

You can't
predict the future,
but you can
prepare for it.



SAINT LOUIS UNIVERSITY BENEFITS ENROLLMENT GUIDE 2020



SAINT LOUIS
UNIVERSITY.
— EST. 1818 —



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 health care, 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.

Benefit Options

Saint Louis University provides a full range of benefits that address your needs now and in the future.

For Your Health

- Medical Insurance
- Prescription Drug Benefits
- Dental Insurance
- Vision Insurance

For Your Financial Health

- Life Insurance and AD&D
- Long-Term Disability Insurance
- Accident Insurance
- 403(b) Retirement Savings Plan
- Identity Theft Protection (NEW)
- Legal Insurance (NEW)

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:

- Change your medical, dental, or vision coverage for next year.
- Contribute to the Health Care 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 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 ID theft.
- If you don't enroll, you may continue with coverage that won't meet your current needs. To enroll, visit [Banner.SLU.edu](https://www.slu.edu/banner) and complete your elections by the deadline. Instructions are available online at <https://www.slu.edu/human-resources/benefits/health/open-enrollment.php>.

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 11th through October 25th, 2019** with your benefit choices being effective the following January 1st, 2020. 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.

Spousal 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. The University reserves the right to require completion of the spousal affidavit in order for a spouse to be covered on SLU's medical plan.

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

Medical Insurance

Each person's health care 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.

MEDICAL BENEFITS	UHC PLUS PLAN			UHC QHDHP		
	SLU CARE AND SSM	IN-NETWORK	OUT-OF-NETWORK	SLU CARE AND SSM	IN-NETWORK	OUT-OF-NETWORK
Annual Calendar Year Deductible						
Single	\$350	\$750	\$2,000	\$1,500	\$1,750	\$3,500
Family	\$700	\$1,500	\$4,000	\$3,000	\$3,500	\$7,000
Out-of-Pocket Maximum (includes deductibles and copays)						
Single	\$1,750	\$2,000	\$6,000	\$1,750	\$3,500	\$7,000
Family	\$3,500	\$4,000	\$12,000	\$3,500	\$7,000	\$14,000
Coinsurance	10%	20%	40%	10%	20%	40%
Physician Services						
Doctor's office visit	\$10 Copay	20% after ded.	40% after ded.	0% after ded.	20% after ded.	40% after ded.
Specialist office visit	\$20 Copay			10% after ded.		
Preventive care	100% covered	100% covered	100% covered	100% covered	100% covered	100% covered
Hospital Services						
Inpatient	10% after ded.	20% after ded.	40% after ded.	10% after ded.	20% after ded.	40% after ded.
Outpatient						
Emergency Care	\$150 Copay	\$150 Copay	\$150 Copay	10% after ded.	20% after ded.	20% after ded.
Urgent Care	\$60 Copay	\$60 Copay	40% after ded.	10% after ded.	20% after ded.	40% after ded.
Pregnancy and Maternity Care (prenatal)	100% covered after the first visit	100% covered after the first visit	40% after ded.	100% covered	100% covered	40% after ded.
Health Savings Account SLU Contribution	\$0			\$400 Single/\$800 Family		

PRESCRIPTION DRUG BENEFITS	PLUS PLAN		QHDHP	
	EXPRESS SCRIPTS RETAIL (34-DAY SUPPLY)	EXPRESS SCRIPTS MAIL ORDER (90-DAY SUPPLY)	EXPRESS SCRIPTS RETAIL (34-DAY SUPPLY)	EXPRESS SCRIPTS MAIL ORDER (90-DAY SUPPLY)
Prescription Drug Cost				
Tier 1	\$10	\$25	Medical deductible, then 10% coinsurance	
Tier 2	25% coinsurance \$30 min - \$50 max	25% coinsurance \$75 min - \$125 max	Medical deductible, then 10% coinsurance	
Tier 3	50% coinsurance \$50 min - \$100 max	50% coinsurance \$125 min - \$250 max	Medical deductible, then 25% coinsurance	
Tier 4	20% coinsurance to \$200	N/A	Medical deductible, then 10% coinsurance	
Preventive Medications	Prices according to tier		Covered 100%, no deductible	
Out-of-Pocket Maximum (Includes Rx Copays and Coinsurance)				
Single	\$1,500		Combined with Medical	
Family	\$3,000		Combined with Medical	

COVERAGE TYPE	MONTHLY PREMIUM		BI-WEEKLY PREMIUM	
	NON-WELLNESS	WITH WELLNESS DISCOUNT	NON-WELLNESS	WITH WELLNESS DISCOUNT
UHC Plus Plan				
Single	\$168.00	\$118.00	\$77.54	\$54.46
Employee + Spouse	\$456.00	\$381.00	\$210.46	\$175.85
Employee + Child(ren)	\$396.00	\$346.00	\$182.77	\$159.69
Family	\$616.00	\$541.00	\$284.31	\$249.69
UHC Qualified High Deductible Health Plan				
Single	\$93.00	\$43.00	\$42.92	\$19.85
Employee + Spouse	\$300.00	\$225.00	\$138.46	\$103.85
Employee + Child(ren)	\$255.00	\$205.00	\$117.69	\$94.62
Family	\$393.00	\$318.00	\$181.38	\$146.77
UHC Plus Plan - Employees Earning up to \$38,505				
Single	\$50.00	\$0.00	\$23.08	\$0.00
Employee + Spouse	\$338.00	\$263.00	\$156.00	\$121.38
Employee + Child(ren)	\$278.00	\$228.00	\$128.31	\$105.23
Family	\$498.00	\$423.00	\$229.85	\$195.23

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

Preventive and Non-preventive Services

Preventive care services are those that are generally linked to routine wellness exams. Non-preventive services are those that are considered treatment or diagnosis for an illness, injury, or other medical condition. There may be limits on how often you can receive preventive care treatments and services. You should ask your health care provider whether your visit is considered preventive or non-preventive care. Examples of preventive care include:

- Annual routine physicals
- Bone-density tests, cholesterol screening
- Immunizations, mammograms, Pap smears, pelvic exams, PSA exams
- Sigmoidoscopies, colonoscopies

Copayments

A copayment (copay) is the fixed dollar amount you pay for certain in-network services. In some cases, you may be responsible for coinsurance after a copay is made.

Annual Deductible

Your annual deductible is the amount of money you must first pay out-of-pocket before your plan begins paying for covered services. Some services, such as office visits, require copays and do not apply to the deductible.

After you meet your deductible, the plan pays for a percentage of eligible expenses (coinsurance) until you meet your out-of-pocket maximum. If you receive services from an out-of-network provider, the plan pays a lower percentage of coinsurance. Refer to your health care plan summaries for more information.

Coinsurance

Coinsurance is the percentage of covered expenses shared by the employee and the plan. In some cases, coinsurance is paid after the insured meets a deductible. For example, if the plan pays 90% of an in-network covered charge, you pay 10%.

Out-of-Pocket Maximum

The out-of-pocket maximum limits the amount you will pay out of your own pocket for eligible health care expenses. Once you reach that maximum, the plan begins to pay 100% of eligible expenses. There may be separate in- and out-of-network annual out-of-pocket maximums. Copays, deductibles and coinsurance accumulate toward your out-of-pocket maximum.

Importance of Primary Care

Human Resources partners with SLUCare and the Department of 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 can be found at www.slu.edu/family-and-community-medicine-home/mycare-medical-home.

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)
- Tier 3 is for services provided at non-UHC contracted physicians, hospitals and ancillary services, and therefore out-of-network

SLUCare/SSM Partnership

Continuing for 2020, 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.

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.edu.

An up-to-date listing of Tier 1 providers can be found at www.slu.edu/human-resources/benefits/health/medical-dental-vision.php. You may also call UnitedHealthcare to verify a physician or facility's tier status.

Vitality Screenings for SLU Employees

For employees of Saint Louis University only. Your screening will include height, weight, blood pressure, calculation of body mass index (BMI), glucose, hemoglobin A1C (this is a measurement of your average blood sugar over the past 3 months) and a cholesterol screening (HDL, LDL and Triglycerides). For the glucose and cholesterol testing, it is **REQUIRED** that you fast for 8 hours prior to your screening appointment. This means **NOTHING** to eat or drink except for water. Take your medications as normal with water. **Results can be obtained by logging onto MyChart or can be sent to you via inter-office mail.**

All Monday - Friday screenings through September 27 will be held at **SLU Simon Recreational Center, 3639 Laclede Ave., St. Louis, MO 63108.** All Monday - Friday screenings September 28 - November 1 and all Saturday and Sunday appointments will be held at **SLU Hospital Outpatient Services, 3655 Vista Ave., St. Louis, MO 63110.**

Register Now

For questions or to cancel or change an appointment, please call **1-314-685-3398.**

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. SLU also offers a Diabetes Health Plan, which offers enhanced benefits for diabetes related expenses. If you are eligible for the program, UHC will reach out to you with more detail. Additional information can be found at www.uhctogether.com/SLU.

CONTROLLING HEALTH CARE COSTS

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

- Use network and Tier 1 providers. You will receive a higher level of benefits if you use providers who participate in the network.
- Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.
- Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

If we become more aware consumers, we can each do our part to lower the cost of health care!

Compass Health - To Access QHDHP Provider Options

If you enroll in the QHDHP, Compass is your champion for simpler, smarter healthcare. From finding doctors to getting cost estimates to solving billing problems, Compass is here to help. You can rely on your **Compass Health Pro® Consultant** to empower you to take control of your health care costs. Compass is simple to use and available to both you and your family. To use Compass, download the Compass app (available in the App Store and Google Play) or call **1-800-513-1667 ext. 5565.**

ALEX - For Help Selecting a Medical Plan

Remember, you can always get additional information from **ALEX®**, your personal virtual benefits counselor/assistant! ALEX will help you select the best benefit plan for you and your family. When you talk to ALEX he'll ask you a few questions about your health care needs, crunch some numbers, and point out what makes the most sense for you. And anything you tell ALEX remains anonymous, so don't be afraid to share your information. Oh, and he's available on any computer or mobile device!

Voluntary Dental & Vision Benefits

Dental

BENEFIT	FLEX PLAN		BASIC PLUS PLAN	
	PPO NETWORK	PREMIER/OUT-OF-NETWORK	PPO NETWORK	PREMIER/OUT-OF-NETWORK
ANNUAL CALENDAR YEAR MAXIMUM				
Calendar Year Deductible (Single/Family)	\$50/\$150	\$50/\$150	\$25/\$75	\$25/\$75
Preventive Services	0% no deductible	0% no deductible	0% no deductible	50% after 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
Calendar Year Max (per person)	\$1,500	\$1,500	\$1,000	\$1,000
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	\$1,000	\$1,000	\$1,000	\$1,000
MONTHLY PER-PAYCHECK DEDUCTIONS				
Single		\$37.45		\$21.91
Two-Person		\$73.31		\$42.14
Family		\$125.52		\$75.50
BI-WEEKLY PER-PAYCHECK DEDUCTIONS				
Single		\$17.28		\$10.11
Two-Person		\$33.84		\$19.45
Family		\$57.93		\$34.85

Vision

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		
Exam, Lenses, Contacts		Every calendar year
Frames		Every other calendar year
MONTHLY PER-PAYCHECK DEDUCTIONS		
Employee Only		\$7.02
Employee + Spouse		\$12.76
Employee + Child(ren)		\$13.38
Family		\$20.66
BI-WEEKLY PER-PAYCHECK DEDUCTIONS		
Employee Only		\$3.24
Employee + Spouse		\$5.89
Employee + Child(ren)		\$6.18
Family		\$9.54

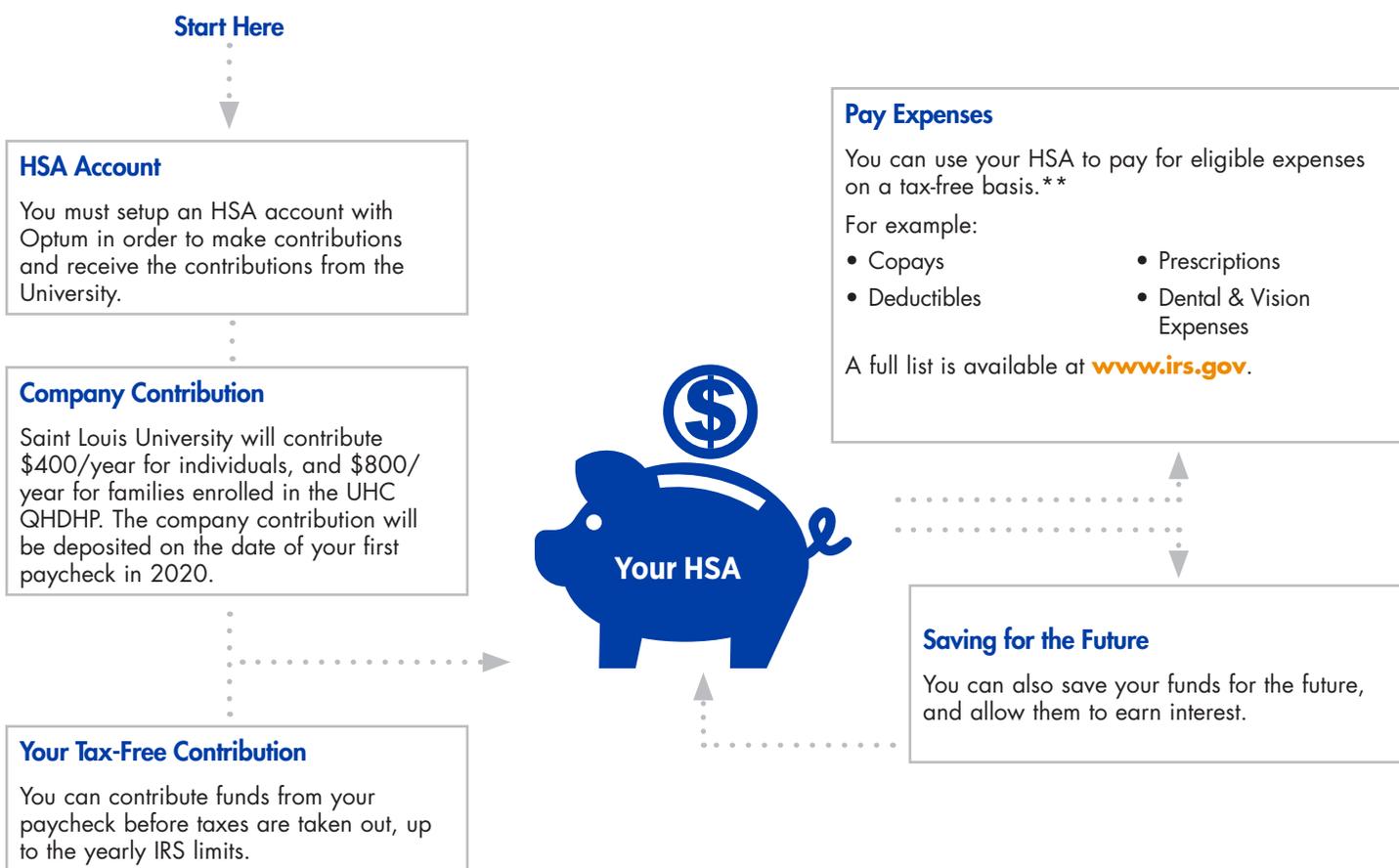
*ID Card not required for vision services.

Health Savings Account

If you enroll in the UHC QHDHP, you'll have access to a Health Savings Account (HSA). You can think of your HSA as a personal savings account for your health care expenses, with some impressive tax advantages. The account even includes a contribution from Saint Louis University that can be a big help throughout the year. **The University contribution increased for 2020 from \$250 to \$400 for employee only coverage and from \$500 to \$800 for family coverage.**

HOW MUCH CAN YOU CONTRIBUTE?	2020 IRS CONTRIBUTION LIMIT	SAINT LOUIS UNIVERSITY CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION AMOUNT
Employee Only Coverage	\$3,550*	\$400	\$3,150
Family Coverage	\$7,100*	\$800	\$6,300

* If an individual reaches age 55 by the end of the calendar year, he or she can contribute an additional \$1,000.



Let's break it down.

- You and Saint Louis University can add funds into the HSA that are not subject to federal income taxes** up to the IRS limits.
- The HSA allows you to pay for qualified medical expenses with these tax-free funds.
- The account can earn interest on a tax-free basis, and you are allowed to roll funds over year after year.
- If you leave Saint Louis University, or retire, you can take your HSA with you.

**Any reference to taxes is at the federal level. State tax rules may vary.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Saint Louis University offers two types of Flexible Spending Accounts — a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.

How Flexible Spending Accounts Work

1. Each year during the open enrollment period, you decide how much to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. As you incur health care or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. Or use your FSA card to pay for eligible expenses at the point of sale. You will not be paying out-of-pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note that these accounts are separate — you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

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

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account**	\$2,700	Co-pays, deductibles, orthodontia, over-the-counter medications, etc.*
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.*

*See IRS Publications 502 and 503 for a complete list of covered expenses.
**Not available if QHDHP is elected.

Disability

If you are out of work for an extended period of time due to a disabling injury or illness, disability insurance is designed to replace a portion of your income, and help you maintain your lifestyle. Unfortunately, avoiding disability is becoming more and more unlikely. According to the Social Security Administration, just over one in every four of today's 20 year-olds will become disabled before they reach retirement age.* At this rate, making sure that you have disability coverage in place is a smart move.

Long-Term Disability Insurance

Saint Louis University provides long-term disability insurance to protect your finances when your disability continues beyond the period covered by your sick/leave time. Available long-term disability benefits equal 60% of base earnings up to \$15,000 per month.

Coverage is automatic as a condition of employment, after one year of full-time service, for employees not covered by a collective bargaining agreement. New employees may be eligible immediately if they are transferring from another group disability plan and complete and submit a certification of previous LTD coverage within 31 days of hire date.

The University pays the entire cost of coverage up to a base annual earnings of \$36,000. Employees pay for coverage on earnings above \$36,000.

* U.S. Social Security Administration, Fact Sheet, February 7, 2013

The policies or their provisions may vary or be unavailable in some states. If you live in a state that has statutory disability benefits, your benefits under these plans may be offset by any statutory disability benefits received. The policies have exclusions and limitations that may affect any benefits payable.

Accident Insurance



You don't have to be especially clumsy to experience accidents. These events are all too common, and so are the high medical expenses that come with them.

Accidents are unplanned and unpredictable, but the financial impact that they have on you doesn't have to be either of those things. Voluntary accident insurance pays direct benefits for a range of injuries and accident-related expenses, such as hospital transportation and admission, concussions, fractures and dislocations.

Benefit amounts are based on the type of injury and treatment needed. No matter how great your medical plan is, you will have to share the costs of medical care and rehabilitation that follow an accident. Accident insurance is designed to help you pay for out-of-pocket expenses that insurance doesn't cover, like copays and deductibles, but the benefit payout can be used however you'd like.

The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.

Below is a small summary of the benefits available to you through the accident plan:

SERVICE	BENEFIT AMOUNT
Common Injuries—Dislocations	
Hip Joint	\$3,850/\$7,700
Knee	\$2,400/\$4,800
Shoulder	\$1,600/\$3,200
Common Injuries—Fractures	
Hip	\$3,000/\$6,000
Leg	\$2,500/\$5,000
Ankle	\$1,800/\$3,600
Kneecap	\$1,800/\$3,600
Nose	\$600/\$1,200
Wellness Benefit Completion of a health screening, including height, weight, blood pressure, calculation of body mass index (BMI), glucose, hemoglobin A1C (average blood sugar over the past 3 months) and a cholesterol screening (HDL, LDL and Triglycerides)	\$100/employee or spouse \$50/child (max of 4)
Sickness Hospital Confinement Benefit	\$100/day for employee or spouse \$75/day for children

MetLaw Legal Insurance - NEW!

We'll all need an attorney at some point in our lives, whether it's when starting a family, buying a house or caring for elderly parents. But it doesn't have to be expensive - or stressful. With MetLaw, you can have access to legal expertise for **\$18 per month**. This covers you and your dependents. For more information, visit www.info.legalplans.com using access code 9902368.

Money Matters	<ul style="list-style-type: none"> Identity Theft Defense Personal Bankruptcy Identity Management Services 	<ul style="list-style-type: none"> Tax Audit Representation Debt Collection Defense Negotiations with Creditors 	<ul style="list-style-type: none"> Tax Collection Defense Promissory Notes Financial Education Workshops
Home & Real Estate	<ul style="list-style-type: none"> Foreclosure Tenant Negotiations Boundary & Title Disputes Deeds Mortgages 	<ul style="list-style-type: none"> Sale or Purchase of Primary and Vacation Home Eviction Defense Property Tax Assessments Security Deposit Assistance 	<ul style="list-style-type: none"> Refinancing & Home Equity Loan of Primary and Vacation Home Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Simple Wills Complex Wills Revocable & Irrevocable Trusts 	<ul style="list-style-type: none"> Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Healthcare Proxies Living Wills Codicils
Family & Personal	<ul style="list-style-type: none"> Adoption Guardianship Conservatorship Prenuptial Agreement Name Change Review of ANY Personal Legal Document 	<ul style="list-style-type: none"> Juvenile Court Defense Including Criminal Matters Parental Responsibility Matters School Hearings Demand Letters Personal Property Issues 	<ul style="list-style-type: none"> Affidavits Garnishment Defense Protection from Domestic Violence Review of Immigration Documents
Civil Lawsuits	<ul style="list-style-type: none"> Civil Litigation Defense Disputes Over Consumer Goods & Services 	<ul style="list-style-type: none"> Small Claims Assistance Administrative Hearings 	<ul style="list-style-type: none"> Incompetency Defense Pet Liabilities
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for Issues related to your parents: Medicare Medicaid 	<ul style="list-style-type: none"> Prescription Plans Nursing Home Agreements Leases Notes 	<ul style="list-style-type: none"> Deeds Wills Powers of Attorney
Vehicle & Driving	<ul style="list-style-type: none"> Repossession Defense of Traffic Tickets (does not cover DUI) 	<ul style="list-style-type: none"> Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension due to DUI

LifeLock Identity Theft Protection - NEW!

LifeLock helps provide you with peace of mind with comprehensive all-in-one protection for your identity, personal information and connected devices.

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 <https://www.slu.edu/human-resources/benefits/legal-services-identity-protection.php>.

RATES	
Employee Only (18+ yrs old)	\$11.49/month
Employee + Family	\$22.98/month

Life Insurance Options

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

Basic Term Life and Accidental Death and Dismemberment Insurance

Saint Louis University provides eligible employees with basic term life and accidental death and dismemberment coverage at no cost to you and enrollment is automatic.

- **BASIC TERM LIFE:** The benefit is equal to 1 times your base annual earnings to a maximum of \$400,000. Upon reaching age 70, your benefit decreases by 50%.
- **ACCIDENTAL DEATH AND DISMEMBERMENT:** If you are seriously injured or lose your life in an accident, you will be eligible for an AD&D payout of 1 times your base annual salary up to a maximum of \$600,000. Reduction schedule applies after age 70.

Supplemental Life Insurance

You may also choose to purchase supplemental life insurance and AD&D coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deduction.

- **EMPLOYEE:** 1, 2, or 3 times your base salary, to a maximum amount of \$600,000. At age 70, benefit reduces by 50%.
- **SPOUSE:** If you elect voluntary life coverage for yourself, you can also elect \$25,000 in voluntary coverage for your spouse. Any changes to your coverage outside of your new hire eligibility period will require evidence of insurability.
- **CHILDREN:** Coverage is available in the amount of \$12,500. Dependent children birth to 26 years are eligible for coverage.

Supplemental Accidental Death and Dismemberment Insurance*

You may elect Accidental Death and Dismemberment (AD&D) for yourself and your family members to provide protection in the event of death as a result of a covered accident. Accidental Death and Dismemberment (AD&D) also provides benefits for the accidental loss of hands, feet, eyesight, speech, or hearing.

*Employees covered by Local 1 CBA are not eligible.



Retirement Savings 403(b) and Retirement Plan

All employees are eligible to participate in the 403(b) plan on the date you are employed by the University. Enrollment in the plan may be made at any time, subject to the timely completion of the enrollment through www.tiaa.org/SLU.

The 403(b) plan allows you to invest up to 70% of your regular earnings on a pre-tax basis through automatic regular payroll deductions, up to the limits put in place by the IRS.

In addition, after one year of service, you will be eligible to participate in the retirement plan. For any contributions up to 5% of your pay, Saint Louis University will match \$2 for every dollar you invest.

For additional information regarding any of the plan provisions, please consult the Retirement and 403(b) Plans [webpage](#). The 403(b) and Retirement Plan administrator is TIAA. You can contact them at **1-800-842-2252** or visit their website at www.tiaa.org/SLU.

How to Get More Information

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER
Medical	UnitedHealthcare	www.myuhc.com	Number on ID Card or 1-800-382-4259
Mail Order Prescription Drug	Express Scripts	www.express-scripts.com	Number on ID Card or 1-888-778-8755
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 and 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	Cigna	www.mycigna.com	1-888-842-4462
Flexible Spending Accounts	ConnectYourCare	www.connectyourcare.com	1-888-339-3819
Health Savings Account	OptumBank	www.optumhealthfinancial.com	1-800-791-9361, option 1
Voluntary Accident	Voya Financial	www.voya.com	1-888-238-4840
Identity Theft Protection	LifeLock	https://www.slu.edu/human-resources/benefits/legal-services-identity-protection.php	1-800-607-9174
Legal Insurance	MetLaw	www.info.legalplans.com , using Access Code 9902368	1-800-821-6400
Employee Assistance Program	ComPsych	www.guidanceresources.com	1-800-859-9319
Retirement Savings 403(b) Plan	TIAA	www.tiaa.org/SLU	1-800-842-2252
QHDHP Decision Support	Compass Health	cedric.harris@compassphs.com	1-800-513-1667 ext. 5565
Enrollment Support	ALEX	https://www.myalex.com/SLU/2020#intro	
SLU Benefits Office		benefits@slu.edu https://www.slu.edu/human-resources/benefits/index.php	1-314-977-2595

NOTE: This statement is intended to summarize the benefits you receive from Saint Louis University. The actual determination of your benefits is based solely on the plan document provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.

Updated 10/2019

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, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Saint Louis University reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

Reminder of Availability of Privacy Notice

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

Human Resources Department
3545 Lindell Blvd
WoolCenter 100
St. Louis, MO 63103

If you have any questions, please contact the Saint Louis University Human Resources Office at **1-314-977-2595**.

Women's Health and Cancer Rights Act

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications for all stages of a mastectomy, including lymphedema (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

If you have any questions, please contact the Saint Louis University Human Resources Department 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 the Saint Louis University Human Resources Department at **1-314-977-2595** 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.

This guide contains information about the creditable status of the Rx coverage.

Please note: Notices on Medicare Part D coverage appear later in this document.

Medicare Part D Notice of Creditable Coverage

Your Options

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 SLU Medical Plan through United Healthcare 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 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. If you do decide to join a Medicare drug plan and drop your current Saint Louis University coverage, be aware that 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 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 nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through 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.socialsecurity.gov
- or call: **1-800-772-1213** (TTY: **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: 11/1/2018
Name of Entity/Sender: Saint Louis University
Contact: Human Resources Department
Saint Louis University
Address: 3545 Lindell Blvd
WoolCenter 100
St. Louis, MO 63103
Phone Number: **1-314-977-2595**

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 health care 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 this summary plan description governing the plan on the rules governing your COBRA continuation coverage rights.
- Reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have credible coverage from another plan. You should be provided a certificate of credible coverage, free of charge, from your group health plan or health insurance issuer when:
 - You lose coverage under the plan;
 - You become entitled to elect COBRA continuation coverage;
 - You request it up to 24 months after losing coverage.

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, you may file suit in a federal court. 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. This should occur 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 of the Employee Benefits Security Administration, U.S. Department of Labor at the following address:

U.S. Department of Labor
333 Greenway Drive
Lawrence, KS 66046-1290
Tel: **1-886-463-3278**

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 and Employer Hotline of the Employee Benefits Security Administration at: **1-866-275-7922**. You may also visit the EBSA's web site on the Internet at: <http://www.dol.gov/ebsa>.

Continuation Coverage Rights Under COBRA

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

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 when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional 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 (www.healthcare.gov). 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 coverage would otherwise end because of a life event known as 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 are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happens:

- 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."

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. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Saint Louis University Human Resources.

How is COBRA 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. Any qualified beneficiary who does not elect COBRA within the 60-day election period specified in the election notice **will lose his or her right to elect COBRA.**

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. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Continuation Coverage Rights Under Cobra

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension. **The DOL regulations require the COBRA notice to contain a description of the plan's procedures for providing notices to the administrator of a determination by the SSA --- it must include the name of the appropriate party to whom the notice must be given, a description of any additional plan procedures for this notice and a description of any required information or documentation.**

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

If your family experiences another qualifying event while receiving 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Other Coverage Options

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

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), 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 the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of 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

For further information regarding the plan and COBRA continuation, please contact:

Human Resources Department
3545 Lindell Blvd
Wool Center 100
St. Louis, MO 63103
1-314-977-2595

Summaries of Benefits and Coverage (SBCs)

As required by the Affordable Care Act, Summaries of Benefits and Coverage (SBCs) are available on the Saint Louis University website. If you would like a paper copy of the SBCs (free of charge), you may also call **1-314-977-2595**.

Saint Louis University is required to make SBCs available that summarize important information about health benefit plan options in a standard format, to help you compare across plans and make an informed choice. The health benefits available to you provide important protection for you and your family and choosing a health benefit option is an important decision.

Notice Regarding Wellness Program

The Vitality Program is 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. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" 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, which will include a blood test. The biometric screening may include additional tests; the only results which will be provided to the wellness program include: Height; Weight; 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 complete the HRA or to participate in the blood test or other medical examinations.

Although you are not required to complete the HRA or participate in the biometric screening, only employees and spouses/domestic partners covered on the Saint Louis University's health plan who do so will be eligible for discounts on health insurance premiums.

Additional incentives of up to \$600 in Vitality HealthyFood and \$750 in Wellness Rebates may be available for employees who participate in certain health-related activities, utilize the online resources or achieve certain health goals. 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. Through the Vitality Program, many reasonable alternatives are available, or you may print a medical waiver for your doctor to review. In the event that this is inadequate, you may request a reasonable accommodation or an alternative standard by contacting University Benefits at benefits@slu.edu.

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, such as suggesting health resources and setting Vitality Goals. 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, The Vitality Group 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 The SLU Benefits Office at [1-314-977-2595](tel:1-314-977-2595).

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, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicaidassistance/healthinsurancepremiumpaymenthipprogram/index.htm Phone: 1-800-692-7462
ALASKA - Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	MISSOURI – Medicaid Website: http://www.dss.mo.gov/hnd/participants/pages/hipp.htm Phone: 573-751-2005	RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 Direct Rite Share Line: 401-462-0311
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHIP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHIP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHIP+ Customer Service: 1-800-359-1991/ State Relay 711	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	NEVADA – Medicaid Medicaid Website: http://dhcp.nv.gov Medicaid Phone: 1-800-992-0900	TEXAS – Medicaid Website: http://gethiptexas.com/ Phone: 1-800-440-0493
GEORGIA – Medicaid Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext 5218	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/issa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
IOWA – Medicaid Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
KENTUCKY – Medicaid Website: https://chfs.ky.gov Phone: 1-800-635-2570	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicaidserv/medicaid/ Phone: 1-844-854-4825	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
LOUISIANA – Medicaid Website: http://dh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840		

To see if any other states have added a premium assistance program since July 31, 2019, 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

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP) continued

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email bsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

Glossary

ACA (Patient Protection and Affordable Care Act)

Also called Health Care Reform, the intent of the Affordable Care Act is to make affordable health care available to all Americans. 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 limits on medical benefits, reduced FSA contributions, free preventive care, etc.

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.

Copay (Copayment)

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 month, the company provides you with an amount of money that you can apply toward the cost of your health care 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.

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 health care expenses on a 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, can be invested, 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 Annual 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 Annual Enrollment.

Preventive care

Health care 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 American Medical Association.



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