convenient direct deposit reimbursements to your account. If you do not set up direct deposits, reimbursements will be mailed as a check to you.
## What is the Difference Between an HSA and FSA?

<table>
<thead>
<tr>
<th></th>
<th>Health Savings Account (Available with QHDHP Plan)</th>
<th>Healthcare FSA (Available with Plus Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How Much Can I Contribute Pre-Tax to My Savings Account?</strong></td>
<td>Up to $3,450 for you only coverage and $6,900 for any other coverage level; if you are 55+, the IRS allows you to contribute an additional $1,000 catch-up contribution</td>
<td>Up to $2,650, regardless of dependents being covered on the medical plan</td>
</tr>
<tr>
<td><strong>What Can I Use My Pre-Tax Savings For?</strong></td>
<td>Offset your deductible, copays (if applicable to your plan), coinsurance, prescription drug costs, dental care, vision care, and much more</td>
<td></td>
</tr>
<tr>
<td><strong>Where Can I Find a Comprehensive List of Eligible Expenses?</strong></td>
<td>irs.gov; Section 213 (d) of the IRS Tax Code</td>
<td></td>
</tr>
<tr>
<td><strong>Can I Make Changes to My Contribution Mid-Year?</strong></td>
<td>Yes; you may make contribution changes throughout the plan year</td>
<td>Upon experiencing a qualifying life event only</td>
</tr>
<tr>
<td><strong>When Are My Savings Available to Me?</strong></td>
<td>HSA funds are available shortly after your payroll deduction occurs; you have available to you only those funds that have been payroll deducted and deposited to your account</td>
<td>Healthcare FSAs are fully funded and available for you to use as of January 1 or the date you become eligible to participate</td>
</tr>
<tr>
<td><strong>What Happens to Funds Unused at the End of the Year?</strong></td>
<td>HSA funds always roll over from year to year</td>
<td>The healthcare FSA is a “use it or lose it” benefit; funds you do not use during the year are forfeited to the plan</td>
</tr>
</tbody>
</table>

We have highlighted more details about the HSA and healthcare FSA programs in pages 13 through 16 of this benefits guide.
Orthodontia Services Note
The lifetime maximum illustrated is different from the calendar year maximum. For orthodontia services, this limit does not reset each year, this is the most your plan will cover for your services for the lifetime of your participation in this program.

Dental Insurance Cards
While not required to receive services from a participating dentist, Delta Dental sends ID cards to all new enrollees. If you need an additional card or a replacement card, please call Delta Dental at 314.656.3001 or by going online at www.deltadentalmo.com.

Find an In-Network Provider
Remember to visit in-network providers to receive the deepest level of discount on your services. To find a participating in-network provider in your area go to www.deltadentalmo.com.

Dental
Access to good oral healthcare can help keep your overall health costs down. Regular oral health exams can help detect significant medical conditions before they become serious. For these reasons, we partner with Delta Dental to offer you the ability to choose between two dental plan options. The Flex Plan provides the highest level of benefits and includes adult and child orthodontia. The Basic Plus Plan provides a lower level of benefits with orthodontia coverage for children only. Both plans offer in- and out-of-network benefits.

Your dental benefits and rates will remain the same for the 2018 plan year.

Dental Plan Highlights

<table>
<thead>
<tr>
<th>Schedule of Benefits</th>
<th>Flex Plan Delta Dental PPO</th>
<th>Basic Plus Plan Delta Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>Out-of-network*</td>
<td>In-network</td>
</tr>
<tr>
<td>Network Considerations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance (Plan Pays)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type A: Preventive Care</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Type B: Basic Restorative Services</td>
<td>90%</td>
<td>70%</td>
</tr>
<tr>
<td>Type C: Major Restorative Services</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Type D: Orthodontics</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Deductible (applies to)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Person</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Per Family</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Benefit Maximums</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Benefit Maximum Per Person</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Lifetime Orthodontia Benefit Maximum</td>
<td>$1,000 adult and child (up to age 26)</td>
<td>$1,000 adult and child (up to age 26)</td>
</tr>
<tr>
<td></td>
<td>$1,000 child only (up to age 19)</td>
<td>$1,000 child only (up to age 19)</td>
</tr>
</tbody>
</table>

* Delta Premier Network or non-participating providers
This is a high level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>Flex Plan</th>
<th>Basic Plus Plan</th>
<th>Bi-Weekly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$37.45</td>
<td>$21.91</td>
<td>$17.28</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$73.31</td>
<td>$42.14</td>
<td>$33.84</td>
</tr>
<tr>
<td>Family</td>
<td>$125.52</td>
<td>$75.50</td>
<td>$57.93</td>
</tr>
</tbody>
</table>

2018 Benefits Enrollment
Vision

Because symptoms of health conditions often don’t appear until damage has already occurred, eye exams are a great way to keep tabs on what’s happening in your body. SLU vision insurance coverage, offered in partnership with Vision Service Plan (VSP), is designed to meet a variety of needs.

Your vision benefits and rates will remain the same for the 2018 plan year.

Find an In-Network Provider

Remember to visit in-network providers to receive the deepest level of discount on your services. To find a participating in-network provider in your area, go to www.vsp.com and select the “choice” network.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well Vision Exam</strong></td>
<td>$10 copay</td>
<td>Up to $45 allowance</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$10 copay</td>
<td>Up to $30 allowance</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 copay</td>
<td>Up to $50 allowance</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 copay</td>
<td>Up to $65 allowance</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$150 allowance for a wide selection of frames; $170 allowance for featured frame brands; 20% discount on the amount over your balance</td>
<td>Up to $70 allowance</td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>$150 allowance for contacts; including the contacts lens exam (fitting and evaluation)</td>
<td>Up to $105 allowance</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Every calendar year</td>
<td>Every other calendar year</td>
</tr>
</tbody>
</table>

This is a high level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

<table>
<thead>
<tr>
<th></th>
<th>Monthly Premiums</th>
<th>Bi-Weekly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$7.02</td>
<td>$3.24</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$12.76</td>
<td>$5.89</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>$13.38</td>
<td>$6.18</td>
</tr>
<tr>
<td>Family</td>
<td>$20.66</td>
<td>$9.54</td>
</tr>
</tbody>
</table>

Saint Louis University

Vision Insurance Cards

VSP does not provide vision insurance ID cards. Members are not required to carry or produce a vision card for services at any of our VSP providers offices. Members simply choose a VSP provider and let them know they have VSP coverage. The doctor’s office will request the name of the member and/or patient name, the last 4 digits of the member’s ID (their SSN), and VSP will take care of the rest.

As an alternative, members can download a member-specific ID card on www.vsp.com if having a physical ID card is preferred.

To confirm eligibility in VSP’s system, please contact Customer Service at 800.877.7195.
Voluntary Accident

Accident coverage is designed to help meet the out-of-pocket expenses and extra bills which can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits through Voya are paid directly to you based on the amount of coverage listed in the schedule of benefits. The accident plan is guaranteed issue, so no health questions are required. **Below is a sample list of benefits; it is not all-inclusive.** Claim forms and a full list of benefits are available on SLU’s benefits website.

SLU’s 2018 Accident Plan includes an improved plan design and reduced rates!

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accident Hospital Care</strong></td>
<td></td>
</tr>
<tr>
<td>Surgery (Open Abdominal, Thoracic)</td>
<td>$1,200</td>
</tr>
<tr>
<td>Hospital Confinement</td>
<td>$375/day up to 365 days</td>
</tr>
<tr>
<td><strong>Follow-Up Care</strong></td>
<td></td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>$120</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>$45/treatment</td>
</tr>
<tr>
<td>Prosthetic Device</td>
<td>$750 (1)/$1,200 (2 or more)</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
</tr>
<tr>
<td>Ground Ambulance Transport</td>
<td>$360</td>
</tr>
<tr>
<td>Emergency Room Treatment</td>
<td>$225</td>
</tr>
<tr>
<td><strong>Common Injuries—Dislocations</strong></td>
<td>Closed Reduction/Open Reduction*</td>
</tr>
<tr>
<td>Hip Joint</td>
<td>$3,850/$7,700</td>
</tr>
<tr>
<td>Knee</td>
<td>$2,400/$4,800</td>
</tr>
<tr>
<td>Shoulder</td>
<td>$1,600/$3,200</td>
</tr>
<tr>
<td><strong>Common Injuries—Fractures</strong></td>
<td>Closed Reduction/Open Reduction</td>
</tr>
<tr>
<td>Hip</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Leg</td>
<td>$2,500/$5,000</td>
</tr>
<tr>
<td>Ankle</td>
<td>$1,800/$3,600</td>
</tr>
<tr>
<td>Nose</td>
<td>$600/$1,200</td>
</tr>
<tr>
<td><strong>Wellness Benefit</strong></td>
<td>$100</td>
</tr>
</tbody>
</table>

* Closed reduction is non-surgical reductions of a completely separated joint. Open Reduction is surgical reduction of a completely separated joint.

** The covered employee will receive a single standard annual benefit of $100 for each covered employee and spouse who completes a health screening test. The standard child benefit is 50% of the employee benefit amount, with a maximum of $200 in child benefits payable per calendar year.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Monthly Premiums</th>
<th>Bi-Weekly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$18.42</td>
<td>$8.50</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$32.59</td>
<td>$15.04</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$36.09</td>
<td>$16.66</td>
</tr>
<tr>
<td>Family</td>
<td>$50.26</td>
<td>$23.20</td>
</tr>
</tbody>
</table>
Tuition Remission

All Full-time Faculty, Staff, and Emeritus Faculty may apply for and receive a full waiver of tuition for up to 18 hours per academic year. To be eligible for the benefit, you must be considered a full-time faculty or staff member on the first day of classes for the term during which tuition remission benefits are requested and meet requirements for admission, as well as maintaining satisfactory academic progress. To apply for this valuable benefit, please see the Application Instructions at www.slu.edu/Documents/hr/benefits/ApplicationInstructions.pdf.

In addition, Tuition Remission is available to dependents (spouse or child) of eligible staff or faculty who have been employed in the month at least 3 years prior to the date their dependent enrolls in classes. For more information please visit www.slu.edu/human-resources-home/tuition-benefits.
403(b) Retirement Plan

Saint Louis University offers a voluntary defined contribution plan to all full-time employees, effective on your date of hire. The University 403(b) plan provides one of the best ways to save money for retirement while deferring current income taxes. After one year of continuous service (at least 1,000 hours), the University will begin contributing to the 403(b) plan, provided the employee is participating in the plan.

Contributions to the 403(b) plan are all tax deferred, and contributions made by the University are 100% vested immediately. The University’s contribution is based on the employee’s 403(b) contribution as follows.

<table>
<thead>
<tr>
<th>Employee Contribution</th>
<th>Employer Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>5% (and higher)</td>
<td>10%</td>
</tr>
</tbody>
</table>

Note: contributions to the 403(b) plan are all tax deferred, and contributions made by the University are 100% vested immediately.

Tax deferred investments for the 403(b) plan are available through salary reduction from Teachers Insurance Annuity Association (TIAA). Employees may enroll for the plan online at www.tiaa.org/slu.

More information on SLU’s retirement plans can be found at www.slu.edu/human-resources-home/retirement-and-403(b)-plans.
Life Insurance

Base Plan

**Term Life Insurance**

We know financial security and planning is a top priority for you. This is why Saint Louis University partners with Symetra to provide full-time employees with term life insurance. Your coverage is equal to 1 times your base annual salary up to a maximum of $400,000. Upon reaching age 70, your benefit decreases by 50%. The entire premium for the base plan is paid by Saint Louis University.

*Please note, benefits transitioned from AIG to Symetra, effective October 2017.*

Supplemental Coverage

We also offer a voluntary life insurance option with competitive group rates so you can purchase the additional financial protection you need.

**Employee Coverage**

You may select additional levels of life insurance equal to 1, 2, or 3 times your base annual salary, with a combined maximum amount of $400,000 between the base and optional coverage. The optional insurance will be at your cost. Any changes to your coverage election outside of your new hire eligibility period will require evidence of insurability.

**Spouse Coverage**

If you elect voluntary life coverage for yourself, you can also elect $25,000 in voluntary life coverage for your spouse. Any changes to your coverage election outside of your new hire eligibility period will require evidence of insurability.

**Dependent Coverage**

Dependent child life coverage is available in the amount of $12,500. Dependent children birth to 19 years and full-time students 19 years through age 25 are eligible for this coverage. All dependent child elections are guaranteed issue without needing to provide proof of good health.

**Designating Your Beneficiary**

If you die while covered by this plan, the benefit is paid to the beneficiary (or beneficiaries) you designate. Please make sure your beneficiary information is accurate.

You may change beneficiaries at any time by completing a new Beneficiary Designation Form and submitting it to the Benefits office.

**Want More Information?**

For additional life insurance information including cost of coverage, beneficiary designation forms, and enrollment forms, visit [www.slu.edu/human-resources-home/life-insurance](http://www.slu.edu/human-resources-home/life-insurance).

**PLEASE NOTE**

The Remaining Benefits in this Guide are Not Subject to Open Enrollment for 2018.
Accidental Death and Dismemberment Coverage

Accidental death and dismemberment (AD&D) coverage provides protection if your death is the result of a covered accident. AD&D also provides benefits for the accidental loss of hands, feet, eyesight, speech, or hearing.

Base Plan

The AD&D Program provides coverage equal to 1 times your base annual salary up to a maximum of $600,000. The entire premium for the Base Plan is paid by Saint Louis University.

Supplemental Coverage

Employee Coverage

You may select additional levels of AD&D coverage in units of $10,000 up to $500,000 at the cost of $0.21 per each additional $10,000.

Dependent Coverage

Family AD&D coverage is also available with any 1 of the 3 following options.

- Spouse only: your spouse’s benefit is equal to 50% of your selected benefit
- Spouse and children: your spouse’s benefit is equal to 40% of your selected benefit and 10% for each child
- Children only: your children’s benefit is equal to 15% of your selected benefit

For additional information, please refer to the AD&D webpage through www.slu.edu/human-resources-home/benefits.
Long Term Disability Insurance

Have you considered what would happen if you couldn’t go to work as a result of a disabling illness or accident? Disability insurance goes to work when you can’t.

Long term disability (LTD) protects your family by providing you with a percentage of your income while you are disabled for an extended period of time. SLU’s long term disability coverage provided by Mutual of Omaha is designed to replace a substantial part of lost income in the event of a total disability.

Upon approval by Mutual of Omaha, benefits begin after 3 months of disability or the exhaustion of sick leave not to exceed 6 months. The plan pays 60% of your salary on the date of disability up to $15,000 per month. All LTD benefits are reduced by any award of Workers’ Compensation or Social Security Disability.

Saint Louis University pays the entire cost of this coverage up to a base annual earnings of $36,000. A small payroll deduction is assessed for coverage on base earnings in excess of $36,000.

This coverage is automatic for eligible employees, as a condition of employment after 1 year of full-time service, or if a new employee is transferring from another group disability plan. If transferring from another group disability plan, you must complete and submit the “Certification of Previous LTD Coverage” form within 31 days of your full-time employment date with SLU.

Note: Disability benefits are subject to applicable taxes and are offset by any other income or disability benefits you receive (or are eligible to receive), such as Social Security and workers’ compensation.
Glossary

This glossary defines some of the terms commonly used throughout this guide to describe your benefits.

**Annual Deductible**—the amount of covered medical or dental expenses you pay out-of-pocket each year before the plan pays benefits.

**Annual Out-of-Pocket Maximum**—the most you must pay for eligible medical expenses in a year. Once expenses reach the out-of-pocket maximum, the plan pays 100% of eligible expenses for the rest of the year. Outpatient mental health and substance abuse services continue to be paid at specified plan levels.

**Coinsurance**—the percentage you pay out-of-pocket for covered services under the healthcare plans.

**Copayment**—the fixed amount you pay up front for most in-network services (such as office visits) under the healthcare plans.

**Emergency Condition**—a serious accident or sudden illness with severe symptoms which occurs unexpectedly. An emergency condition is one which could be life-threatening or cause serious bodily harm if not treated immediately (for example, severe bleeding or loss of consciousness).

**Health Savings Account**—is a tax-advantaged medical savings account available to employees enrolled in the HSA medical plan. The funds contributed to an HSA are not subject to federal income tax at the time of deposit and can be used tax-free for eligible expenses.

**Medically Necessary Care**—medical care required to identify and treat an illness or injury. All care must be considered medically necessary by the Plan Administrator for benefits to be paid.

**Network**—a group of independent doctors, hospitals, and other healthcare providers who contract with a plan to provide care at predetermined rates. To participate in the network, providers must adhere to the plan carrier’s quality guidelines.

**Precertification**—a procedure by which your medical plan is notified and pre-approves hospitalization and certain other medical services.

**Primary Care Physician (PCP)**—a network doctor of your choice who coordinates your medical care under the medical plan. A PCP is usually a general practitioner, family practitioner, internist, or pediatrician. Your PCP may be responsible for referring you to specialists, as well as pre-certifying hospitalization.

**Urgent Care**—medically necessary treatment of severe symptoms which occur unexpectedly but are not life-threatening. Urgent care is appropriate when delaying treatment could lead to serious medical problems and when treatment is received in an urgent care center rather than in an emergency room.
Important Contacts

Medical
UnitedHealthcare
Number on ID card or 800.382.4259
www.myuhc.com

Prescription Drug
Express Scripts
Number on ID card or 888.778.8755
www.express-scripts.com

Dental
Delta Dental
800.335.8266 or 314.656.3001
www.deltadentalmo.com

Vision
VSP
800.877.7195
www.vsp.com

Flexible Spending Account
ConnectYourCare
888.339.3819
www.connectyourcare.com

Health Savings Account
OptumBank
800.791.9361 option 1
www.optumhealthfinancial.com

Accident
Voya Financial
888.238.4840
www.voya.com

SLU Benefits Office
314.977.2595
benefits@slu.edu
hr.slu.edu
Required Annual Notices

Saint Louis University is required by law to provide you with the following notices.

Women’s Health and Cancer Rights Act

The Women’s Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections 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 lymphedemas.

The Saint Louis University medical plan provides medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

For deductible and coinsurance information which applies under the medical plan, or if you would like more information on WHCRA benefits, please refer to the summary plan description for the medical plan or contact Benefits at 314.977.2595.

Medicare Part D Creditable Coverage Notice

Important Notice from Saint Louis University About Your Prescription Drug Coverage and Medicare

1. Please read this notice carefully for information about your current prescription drug coverage from Saint Louis 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 important things you need to know about your current coverage and Medicare’s prescription drug coverage.

2. 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) which offers prescription drug coverage. 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.

3. Saint Louis University has determined the prescription drug coverage offered by the medical plan options under the Saint Louis University Welfare Benefit Plan (the "plan") is "creditable." In other words, Saint Louis University has determined that the prescription drug coverage offered by the medical plan options under the plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and, therefore, is considered to be "creditable" coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you decide to later 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 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you do decide to join a Medicare drug plan and drop your current Saint Louis University coverage, be aware you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know if you drop or lose your current coverage with Saint Louis 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 in which 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 Human Resources office for further information, or call UnitedHealthcare at the phone number on the back of your medical ID card.

Please note, you will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, as well as if this coverage through Saint Louis 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 which offer prescription drug coverage is in the “Medicare & You” handbook. You may 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 the “Medicare & You” handbook for their telephone number) for personalized help

► Call 800.MEDICARE (800.633.4227); TTY users should call (TTY 877.486.2048)

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 800.772.1213 (TTY 800.325.0778).

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals, in part, with ensuring that protected health information which identifies you is kept private. You have the right to inspect and obtain a copy of certain protected health information maintained by the Saint Louis University Welfare Benefit Plan (the ”Plan”). In addition, if you believe the protected health information the Plan has about you is incorrect or incomplete, you have the right to request the information be amended. The Plan maintains a notice of privacy practices which provides information to individuals whose protected health information will be used or maintained by the Plan. This notice of privacy practices is available to you. If you would like a copy of the notice of privacy practices, contact Benefits at 314.977.2595.
HIPAA Special Enrollment Rights

The following special enrollment provisions apply under the benefit plans of the Saint Louis University Welfare Benefit Plan (the "Plan").

- If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in the Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

- 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 31 days after the marriage, birth, adoption, or placement for adoption.

- 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 with respect to coverage under the Plan, you may be able to enroll yourself and your dependents in the Plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance. To request special enrollment or obtain more information about the special enrollment provisions of the Plan, contact Benefits at 314.977.2595.

Wellness Program Notice

The Saint Louis University wellness program is a voluntary wellness program provided by Vitality and is available to all employees and spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" (Vitality Health Review) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening (Vitality Check), which will include a blood test. You are not required to complete the HRA or participate in the blood test or other medical examinations.

Employees enrolled in the medical plan who choose to participate in the wellness program will receive a premium discount. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Vitality Customer Care at 877.224.7117 or wellness@powerofvitality.com.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.
Protocols for Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and SLU may use aggregate information it collects to design a program based on identified health risks in the workplace, Vitality will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Elisabeth King at 314.977.2366.
This Benefit Enrollment Guide is only intended to highlight some of the major benefit provisions of the University plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan’s Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.