Balance your

SAINT LOUIS UNIVERSITY



2027

NOTE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 27 for more information.

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Our Commitment To You

Saint Louis University is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our benefits program offers Healthcare, dental, and vision coverage, as well as financial security to our employees and their families. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that is right for you.

Enrollment Information

Do I Need to Enroll?

Before deciding whether you need to enroll in Saint Louis University's health and group benefits, keep in mind that there are many good reasons to take a close look at all the benefits and options Saint Louis University offers you, even if you're already covered under the Saint Louis University benefit plan(s).

You may experience changes from year to year so, it's a good idea to make sure your benefits still fit you — and that you're not paying for more coverage than you need.

You must enroll if you want to:

- Enroll your spouse in the UHC medical plan and complete the Medical Plan Affidavit.
- Change your medical, dental, or vision coverage for next year.
- Contribute to the Healthcare and/or Dependent Care Flexible Spending Accounts (FSAs), even if you are already enrolled.
- Contribute to the Health Savings Account (HSA), even if you are already enrolled.
- Change or enroll in your optional Employee Life Insurance, Dependent Life Insurance, or Accidental Death and Dismemberment (AD&D) Insurance.
- Change or enroll in additional voluntary benefits such as accident, legal, and identity theft.
- If you don't enroll, you may continue with coverage that won't meet your current needs. To enroll, visit Workday and complete your elections by the deadline. You can visit Workday Job Aids for more information.

When Can I Enroll?

As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our annual benefits enrollment period. The Annual Open Enrollment period is from October 26, 2026 through November 13, 2026 with your benefit choices **being effective the following January 1st, 2027.**
Our benefits plan year is January 1st through December 31st.

If you're enrolling as a new employee, you become eligible for benefits on your first day of regular employment, provided online enrollment and dependent verification is submitted within 31 days of the date you become eligible and you meet all eligibility requirements. You may also need to enroll for the next plan year's benefits during the annual enrollment period.

Dependent Eligibility

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your legal spouse and eligible children who depend primarily on you for support. This includes: your own children, legally adopted children, stepchildren, a child for whom you have been appointed legal guardian, and/or a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) requiring you or your spouse to provide coverage.

Medical Plan Affidavit

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

- Are not employed, or are self-employed.
- Are not eligible for coverage through their employer.
- Are not offered qualifying coverage through their employer which provides 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. All spouses remain eligible for the dental, vision, life, and accident plans. This provision does not affect the definition of an eligible child. Completion of the Medical Plan Affidavit will be done on Workday. If your spouse works at another employer, your spouse's employer will be required to complete the Medical Plan Affidavit.

*Employees covered by a collective bargaining agreement (CBA) should refer to their CBA for benefits eligibility.

What's New/What's Changing?

- Medical premiums are increasing.
- Medical plan designs have changed for both in-network and out-of-network benefits.
- There will be a third medical plan called the Advantage Choice Plus Plan for 2027.
- Prescription Drug benefits are now administered by MedOne.

Who Pays

Saint Louis University provides a comprehensive benefits package. Some benefits are 100% paid by the University, some are employee-paid, and others are funded by both. The chart below shows who pays for each benefit.

BENEFIT	YOU PAY	UNIVERSITY PAYS
Medical/Rx Insurance	✓	✓
Dental Insurance	✓	
Vision Insurance	✓	
Health Savings Account (HSA)	✓	✓
Flexible Spending Accounts (FSAs)	✓	
Basic Life and AD&D Insurance		✓
Supplemental Life and AD&D Insurance	✓	
Long-Term Disability Insurance	✓	✓
Retirement Savings Plan (403(b))	✓	✓
Accident Insurance	✓	
Identity Theft Protection	✓	
Legal Insurance	✓	
Auto/Home Insurance	✓	
Employee Assistance Program (EAP)		✓
Wellness Program		✓

Medical Benefits

Each person's Healthcare needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation. Accessing benefits through SLUCare or SSM will result in lower costs to you and your family.

BENEFIT	TRADITIONAL CHOICE PLUS PLAN (FORMERLY UHC PLUS PLAN)		
	SLUCARE & SSM	**In-Network**	**Out-of-Network**
Annual Deductible (Single/Family)	$750/$1,500	$2,500/$5,000	$4,500/$9,000
Out-of-Pocket Maximum (Single/Family)	$3,000/$6,000	$5,000/$10,000	$10,000/$20,000
Coinsurance	15%	25%	40%
Physician Services			
Doctor's Office Visit	$25 Copay	25% After Ded	40% After Ded
Specialist Office Visit	$50 Copay	25% After Ded	40% After Ded
Preventive Care	100% Covered	100% Covered	100% Covered
Hospital Services			
Inpatient	15% After Ded	25% After Ded	40% After Ded
Outpatient	15% After Ded	25% After Ded	40% After Ded
Emergency Care	$250 Copay	$250 Copay	$250 Copay
Urgent Care	$60 Copay	25% After Ded	40% After Ded

PRESCRIPTION DRUGS*	MEDONE TRADITIONAL CHOICE PLUS PLAN	
	MedOne Retail (34-Day Supply)	**MedOne Mail Order (90-Day Supply)**
Prescription Drug Costs		
Tier 1	$10	$25
Tier 2	25% Coinsurance $30 Min-$50 Max	25% Coinsurance $75 Min-$125 Max
Tier 3	50% Coinsurance $50 Min-$100 Max	50% Coinsurance $125 Min-$250 Max
Tier 4	20% Coinsurance to $200	N/A
Preventive Medications	Prices According To Tier	
Out-of-Pocket Maximum (Includes Rx Copays & Coinsurance)		
Single	$1,500	
Family	$3,000	

*In-Network Pharmacy benefits only applies to the Medical Tier 2 deductible and out-of-pocket maximum limit, not Medical Tier 1.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at **www.myuhc.com**.

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.

Medical Benefits

BENEFIT	UHC QHDHP		
	SLUCARE & SSM	**In-Network**	**Out-of-Network**
Health Savings Account SLU Contribution	$400 Single/$800 Family		
Annual Deductible (Single/Family)	$1,750/$3,500	$4,000/$8,000	$6,000/$12,000
Out-of-Pocket Maximum (Single/Family)	$3,000/$6,000	$8,000/$12,000	$12,000/$24,000
Coinsurance	15%	25%	50%
Physician Services			
Doctor's Office Visit	0% After Ded	25% After Ded	50% After Ded
Specialist Office Visit	15% After Ded	25% After Ded	50% After Ded
Preventive Care	100% Covered	100% Covered	100% Covered
Hospital Services			
Inpatient	15% After Ded	25% After Ded	50% After Ded
Outpatient			50% After Ded
Emergency Care			20% After Ded
Urgent Care			50% After Ded

PRESCRIPTION DRUGS*	MEDONE QHDHP	
	MedOne Retail (34-Day Supply)	**MedOne Mail Order (90-Day Supply)**
Prescription Drug Costs		
Tier 1	Medical Deductible, Then 10% Coinsurance*	
Tier 2	Medical Deductible, Then 10% Coinsurance*	
Tier 3	Medical Deductible, Then 25% Coinsurance*	
Tier 4	Medical Deductible, Then 10% Coinsurance*	
Preventive Medications	Covered 100%, No Deductible	
Out-of-Pocket Maximum (Includes Rx Copays & Coinsurance)		
Single	Combined with Medical	
Family	Combined with Medical	

*In-Network Pharmacy benefits only applies to the Medical Tier 2 deductible and out-of-pocket maximum limit, not Medical Tier 1.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at **www.myuhc.com**.

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.

Medical Benefits

BENEFIT	ADVANTAGE CHOICE PLUS PLAN		
PLAN COMPONENT	**SLUCARE & SSM**	**In-Network**	**Out-of-Network**
Medical			
Deductible – Individual	$250	$4,000	$6,000
Deductible – Family	$500	$8,000	$12,000
OOP Max - Individual	$2,700	$8,000	$12,000
OOP Max – Family	$5,400	$16,000	$24,000
Primary Care Visit	$10	30%	40%
Specialist Visit	$20	30%	40%
Diagnostic and Imaging	15%	30%	40%
Inpatient Visit	15%	30%	40%
Outpatient Visit	15%	30%	40%
Urgent Care	$40	30%	40%
Emergency Room	$250	$250	$250
PRESCRIPTION DRUGS*	**MEDONE ADVANTAGE CHOICE PLUS PLAN**		
Generic	$10		$25
Preferred Brand	25% Coinsurance $30 Min – $50 Max		25% Coinsurance $75 Min – $125 Max
Non-Preferred Brand	50% Coinsurance $50 Min – $100 Max		50% Coinsurance $125 Min – $250 Max
Specialty	20% Coinsurance up to $200 Max		N/A
Preventive Medications	Priced According to Tier		
Out-of-Pocket Maximum (Includes Rx Copays & Coinsurance)			
Single	$1,500		
Family	$3,000		

*In-Network Pharmacy benefits only applies to the Medical Tier 2 deductible and out-of-pocket maximum limit, not Medical Tier 1.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at **www.myuhc.com**.

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.

Medical and Prescription Drug Benefits (Continued)

Cost of Coverage

COVERAGE TYPE	MONTHLY PREMIUM		BI-WEEKLY PREMIUM	
	Non-Wellness	With Wellness Discount*	Non-Wellness	With Wellness Discount*
UHC Traditional Choice Plus Plan				
Employee Only	$233.00	$163.00	$107.54	$75.23
Employee and Spouse	$623.00	$518.00	$287.54	$239.07
Employee and Child(ren)	$544.00	$474.00	$251.08	$218.77
Employee and Family	$858.00	$753.00	$396.00	$347.54
UHC Traditional Choice Plus Plan – Employees Earning Up To $43,340				
Employee Only	$79.00	$9.00	$36.46	$4.15
Employee and Spouse	$435.00	$330.00	$200.77	$152.30
Employee and Child(ren)	$360.00	$290.00	$166.15	$133.84
Employee and Family	$647.00	$542.00	$298.62	$250.15
UHC Traditional Choice Plus Plan – Employees Earning $150,000 Or More				
Employee Only	$253.00	$183.00	$116.77	$84.46
Employee and Spouse	$682.00	$577.00	$314.77	$266.30
Employee and Child(ren)	$594.00	$524.00	$274.15	$241.84
Employee and Family	$933.00	$828.00	$430.61	$382.15

*The “With Wellness Discount” premiums listed assume the maximum $105 for spousal coverage situations. Rates may be higher if both employee and spouse do not complete requirements. For details on the wellness discount, see page 13.

Medical and Prescription Drug Benefits (Continued)

Cost of Coverage

COVERAGE TYPE	MONTHLY PREMIUM		BI-WEEKLY PREMIUM	
	Non-Wellness	With Wellness Discount*	Non-Wellness	With Wellness Discount*
UHC Qualified High-Deductible Health Plan				
Employee Only	$139.00	$69.00	$64.15	$31.84
Employee and Spouse	$413.00	$308.00	$190.62	$142.15
Employee and Child(ren)	$354.00	$284.00	$163.38	$131.08
Employee and Family	$556.00	$451.00	$256.62	$208.15
UHC Qualified High-Deductible Health Plan – Employees Earning $150,000 Or More				
Employee Only	$158.00	$88.00	$72.92	$40.61
Employee and Spouse	$464.00	$359.00	$214.15	$165.69
Employee and Child(ren)	$396.00	$326.00	$182.77	$150.47
Employee and Family	$626.00	$521.00	$288.92	$240.46

*The "With Wellness Discount" premiums listed assume the maximum $105 for spousal coverage situations. Rates may be higher if both employee and spouse do not complete requirements. For details on the wellness discount, see page 13.

Medical and Prescription Drug Benefits (Continued)

Cost of Coverage

COVERAGE TYPE	MONTHLY PREMIUM		BI-WEEKLY PREMIUM	
	Non-Wellness	With Wellness Discount*	Non-Wellness	With Wellness Discount*
UHC Advantage Choice Plus Plan				
Employee Only	$224.00	$154.00	$103.38	$71.08
Employee and Spouse	$594.00	$489.00	$274.15	$225.69
Employee and Child(ren)	$517.00	$447.00	$238.62	$206.31
Employee and Family	$815.00	$710.00	$376.15	$327.70
UHC Advantage Choice Plus Plan – Employees Earning up to $43,340				
Employee Only	$70.00	$0.00	$32.31	$0.00
Employee and Spouse	$205.00	$100.00	$94.62	$46.15
Employee and Child(ren)	$120.00	$50.00	$55.38	$23.08
Employee and Family	$305.00	$200.00	$140.77	$92.31
UHC Advantage Choice Plus Plan – Employees Earning $150,000 or More				
Employee Only	$243.00	$173.00	$112.15	$79.84
Employee and Spouse	$649.00	$544.00	$299.53	$251.07
Employee and Child(ren)	$564.00	$494.00	$260.31	$228.00
Employee and Family	$886.00	$781.00	$408.93	$360.47

Medical Benefits

Know Where to Go for Care

At Saint Louis University, your health and well-being are important to us. That's why we offer comprehensive medical and prescription drug coverage, along with helpful resources to support your care, manage your health, and make informed Healthcare decisions.

Choosing the right place for care can help you save time and money while getting the treatment you need. Use the chart below as a guide when deciding where to seek care.

CARE OPTION	BEST FOR	YOUR COST*
Virtual Care - $	Doctors available 24/7 via video with UHC Telehealth services. Schedule a visit for non-urgent matters such as: • Colds and flu symptoms • Allergies • Sinus infections • Bronchitis	100%, $10, or $25
Primary Care Provider (PCP) - $$	For care during normal office hours, see your PCP (in-person or virtually) who can provide follow-up care. Visit your doctor for: • Preventive care • Annual physical • Vaccinations • Cold or flu symptoms • Medication refills	100%, $10, or $25
Specialist - $$$	Care for specific medical conditions requiring specialized expertise, often by referral from your PCP. Go to a specialist for: • Complex conditions • Orthopedic care • Metabolic disorders • Cancer treatment	15%, $20, or $50
Urgent Care - $$$$	If your PCP is unavailable and you need care now, seek care at an in-network urgent care. An urgent care can treat: • Minor fractures • Strains/Sprains • Minor infections • Rashes • Small cuts	15%, $40, or $60
Emergency Room (ER) - $$$$$	In a medical emergency, go to the ER or call 911 immediately. Seek urgent attention at an ER: • Chest pain • Difficulty breathing • Severe bleeding • Major injuries • Stroke symptoms	15% or $250

*Cost shares vary by plan. For more details, review our plan documents.

SLUCare/SSM Partnership

Saint Louis University is proud to partner with SLUCare and SSM Health as our Tier One Healthcare network. Through this partnership, employees and their families have access to a comprehensive system of physicians, specialists, hospitals, urgent care centers, and outpatient services dedicated to delivering coordinated, high-quality care. By choosing Tier One providers, participants receive the highest level of plan benefits and lower out-of-pocket costs, making quality care more affordable and accessible. This partnership reflects SLU's commitment to supporting the health and well-being of our employees through convenient access to trusted local Healthcare providers.



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 Walgreens Take Care Clinics, are also a part of the Tier 1 network.

To find an SSM Tier 1 physician, visit **www.SSMHealth.com** and search for providers listed as SSM Health Medical Group or SLUCare Physician Group. To find SLUCare providers and locations, visit **www.slucare.com**.

Importance of Primary Care

Human Resources partners with SLUCare/SSM to increase access and availability of primary care services. 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 can be found at **www.getcare.ssmhealth.com**.



Tier Clarification

- Tier 1 is for services provided by SLUCare physicians, SSM employed physicians, and SSM facilities.
- Tier 2 is for services provided by UnitedHealthcare contracted physicians, hospitals, and ancillary services (Choice Plus network). Note that all in-network pharmacy benefits apply to the Tier 2 deductible and out-of-pocket maximum accumulators only.
- Tier 3 is for services provided at non-UHC contracted physicians, hospitals, and ancillary services, and therefore out-of-network.

Wellness Programs & Resources

2027 Wellness Initiatve Discount

To qualify for the Wellness Initiative Discount, both the employee and the eligible spouse must complete the following each year:

- Establish a relationship with a primary care provider (internist, family medicine, or OB/GYN).
- Complete an annual wellness visit with that primary care provider.

Important: Biometric screenings will no longer be accepted as a substitute for completing these wellness requirements.

Employees who complete these steps will be eligible for a **$70 monthly discount** on medical and prescription drug premiums. If a covered spouse also completes the requirements, an additional **$35 monthly discount** will apply, for a total possible discount of **$105 per month**.

Additionally, if you elect coverage under the Advantage Choice Plus Plan, have income of $43,340 or less, and complete a wellness visit with your PCP, you will receive free employee only coverage.

Employee Well-Being Program

SLU's Employee Well-Being Program sponsors wellness-related activities throughout the year, focusing on physical, social-emotional, intellectual, financial, and spiritual wellness. Living healthier and reaching your health goals is easy and fun with the Saint Louis University Wellness Portal.

This free well-being portal provides all the guidance, resources, and support to help you work towards a healthier lifestyle. Enroll today by visiting **https://enroll.personifyhealth.com**.



Additional Health & Well-Being Resources

Employee Assistance Program (EAP)

Saint Louis University offers an employee assistance program through ComPsych. Employees and their family members can access resources for emotional well-being, work-life balance, financial concerns, and more.

For more information, visit **www.guidanceresources.com** with the Company ID "slueap."

UHC Advocate4Me

UHC Advocate4Me provides personalized support to help you navigate your benefits and make informed decisions about your care. Whether you need help understanding your benefits and claims, resolving a bill, finding a provider, learning about prescriptions, or exploring programs and resources, dedicated advocates are available to assist you. UHC offers 24/7 virtual visits to talk with a doctor anytime, anywhere from your mobile device or computer. For assistance, call the number on your health plan ID card, sign in to myuhc.com, or use the United Healthcare app.

Virtual Care

Connect with care wherever you are through United Healthcare Virtual Care options:

- 24/7 Virtual Visits for minor illnesses such as colds, flu, rashes, and UTIs.
- Virtual Primary Care for preventive care, chronic condition management, and prescription refills.
- Virtual Specialty Care for needs such as dermatology, migraines, speech therapy, sleep health, and more.

For access, visit **myuhc.com** or use the UnitedHealthcare App then go to Find Care & Costs > Virtual Care to select a provider.

Digital Health Tools

Manage your benefits anytime with the UnitedHealthcare app, **myuhc.com**, and Avery, UnitedHealthcare's digital benefits assistant. These tools make it simple to stay connected to your benefits.

1. Access your digital ID card and plan documents.
2. View claims, balances, and deductible information.
3. Find network providers and estimate costs.
4. Explore additional health and wellness resources.
5. Get quick answers to benefit questions with Avery.

For more information, visit **myuhc.com** or download the UnitedHealthcare app.

OnePass Select

Stay active with access to a nationwide fitness network through OnePass Select. Some highlights include:

- Access to 20,000+ gyms
- 35,000+ online classes
- Multiple membership tiers along with the option to switch tiers monthly
- No long-term contracts
- Additional member perks and discounts

One Pass Select is a voluntary, employee-paid program with a subscription.

You can enroll online at **www.onepassselect.com** and register your account.

Provider Search and Price Transparency Assistance

- Through UHC and MedOne search and pricing tools, you will be able to search for in-network providers and price shop your services and prescriptions.
- For UHC, you can access cost estimators on **myUHC.com**, or download the UnitedHealthcare app to connect with your account and better track your spending.
- For MedOne, you can visit myMedOne Member Portal through **www.medone-rx.com** to compare prescription drug prices at pharmacies in the area, review coverage information, and identify potential savings opportunities.

2027 Voluntary Dental Benefits

Saint Louis University dental benefits are provided by Delta Dental. See below chart for plan designs.

If you are pregnant, diabetic, have a suppressed immune system, or have a history of periodontal therapy, you are eligible to receive two (2) additional cleanings per benefit period. To receive these benefits, complete the Self-Report form at **www.deltadental.com**.

BENEFIT	FLEX PLAN		BASIC PLUS PLAN	
	PPO Network	Premier/ Out-of-Network	PPO Network	Premier/ Out-of-Network
Annual Maximum (Per Person)	$1,500	$1,500	$1,000	$1,000
Annual Deductible (Single/Family)	$50/$150	$50/$150	$25/$75	$25/$75
Preventive Services	0% No Deductible	0% No Deductible	0% No Deductible	50% No Deductible
Basic Services	10% After Deductible	30% After Deductible	30% After Deductible	65% After Deductible
Major Services	40% After Deductible	60% After Deductible	60% After Deductible	80% After Deductible
Orthodontia Services	50% for All Members	60% for All Members	50% for Children to Age 19 Only	75% for Children to Age 19 Only
Orthodontia Lifetime Maximum	$1,500	$1,500	$1,000	$1,000
MONTHLY PER-PAYCHECK DEDUCTIONS				
Employee Only	$40.06		$23.11	
Employee + Spouse	$84.13		$48.52	
Employee + Child	$96.15		$55.45	
Family	$140.22		$80.87	
BI-WEEKLY PER-PAYCHECK DEDUCTIONS				
Employee Only	$18.49		$10.67	
Employee + Spouse	$38.83		$22.39	
Employee + Child	$44.38		$25.59	
Family	$64.72		$37.32	

CADE Dental School:

The Dental Specialties of Saint Louis University offers orthodontic care, endodontic care, periodontic care and general pediatric dentistry. Learn more about how to become a patient. We offer several different levels of treatment and we have discounts that include SLU employee and family discounts. Fees collected at the time of service go toward the operation of CADE's clinics and make it possible for us to offer dental services at a discount.

Our charges for endodontic and periodontic services are generally 50 to 60 percent less than fees charged in private practices in the St. Louis area. Fees for orthodontic services are generally 30 percent less than those charged in the St. Louis area for private practice.

Dental Specialties of Saint Louis University accepts most insurance plans, cash, MasterCard, Visa, American Express, Discover, CareCredit and personal checks. Pediatric Dentistry is the only clinic that accepts Medicaid or Medicare. Full payment is due at time of service unless other arrangements have been made. For more information, contact us at **1-314-977-8600**.

2027 Voluntary Vision Benefits

Saint Louis University vision benefits are offered through VSP. See below chart for plan design. Visit **vsp.com** to view additional benefits available to you and your family.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Exam	$10 Copay	Up To $45 Allowance
Lenses		
Single	$10 Copay	Up to $30 Allowance
Bifocal	$10 Copay	Up to $50 Allowance
Trifocal	$10 Copay	Up to $65 Allowance
Frames	$150 Allowance for a Wide Selection of Frames; $170 Allowance for Featured Frame Brands; 20% Discount on the Amount Over Your Balance	Up to $70 Allowance
Contact Lenses Instead of Glasses	$150 Allowance for Contacts and Lenses Exam (Fitting and Evaluation)	Up to $105 Allowance
Frequency		
Exams, Lenses, Frames	Every Calendar Year	
Frames	Every Other Calendar Year	
MONTHLY PER-PAYCHECK DEDUCTIONS		
Employee Only	$6.99	
Employee + Spouse	$12.71	
Employee + Child(ren)	$13.32	
Family	$20.57	
BI-WEEKLY PER-PAYCHECK DEDUCTIONS		
Employee Only	$3.23	
Employee + Spouse	$5.87	
Employee + Child(ren)	$6.15	
Family	$9.49	

NOTE: ID card not required for vision services.

HSA vs. FSA

Health Savings Account (HSA)

How Flexible Spending Accounts (FSAs) Work

If you enroll in the UHC QHDHP, you will have access to a Health Savings Account (HSA) through Optum. An HSA allows you to save pre-tax money for eligible Healthcare expenses. Saint Louis University also provides a contribution to your account.

You must actively re-enroll in the HSA each year. You are not automatically re-enrolled.

Pay Expenses

You can use your HSA to pay for eligible expenses on a tax-free basis, including copays, deductibles, prescriptions, dental, and vision expenses. A full list is available at **www.irs.gov**.

Saving for the Future

Your HSA funds roll over each year, so you can continue building your savings over time. You can invest your HSA dollars after your balance exceeds $2,000. The money is yours to keep, even if you leave Saint Louis University or retire.

HOW MUCH CAN YOU CONTRIBUTE?	2027 IRS CONTRIBUTION LIMIT	SAINT LOUIS UNIVERSITY CONTRIBUTION[2]	YOUR MAXIMUM CONTRIBUTION AMOUNT
Employee Only Coverage	$4,500	$400	$4,100
Family Coverage	$9,000	$800	$8,200

[1]Individual limits may be lower based on your specific situation. Please see page 8 and 9 of the Optum HSA Guide. NOTE: Limits may vary for highly compensated employees.
[2]If signing up for an HSA on/after 7/1 each year, you will receive half of the contribution. If enrolling after 12/15, you will receive none of the contribution.
[3]Company contributions will be deposited with the 1st paycheck after 1/1/2027, or the next available payroll.

NOTE: If an individual reaches age 55 by the end of the calendar year, the individual can contribute an additional $1,000.
NOTE: Amounts change yearly per IRS guidelines.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax money to pay for eligible expenses. Saint Louis University offers three FSA options through Optum healthcare, limited purpose, and dependent care.

Healthcare FSAs

General Healthcare FSA: If you are enrolled in the Traditional Choice Plus Plan or the Advantage Choice Plus Plan, you are eligible to open a general Healthcare FSA. You can use this FSA to pay for eligible medical, prescription drug, dental, and vision expenses.

Limited Purpose Healthcare FSA: If you are enrolled in the QHDHP, you are eligible to open a Limited Purpose Healthcare FSA. You can use this FSA to pay for eligible dental and vision expenses.

Dependent Care FSA

Use your Dependent Care FSA to pay for eligible childcare or elder care expenses, such as daycare, preschool, after-school programs, summer day camp, or in-home care.

How It Works

During Open Enrollment, you can decide how much you want to contribute to your FSA throughout the year. Your contributions are deductible from your paycheck on a pre-tax basis in equal amounts throughout the year. Use your FSA funds for eligible expenses by submitting claims to Optum for reimbursement, or use your FSA card if available.

You must actively re-enroll in your FSA each year. You are not automatically re-enrolled.

PLAN	ANNUAL MAXIMUM CONTRIBUTION
Healthcare Flexible Spending Account*	$3,400
Dependent Care Flexible Spending Account	$7,500 ($3,750 If Married and Filing Separate Tax Returns)

*See IRS Publications 502 and 504 for a complete list of expenses covered.

NOTE: Limits may vary for compensated employees.

Use It or Lose It

FSA funds do not roll over each year, so ensure you estimate your expenses carefully.

- **Healthcare FSA:** You may incur additional claims or spend your remaining balance for an additional 2.5 months; any funds leftover will be forfeited.
- **Dependent Care FSA:** You may submit claims for an additional 4 months; any leftover funds will be forfeited.

Income Protection Benefits

Disability and Life Insurance

Saint Louis University provides disability and life insurance benefits through The Hartford to help protect your income and provide financial security for you and your family.

Long-Term Disability Insurance

Saint Louis University provides Long-Term Disability (LTD) Insurance through The Hartford to protect your finances when your disability continues beyond the period covered by your sick/leave time.

FEATURE	LONG-TERM DISABILITY (LTD)
Benefit Amount	60% of Base Monthly Earnings, up to $15,000 per Month.
Who Pays?	The University Pays the Full Cost up to Base Annual Earnings of $36,000; Employees Pay LTD Premiums on Earnings Above $36,000.
Example	If Annual Earnings Are $50,000, the Monthly Premium Is Based on the Remaining $14,000, or $3.27 per Month.
Eligibility	Automatic After One Year of Full-Time Service*
EOI	Required for New or Increased Coverage if This Is Not Your First Time Eligible to Elect This Benefit.

*Unless covered by a collective bargaining agreement or coverage has been waived.

Life and AD&D Insurance

Saint Louis University provides Basic Life and AD&D coverage at no cost to you and offers additional coverage options you may purchase.

FEATURE	BASIC LIFE & AD&D Employer Paid	EMPLOYEE SUPPLEMENTAL LIFE & AD&D Employee Paid	SPOUSE SUPPLEMENTAL LIFE & AD&D Employee Paid	DEPENDENT SUPPLEMENTAL LIFE & AD&D Employee Paid
Benefit Amount	Life: 1× Annual Earnings up to $400,000 AD&D: 1× Annual Earnings up to $600,000	1, 2, or 3× Annual Earnings up to $600,000	$25,000	$12,500
EOI	Not Required	Required for New or Increased Coverage if This Is Not Your First Time Eligible.	Required for New or Increased Coverage if This Is Not Your First Time Eligible.	Not Required
Limitations	Benefits Reduce by 50% at Age 70	Benefits Reduce by 50% at Age 70	Subject to Plan Provisions	Coverage Available Through Age 26

Accident Insurance

Saint Louis University gives you the option to purchase Voluntary Accident Insurance through Voya. This coverage pays benefits directly to you if you or a family member has a covered accident or injury.

Accidents can happen when you least expect them, and the costs can increase quickly. Voluntary Accident Insurance can help with expenses related to covered injuries, such as emergency transportation, hospital stays, concussions, fractures, and dislocations. You can use the benefit payment however you need, including deductibles, copays, rehabilitation, transportation, childcare, or everyday expenses.



How it Works

If you have a covered accident or sickness, Voya pays a set cash benefit based on the injury, condition, and care you receive.

You choose how to use the money, whether for medical bills or everyday expenses.

Plan highlights

Cash benefits are paid directly to you for covered accidents, sicknesses, and related care.

- Benefit amounts are based on the type of injury and treatment needed.
- A $375 sickness hospital confinement benefit is available for covered sickness-related stays.
- A $100 wellness benefit is available when you, your spouse, or your child completes a qualifying health screening.
- **This coverage works alongside your medical plan and does not replace medical insurance.**

2027 Accident Insurance Premiums

PAYCHECK DEDUCTIONS	MONTHLY	BI-WEEKLY
Employee Only	$16.58	$7.65
Employee + Spouse	$29.33	$13.54
Employee + Child(ren)	$32.48	$14.99
Family	$45.23	$20.88

Important coverage notes

- Policies and certificates include exclusions and limitations that may affect benefits. Coverage provisions and covered conditions may vary or be unavailable in some states. See the Summary Plan Description for complete details.



MetLaw Legal Insurance

You have access to experienced attorneys for many legal services, financial planning, and unlimited advice through MetLaw. Whether you plan to purchase a home, start a family, estate planning, or are caring for elderly parents, MetLaw can help provide legal assistance to you and your loved one.

Covered services include:

- Estate Planning Documents
- Financial Matters
- Family and Elder Law Services
- Real Estate Matters
- Immigration Assistance
- Traffic Offenses
- Document Preparation

For more information, visit **https://info.legalplans.com/Home/** using access code 9902368.

2027 Legal Plan Premiums

PAYCHECK DEDUCTIONS	MONTHLY	BI-WEEKLY
Family	$18.00	$8.31



LifeLock Identity Theft Protection

LifeLock helps provide you with peace of mind with comprehensive all-in-one protection for your identity, personal information, and connected devices. LifeLock offers fraud detection, identity restoration, threat prevention, enhanced privacy, financial insights, and scam detection.

Everyday things like online shopping, banking, and even browsing can expose personal information and make you vulnerable to cybercriminals and identity theft. LifeLock helps monitor your personal accounts and sends you alerts if they detect potential threats to your identity. If you should become a victim of identity theft, LifeLock will work to resolve it. Their multi-layered, advanced security helps protect against existing and emerging malware threats to your devices and helps protect your private and financial information when you go online. For more information, visit **www.norton.com/benefitpremier**.

PAYCHECK DEDUCTIONS	MONTHLY	BI-WEEKLY
Employee Only (18+ Yrs Old)	$11.49	$5.30
Employee + Family	$22.98	$10.61



Auto/Home Insurance

As a Saint Louis University employee, you have access to auto and home insurance from Farmers GroupSelect. This program provides you with special savings, outstanding customer service, and a full suite of products. In addition to auto and homeowners insurance, MetLife offers a variety of other policies and endorsements, including: condo, renters, personal excess liability, boat, and motorcycle. You may apply for auto and home insurance through this program for eligible group members at any time. Take advantage of these savings today and call **1-855-628-2330** and mention your discount code CMS.

Phone Number: **1-800-438-6381** Website: **www.farmers.com/groupselect.**



Retirement Savings 403(b) and Retirement Plan

All employees are eligible to participate in the 403(b) Retirement Savings Plan beginning on their date of hire.

To help employees start saving for retirement, eligible employees are automatically enrolled in the plan at a 2% contribution rate after 30 days of employment unless they choose to opt out through TIAA at **www.tiaa.org/slu**. Employees may elect to change their contribution rate, make investment elections, or opt out of the plan at any time through their TIAA account.

The 403(b) plan allows you to contribute up to 70% of your eligible earnings through convenient payroll deductions. Contributions may be made on either a:

- Pre-tax basis, which reduces your taxable income today, or
- Roth (after-tax) basis, which may provide tax-free qualified withdrawals in retirement.

All contributions are subject to annual IRS limits.

Employees who enroll in the plan are also eligible to receive the University's matching contribution. Matching contributions become 100% vested after three years of service, meaning you will have full ownership of the University's matching contributions at that time.

For additional information about plan features, investment options, eligibility, and contribution limits, visit the Retirement and 403(b) Plans webpage:

https://www.slu.edu/human-resources/benefits/financial/retirement-403b-plans.php

The plan administrator is TIAA. You can contact them **1-800-842-2252** or visit **www.tiaa.org/slu**.



Tuition Assistance Benefits

Saint Louis University offers generous educational benefits to support the academic and professional development of employees and their families. Eligible **full-time faculty and staff may receive a full tuition waiver for up to 18 credit hours per academic year** for undergraduate or graduate coursework at SLU. While tuition is waived, employees are responsible for applicable fees and course materials. Applications are submitted through Workday and remain active as long as eligibility requirements are met.

In addition, eligible spouses and dependent children may qualify for **Tuition Remission** benefits, and dependent children may be eligible to apply for the **Tuition Exchange** and **FACHEX** scholarship programs, which provide opportunities to attend participating colleges and universities across the country, including other Jesuit institutions. Eligibility requirements and service requirements apply.

Learn more about tuition benefits and eligibility requirements through Human Resources or in Workday.



Benefits Administrator Information

If you have any questions regarding eligibility, benefit plans or enrollment periods or would like additional information, contact the person responsible for benefits at your facility.

Get More Information

BENEFIT	WHO TO CALL	WEBSITE/EMAIL	PHONE NUMBER
Medical	UnitedHealthcare	www.myuhc.com or UnitedHealthcare® app	Number on ID Card or 1-888-842-4571
Prescription Drug	MedOne	https://www.medone-rx.com/	Number on ID Card or 1-866-335-9057
Dental	Delta Dental	www.deltadentalmo.com	1-800-335-8266 or 1-314-656-3001
Vision	VSP	www.vsp.com	1-800-877-7195
Life & AD&D Claims	SLU Benefits Office	benefits@slu.edu https://www.slu.edu/human-resources/benefits/index.php	1-314-977-2595
Long-Term Disability Claims	The Hartford	http://www.abilityadvantage.thehartford.com	1-888-301-5615
Flexible Spending Accounts	Optum Financial	http://www.optumfinancial.com	1-844-973-3923
Health Savings Account	OptumBank	www.optumbank.com	1-800-791-9361, Option 1
Voluntary Accident	Voya Financial	https://presents.voya.com/EBRC/SaintLouisUniversity	1-800-955-7736
Identity Theft Protection	LifeLock	http://www.norton.com/benefitpremier	1-800-607-9174
Legal Insurance	MetLaw	members.legalplans.com	1-800-821-6400
Employee Assistance Program	ComPsych	www.guidanceresources.com Company ID slueap	1-800-859-9319
Retirement Savings 403(b) Plan	TIAA	www.tiaa.org/SLU	1-800-842-2252
Home and Auto Insurance	Farmers GroupSelect	www.farmers.com/groupselect	1-800-438-6381
Enrollment Support	ALEX®	https://www.start.myalex.com/slu	
SLU Benefits Office		benefits@slu.edu https://www.slu.edu/human-resources/benefits/index.php	1-314-977-2595
PSLF (Savi)	Savi	partners+tiaa@bysavi.com	1-833-382-3175
Personify Health	Personify	https://personifyhealth.com/	1-888-607-6019

ABOUT THIS GUIDE: Actual plan provisions for Saint Louis University ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets (**https://www.slu.edu/human-resources/benefits/summary-plan-descriptions.php**). The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Updated: October 2026

GLOSSARY

Affordable Care Act (ACA)

Also called Healthcare Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Employer Contribution

Each year, the company provides you with an amount of money that you can apply toward the cost of your Healthcare premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-deductible health plan (hdhp)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for Healthcare expenses on a federal tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, may be eligible for investment, and is owned by you—even if you leave the company.

Out-of-pocket maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive care

Healthcare services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at **https://www.slu.edu/human-resources/benefits/health-wellness/medical-dental-vision.php**; you may also request a copy free of charge by calling **1-314-977-2360**.

Enclosed are important notices about your rights under your health and welfare plan (The Saint Louis University Welfare Benefit Plan), the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of May 6, 2026 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Saint Louis University reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Saint Louis University Welfare Benefit Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Saint Louis University Welfare Benefit Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

SLU Benefits Office
3545 Lindell Blvd
St. Louis, MO 63103

If you have any questions, please contact the SLU Benefits Office at **1-314-977-2595**.

Patient Protection Notice

The Saint Louis University Welfare Benefit Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UnitedHealthcare at **1-800-382-4259**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from The Saint Louis University Welfare Benefit Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a Healthcare professional in-network who specializes in obstetrics or gynecology. The Healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating Healthcare professionals who specialize in obstetrics or gynecology, contact the UnitedHealthcare at **1-800-382-4259**.

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 including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- 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 medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **1-314-977-2595**.

Newborns' and Mothers' Health Protection Act Disclosure

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).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Optum Financial at **1-888-339-3819** for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

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

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with 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 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. Saint Louis University has determined that the prescription drug coverage offered by the The Saint Louis University Welfare Benefit 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 through December 7th.

However, if you lose (or are losing) 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 Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Saint Louis University coverage will not be affected.

Your Saint Louis University coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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 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 that you did not have that coverage. For example, if you go 19 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 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 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call **1-800-MEDICARE** (**1-800-633-4227**). TTY users should call **1-877-486-2048**.

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.ssa.gov**, or
- Call **1-800-772-1213**.
  TTY users should call **1-800-325-0778**.

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).

Date: September 28, 2026
Name of Entity/Sender: Saint Louis University
Contact: SLU Benefits Office
Address: 3545 Lindell Blvd
St. Louis, MO 63103
Phone Number: **1-314-977-2595**
Email: **benefits@slu.edu**

YOUR ERISA RIGHTS

As a participant in the Saint Louis University benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued Healthcare coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: **https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices**.

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA's website on the Internet at: **https://www.dol.gov/agencies/ebsa**.

General Notice of Continuation Coverage Rights Under COBRA

Introduction

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 an 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 (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child.

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Saint Louis University, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA 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;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- 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 31 days after the qualifying event occurs. You must provide this notice to the Human Resources Department.

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.

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, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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**.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

NOTE: **https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start**.

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/agencies/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

The Saint Louis University Welfare Benefit Plan
SLU Benefits Office
3545 Lindell Blvd
St. Louis, MO 63103
1-314-977-2595

Summaries of Benefits and Coverage (SBCs)

Availability Notice

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.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: **https://www.slu.edu/human-resources/benefits/index.php**. A paper copy is also available, free of charge, by calling **1-314-977-2595** (a toll-free number).

Notice Regarding Wellness Program

Reasonable Alternative Standard Notice for Health Contingent Wellness Programs

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **1-314-977-2360** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC Notice Regarding Wellness Program

St. Louis University offers a voluntary wellness program available to all employees. 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. You will also be asked to complete a biometric screening, which will include blood pressure, cholesterol, triglycerides, glucose, and HbA1c. Any other results collected during your screening will only be provided to you by the screener.

You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of $840 annually for an employee and an additional $420 annually for covered spouses. Although you are not required to 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 the Human Resources Department at **1-314-977-2360**.

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.

Protections From 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 Saint Louis University may use aggregate information it collects to design a program based on identified health risks in the workplace, St.Louis University 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.

The only individual(s) who will receive your personally identifiable health information are your doctor and health team in order to provide you with services under the wellness program.

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 the benefits office at **1-314-977-2595** OR **benefits@slu.edu**.

HIPAA special enrollment rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Saint Louis University group health 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). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources Department at **1-314-977-2360**.

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, 2026. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid
   Website: http://myalhipp.com/
   Phone: 1-855-692-5447
2. 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
3. ARKANSAS – Medicaid
   Website: http://myarhipp.com/
   Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid
   Health Insurance Premium Payment (HIPP) Program
   Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/
   Phone: 916-445-8322
   Fax: 916-440-5676
   Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
   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
6. FLORIDA – Medicaid
   Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
   Phone: 1-877-357-3268
7. 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
8. ILLINOIS – Medicaid
   Illinois Medicaid Premium Assistance Information
   Medicaid application website: https://abe.illinois.gov
   HIPP Hotline Number: 217-524-8268
   HIPP Email: mhfs.boc.hipp@illinois.gov
9. INDIANA – Medicaid
   Health Insurance Premium Payment Program
   All other Medicaid
   Website: https://www.in.gov/medicaid/
   http://www.in.gov/fssa/dfr/
   Family and Social Services Administration
   Phone: 1-800-403-0864
   Member Services Phone: 1-800-457-4584
10. IOWA – Medicaid and CHIP (Hawki)
    Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
    Medicaid Phone: 1-800-338-8366
    Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
    Hawki Phone: 1-800-257-8563
    HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
    HIPP Phone: 1-888-346-9562
11. KANSAS – Medicaid
    Website: https://www.kancare.ks.gov/
    Phone: 1-800-792-4884
    HIPP Phone: 1-800-967-4660
12. 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://kynect.ky.gov
    Phone: 1-877-524-4718
    Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
13. LOUISIANA – Medicaid
    Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana
    Medicaid Customer Service Line: 1-888-342-6207
    Louisiana Medicaid email: healthy@la.gov
    Louisiana Health Insurance Premium Program (LaHIPP)
    Website: https://www.ldh.la.gov/lahipp
    LaHIPP phone: 1-877-697-6703
    LaHIPP email: La.HIPP@la.gov
    LaHIPP fax: 1-888-716-9787
    LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
14. MAINE – Medicaid
    Enrollment Website: https://www.mymaineconnection.gov/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: 1-800-977-6740
    TTY: Maine relay 711
15. MASSACHUSETTS – Medicaid and CHIP
    Website: https://www.mass.gov/masshealth/pa
    Phone: 1-800-862-4840
    TTY: 711
    Email: masspremassistance@accenture.com
16. MINNESOTA – Medicaid
    Website: https://mn.gov/dhs/health-care-coverage/
    Phone: 1-800-657-3672
17. MISSOURI – Medicaid
    Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
    Phone: 573-751-2005
18. MONTANA – Medicaid
    Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
    Phone: 1-800-694-3084
    Email: HHSHIPPProgram@mt.gov
19. NEBRASKA – Medicaid
    Website: http://accessnebraska.ne.gov
    Phone: 1-855-632-7633
    Lincoln: 402-473-7000
    Omaha: 402-595-1178
20. NEVADA – Medicaid
    Medicaid Website: http://dhcfp.nv.gov
    Medicaid Phone: 1-800-992-0900
21. 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. 15218
    Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
22. NEW JERSEY – Medicaid and CHIP
    Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/
    Phone: 1-800-356-1561
    CHIP Premium Assistance Phone: 609-631-2392
    CHIP Website: http://www.njfamilycare.org/index.html
    CHIP Phone: 1-800-701-0710 (TTY: 711)
23. NEW YORK – Medicaid
    Website: https://www.health.ny.gov/health_care/medicaid/
    Phone: 1-800-541-2831
24. NORTH CAROLINA – Medicaid
    Website: https://medicaid.ncdhhs.gov/
    Phone: 919-855-4100
25. NORTH DAKOTA – Medicaid
    Website: https://www.hhs.nd.gov/healthcare
    Phone: 1-844-854-4825
26. OKLAHOMA – Medicaid and CHIP
    Website: http://www.insureoklahoma.org
    Phone: 1-888-365-3742
27. OREGON – Medicaid
    Website: http://healthcare.oregon.gov/Pages/index.aspx
    Phone: 1-800-699-9075
28. PENNSYLVANIA – Medicaid and CHIP
    Website: https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
    Phone: 1-800-692-7462
    CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
    CHIP Phone: 1-800-986-KIDS (5437)
29. RHODE ISLAND – Medicaid and CHIP
    Website: http://www.eohhs.ri.gov/
    Phone: 1-855-697-4347, or
    401-462-0311 (Direct RIte Share Line)
30. SOUTH CAROLINA – Medicaid
    Website: https://www.scdhhs.gov
    Phone: 1-888-549-0820
31. SOUTH DAKOTA – Medicaid
    Website: http://dss.sd.gov
    Phone: 1-888-828-0059
32. TEXAS – Medicaid
    Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
    Phone: 1-800-440-0493
33. UTAH – Medicaid and CHIP
    Utah's Premium Partnership for Health Insurance (UPP)
    Website: https://medicaid.utah.gov/upp/
    Email: upp@utah.gov
    Phone: 1-888-222-2542
    Adult Expansion Website: https://medicaid.utah.gov/expansion/
    Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
    CHIP Website: https://chip.utah.gov/
34. VERMONT – Medicaid
    Website: https://dvha.vermont.gov/members/medicaid/hipp-program
    Phone: 1-800-250-8427
35. 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
    Medicaid/CHIP Phone: 1-800-432-5924
36. WASHINGTON – Medicaid
    Website: https://www.hca.wa.gov/
    Phone: 1-800-562-3022
37. WEST VIRGINIA – Medicaid and CHIP
    Website: https://bms.wv.gov
    http://mywvhipp.com/
    Medicaid Phone: 304-558-1700
    CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
38. WISCONSIN – Medicaid and CHIP
    Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
    Phone: 1-800-362-3002
39. WYOMING – Medicaid
    Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
    Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2026, 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









SAINT LOUIS UNIVERSITY