



## Employee Benefits Enrollment Guide

Plan Year: January 1, 2022 – December 31, 2022



# Pick the best benefits for you and your family.

Wiley College strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you’re getting the most out of our benefits—that’s why we’ve put together this Benefits Enrollment Guide.

Benefits enrollment is a short period each year when you can make changes to your benefits. This guide will outline the different benefits Wiley College offers, so you can identify which offerings are best for you and your family.

Elections you make during benefits enrollment will become effective the first day of the month following 30 days of employment. If you have questions about any of the benefits mentioned in this guide, please don’t hesitate to reach out to HR.

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**Disclaimer: Information contained in this document is a summary only.  
Please see the HR Department for Plan Documents.**

# Welcome to Benefits Enrollment

## Who is eligible?

If you're a full-time employee at Wiley College, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage:

- Coverage is offered to an employee's legal spouse and dependent children through age 26.

## How to Enroll

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during benefits enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

## When to Enroll

Benefits enrollment begins on your first day of employment. You will have 30 days to enroll in benefits. The benefits you choose during benefits enrollment will become effective the first day of the month following the 30-day waiting period.

## How to Make Changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next benefits enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

# Health Insurance 2022

UnitedHealthcare will continue to be our medical and prescription drug benefits for the upcoming plan year. Coverage will be provided January 1, 2022.

Services	UnitedHealthcare	
	PPO Plan	HDHP
Deductible -Individual -Family	\$5,000 \$10,000	\$4,000 \$8,000
Total Maximum Out-of-Pocket -Individual -Family	Medical / Rx \$6,350 / \$0 \$12,700 / \$0	Medical / Rx \$5,000 \$10,000
Preventive Care	Covered at 100%	Covered at 100%
PCP Visit	\$35 copay	100% after deductible
Specialist Visit	\$35 copay	100% after deductible
Urgent Care	\$75 copay	100% after deductible
Emergency Room	\$300 copay	100% after deductible
Inpatient	100% after deductible	100% after deductible
Outpatient	100% after deductible	100% after deductible
Virtual Visits	\$0	\$50 or less, \$0 After deductible
Prescription Drugs - Retail -Generic -Preferred Brand -Non-preferred Brand	\$10 copay \$35 copay \$60 copay	\$10 copay after deductible \$35 copay after deductible \$60 copay after deductible
Prescription Drugs – Mail Order -Generic -Preferred Brand -Non-preferred Brand	\$25 copay \$87.50 copay \$150 copay	\$25 copay after deductible \$87.50 copay after deductible \$150 copay after deductible

**All copays apply to Total Maximum Out-of-Pocket.**



## Health Management | Virtual Visits

## Seeing a doctor keeps getting easier.

UnitedHealthcare members can now take advantage of a simplified Virtual Visit experience using [myuhc.com](https://myuhc.com)<sup>®</sup> or the UnitedHealthcare<sup>®</sup> app.\*

## The convenient and faster way to see a doctor.

With Virtual Visits, employees and their covered family members can see and speak to a doctor anywhere, anytime on a mobile device\*\* or computer. No appointment is necessary — and a Virtual Visit usually takes less than 20 minutes.<sup>1</sup> Doctors are able to diagnose a wide range of nonemergency medical conditions and prescribe medications. If needed, a prescription can be sent to their local pharmacy.<sup>\*\*\*</sup>



### No additional administrative costs.

Virtual Visits are fully integrated with your benefit plan administered by UnitedHealthcare and are provided at no additional administrative cost to you, the employer.



### Virtual Visits can help save time and money.

It's been estimated that 25% of ER visits could be addressed with a Virtual Visit.<sup>2</sup>

\*The UnitedHealthcare<sup>®</sup> app is available for download for iPhone<sup>®</sup> and Android<sup>™</sup>. iPhone is a registered trademark of Apple, Inc. Android is a trademark of Google LLC.

\*\*Data rates may apply.

\*\*\* Prescription services may not be available in all states.



## Understanding Virtual Visits.

Virtual Visits are covered under member health plans administered by UnitedHealthcare with some member cost-share. Member cost-share is based on the benefit plan as follows:<sup>3</sup>

Benefit Plan	Virtual Visits Benefit
<b>High deductible health plan</b>	<ul style="list-style-type: none"> <li>Follows standard medical plan rules.</li> <li>Member pays full cost of Virtual Visit until deductible is met.</li> <li>Each Virtual Visit cost is generally less than \$50.*</li> <li>Once deductible is met, member pays their coinsurance or cost-share under their medical plan rules.</li> <li>Once out-of-pocket limit is met, member pays \$0.</li> </ul>
<b>Coinsurance and deductible plan</b>	<ul style="list-style-type: none"> <li>Follows standard medical plan rules.</li> <li>Member pays same member cost-share percentage, pre- and post-deductible.</li> <li>Once out-of-pocket limit is met, member pays \$0.</li> </ul>
<b>Cost-share plan</b>	<ul style="list-style-type: none"> <li>Can be set to the same cost-share level as an office visit. <b>OR</b></li> <li>A lesser cost-share than standard office visit.</li> <li>Self-funded plans can specify employee cost-sharing.</li> </ul>

The Virtual Visits provider groups we contract with are aligned with American Medical Association (AMA) and Federation of State Medical Boards (FSMB) guidelines. Contracted provider groups are currently operating in all 50 states and the District of Columbia.<sup>4</sup>



### The cost of Virtual Visits.

#### Administrative cost

No additional administrative costs.

#### Claim cost

Generally less than \$50 per Virtual Visit.\*

#### Member cost

Cost-share plans can be at or below in-office visit rate, depending on client preference.

For fully insured clients, member cost-share/copay amounts are based on the UnitedHealthcare medical benefits product offering in their state.

#### Employer cost

With administrative services only (ASO) plans, employers pay the normal difference between the employee's cost-share amount and the total claim cost.



Contact your UnitedHealthcare representative for additional information.



\* The Designated Virtual Visit Provider's reduced rate for a virtual visit is subject to change at any time.

\* Average times based on monthly data reports from Virtual Visits providers.

<sup>2</sup> Based on analysis of 2016 UnitedHealthcare ER claim volumes, where ER visits are low-acuity and could be treated in a Virtual Visit, PCP or urgent/convenient care setting.

<sup>3</sup> Virtual Visits are not included with UnitedHealthcare's Preventive Plans.

<sup>4</sup> Contracted Virtual Visits provider groups may vary by state and are subject to changes dependent on state laws and regulations.

Virtual Visits is not an insurance product, health care provider or a health plan. Virtual Visits is an internet-based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the member and physician. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for Virtual Visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. No controlled substances may be prescribed. Other prescriptions may be available where clinically appropriate and permitted by law, and can be transmitted to the pharmacy of the member's choice.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

# Your Cost in 2022

## UnitedHealthcare

### PPO Plan

Elect	Waive	Level of Coverage	10-Month Premium	12-Month Premium	Bi-Weekly Premium
		Employee Only	\$284.40	\$237.00	\$109.38
		Employee + Spouse	\$1,516.81	\$1,264.01	\$583.39
		Employee + Child(ren)	\$1,042.78	\$868.99	\$401.07
		Family	\$2,275.20	\$1,895.99	\$875.08

### HSA Plan

Employee Only	\$238.76	\$198.97	\$91.83
Employee + Spouse	\$1,273.41	\$1,061.18	\$489.77
Employee + Child(ren)	\$875.45	\$729.54	\$336.71
Family	\$1,910.10	\$1,591.75	\$734.65

### UnitedHealthcare Dental Plan (Option 1)

Employee Only	\$38.08	\$30.14	\$14.64
Employee + Spouse	\$76.16	\$57.92	\$29.29
Employee + Child(ren)	\$100.81	\$78.41	\$38.77
Family	\$153.35	\$118.75	\$58.98

### UnitedHealthcare Dental Plan (Option 2)

Employee Only	\$30.14	\$25.12	\$11.59
Employee + Spouse	\$57.92	\$48.27	\$22.28
Employee + Child(ren)	\$78.41	\$65.34	\$30.16
Family	\$118.75	\$98.96	\$45.67

### UnitedHealthcare Vision Plan

Employee Only	\$8.34	\$6.95	\$3.21
Employee + Spouse	\$15.84	\$13.20	\$6.09
Employee + Child(ren)	\$16.66	\$13.88	\$6.41
Family	\$24.50	\$20.42	\$9.42

GO FORTH *inspired.*

# Health Savings Accounts

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

## What are the benefits of an HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.

The maximum amount that you can contribute to an HSA in 2022 is \$3,550 for individual coverage and \$7,100 for family coverage. **In 2022, it increases to \$3,650 for individual coverage and \$7,300 for family coverage.**

Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don’t exceed the annual maximum.

## HSA Case Study

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan’s annual deductible is \$1,500 for individual coverage. Here is a look at the first two years of Justin’s HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

Year 1	
HSA Balance	\$1,000
Total Expenses:	
- Prescription drugs: \$150	(-\$150)
HSA Rollover to Year 2	\$850
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	



Year 2	
HSA Balance	\$1,850
Total Expenses:	
- Office visits: \$100	
- Prescription drugs: \$200	(-\$300)
- Preventive care services: \$0 (covered by insurance)	
HSA Rollover to Year 3	\$1,550
Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	



# Short Term Disability

<b>Short Term Disability Insurance</b>		<b>Class 1</b>	
<b>Legal Entity</b>		<b>Core Primary</b>	
		<b>United Healthcare Insurance Company</b>	
Eligibility		All Active Full Time Employees working a minimum of 30 Hours per week.	
Basic Annual Earnings Definition		The average weekly earnings received from the Covered Person's Employer for the three-month period ending just prior to the date of Disability. Pre-Disability Weekly Earnings includes commissions, averaged over the lesser of the most recent 24-month period or the Covered Person's period of employment. It does not include bonuses, overtime pay, and other extra compensation.	
<b>Benefit Qualification</b>			
Definition of Disability		Residual	
Elimination Period-Accident		7 days	
Elimination Period-Sickness		7 days	
First Day Hospital		Excluded	
Recurrent Disability		14 days	
Coverage Type		Non-Occupational	
Maternity		Treated like any other illness	
Volume Basis		Total Covered Benefit	
<b>Benefits Payable</b>			
Benefit Type		Benefit Percent	
Benefit Percentage		60.0%	
Maximum Weekly Benefit		\$1,000	
Minimum Weekly Benefit		\$25	
Social Security Integration		Family	
Maximum Benefit Duration		12 weeks	
<b>Limitations and Exclusions</b>			
Pre-existing Conditions Exclusion		3/12	
Evidence of Insurability		Required for late entrants	
General Exclusions		Standard	
<b>Additional Benefits</b>			
Lump Sum Survivor Benefit		Lesser of \$3,000 or 3 weeks Gross	
Rehabilitation Services		Included	
Telephonic Claim Intake		Not Included	
Employer FICA Match		Not Included	
<b>Rates</b>			
Monthly Rate		Under 25	\$0.449
		25 - 29	\$0.474
		30 - 34	\$0.426
		35 - 39	\$0.391
		40 - 44	\$0.374
		45 - 49	\$0.389
		50 - 54	\$0.470
		55 - 59	\$0.610
		60 - 64	\$0.754
		65+	\$0.771

# Long Term Disability

	Class 1	
Long Term Disability Insurance	Voluntary Core Primary	
Legal Entity	United Healthcare Insurance Company	
Eligibility	All Active Full Time Employees working a minimum of 30 Hours per week.	
Basic Annual Earnings Definition	The average monthly earnings received from the Covered Person's Employer for the 12-month period ending just prior to the date of Disability. Pre-Disability Monthly Earnings includes commissions, averaged over the lesser of the most recent 24-month period or the Covered Person's period of employment. It does not include bonuses, overtime pay, and other extra compensation.	
Benefit Qualification		
Definition of Disability	Residual	
Own Occupation Period	24 months (2 year) own occupation	
Earnings Test	80% Own Occupation / 60% Any Occupation	
Requires Loss of Earnings/Duties	Loss of Earnings and Duties	
Elimination Period	90 days	
Accumulation of Elimination Period	15 Days	
Recurrent Disability	6 months	
Benefits Payable		
Benefit Percentage	60%	
Maximum Monthly Benefit	\$7,000	
Minimum Monthly Benefit	\$100	
Guaranteed Issue Benefit	\$7,000	
Social Security Integration	Family	
Maximum Benefit Duration	Reducing Benefit Duration w/SSNRA	
Limitations and Exclusions		
Pre-existing Conditions Exclusion	3/12	
Evidence of Insurability	Required for late entrants	
Mental and Nervous Limitation	24 months	
Substance Abuse Limitation	24 months	
Subjective Symptoms Limitation	No Limit	
General Exclusions	Standard	
Additional Features		
Work Incentive Benefit	12 months	
Survivor Income Benefit	3 months Gross	
Rehabilitation	Voluntary	
Transplant Benefit	Elimination Period waived for Disability resulting from organ donation. Limited pay up to 12	
Employer FICA Match	Included without Reimbursement	
Member Assistance Program	Included	
Rates		
Rate Basis	Age-banded per \$100 of monthly covered payroll	
Monthly Rate	Under	\$0.086
	25 - 29	\$0.146
	30 - 34	\$0.252
	35 - 39	\$0.347
	40 - 44	\$0.532
	45 - 49	\$0.745
	50 - 54	\$0.891
	55 - 59	\$1.102
	60 - 64	\$0.711
	65 +	\$1.061

# Life \$25,000 Flat

Employee Basic Life Insurance	Class 1
	Primary
Legal Entity	United Healthcare Insurance Company
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.
Basic Annual Earnings (BAE) Definition	Not Applicable
<b>Benefits Payable</b>	
Benefit	\$25,000
Benefit Maximum	\$25,000
New Hire Guarantee Issue Limit	\$25,000
<b>Limitations and Exclusions</b>	
Evidence of Insurability Requirements	Required for late entrants and amounts over Guarantee Issue amount. Also required for all coverage if minimum participation level is not met.
Benefit Reduction	65% @ 65, 50% @ 70
Coverage Termination	At Employee's Retirement
Suicide Limitation	Excluded
<b>Additional Features</b>	
Accelerated Death Benefit	75% of applicable benefit
Life Expectancy	12 months
Waiver of Premium	Included
Elimination Period	9 months
Disabled Prior To Age	Prior to age 60
Benefits Payable to Age	To Age 65
Portability	Excluded
Conversion	Included; Must apply within 30 days of coverage termination

# Life \$25,000 Flat (continued)

Employee Basic AD&D Insurance	Class 1
	Primary
	United Healthcare Insurance Company
Legal Entity	
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.
Basic Annual Earnings Definition	Not Applicable
Benefits Payable	
Benefit	\$25,000
Benefit Maximum	\$25,000
Loss Occurrence Period	365 days
Seat Belt Benefit	10.0% to \$10,000
Seat Belt & Air Bag Benefit	10.0% to \$20,000
Loss of Life	100%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Loss of one hand	50%
Loss of one foot	50%
Loss of sight of one eye	50%
Loss of both hands or both feet	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Loss of thumb and index finger of same hand	25%
Loss of speech	25%
Loss of hearing	25%
Limitations and Exclusions	
Benefit Reduction	65%@65, 50%@70
Coverage Termination	At Employee's Retirement
Exclusions	Standard
Optional Benefits	
Repatriation Benefit	Amount equal to the lesser of actual expense incurred, 5.0% of the AD&D benefit, or \$2,500
Education Benefit for Qualified Children	Amount equal to 5.0% of the AD&D benefit, not to exceed \$1,250 per year per child. Overall maximum benefit of \$2,500 per year.

# Supplemental Life & AD&D

Employee Supplemental Life Insurance	Class 1
	Primary United Healthcare Insurance Company
Legal Entity	
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.
Basic Annual Earnings Definition	The Annual Earnings received from the Covered Person's Employer for the year ending immediately prior to the Policy Anniversary period. Annual Earnings do not include commissions, bonuses, overtime pay and other extra compensation.
Benefits Payable	
Benefit	Increments of \$10,000
Benefit Maximum	\$500,000, not to exceed 5 times BAE
New Hire Guarantee Issue Limit	\$100,000
Initial Enrollment	True Benefits: See assumptions for details
Annual Enrollment	Included: See assumptions for details
Limitations and Exclusions	
Evidence of Insurability Requirements	Required for late entrants and amounts over Guarantee Issue amount. Also required for all coverage if minimum participation level is not met.
Benefit Reduction	65% @ 65, 50% @ 70
Coverage Termination	At Employee's Retirement
Suicide Limitation	2 Years
Additional Features	
Accelerated Death Benefit	75% of applicable benefit
Life Expectancy	12 months
Waiver of Premium	Included
Elimination Period	9 months
Disabled Prior To Age	Prior to age 60
Benefits Payable to Age	To Age 65
Portability	Included: the lesser of Covered Person's insurance under the Policy or \$500,000
Conversion	Included; Must apply within 30 days of coverage termination
Personalized Enrollment Forms	Available
Rates	
Rate Basis	Unisex Unitobacco Age-banded per \$1,000 of coverage
Monthly Rate	
Under 25	\$0.040
25 - 29	\$0.040
30 - 34	\$0.040
35 - 39	\$0.080
40 - 44	\$0.119
45 - 49	\$0.178
50 - 54	\$0.273
55 - 59	\$0.510
60 - 64	\$0.600
65 - 69	\$1.120
70 - 74	\$2.390
75 and above	\$2.390



# Supplemental Life & AD&D

Employee Supplemental AD&D Insurance	Class 1
	Primary
Legal Entity	United Healthcare Insurance Company
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.
Basic Annual Earnings Definition	The Annual Earnings received from the Covered Person's Employer for the year ending immediately prior to the Policy Anniversary period. Annual Earnings do not include commissions, bonuses, overtime pay and other extra compensation.
<b>Benefits Payable</b>	
Benefit	Increments of \$10,000
Benefit Maximum	\$500,000, not to exceed 5 times BAE
Loss Occurrence Period	365 days
Seat Belt Benefit	10.0% to \$10,000
Seat Belt & Air Bag Benefit	10.0% to \$20,000
Loss of Life	100%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Loss of one hand	50%
Loss of one foot	50%
Loss of sight of one eye	50%
Loss of both hands or both feet	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Loss of thumb and index finger of same hand	25%
Loss of speech	25%
Loss of hearing	25%
<b>Limitations and Exclusions</b>	
Benefit Reduction	65%@65, 50%@70
Coverage Termination	At Employee's Retirement
Exclusions	Standard
<b>Rates</b>	
Rate Basis	Composite per \$1,000 of coverage
Monthly Rate	\$0.022
<b>Optional Benefits</b>	
Repatriation Benefit	Amount equal to the lesser of actual expense incurred, 5.0% of the AD&D benefit, or \$2,500
Education Benefit for Qualified Children	Amount equal to 5.0% of the AD&D benefit, not to exceed \$1,250 per year per child. Overall maximum benefit of \$2,500 per year.

# Dependent Supplemental Life & AD&D

Dependent Supplemental Life Insurance	Class 1
	Primary
Legal Entity	United Healthcare Insurance Company
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.
Benefits Payable	
Spouse Benefit	Increments of \$5,000
Spouse Benefit Maximum	\$250,000 not to exceed 50.0% of Employee amount
Spouse Guarantee Issue Limit	\$30,000
Child Benefit	
Live birth - 14 days	\$1,000
14 days to 6 months	\$1,000
6 months and Over	Increments of \$2,000
Child Benefit Maximum	\$10,000 not to exceed 50.0% of Employee amount
Child Guarantee Issue Limit	\$10,000
Initial Enrollment	True Benefits: See assumptions for details
Annual Enrollment	Included: See assumptions for details
Limitations and Exclusions	
Evidence of Insurability Requirements	Required for late entrants and amounts over Guarantee Issue amount. Also required for all coverage if minimum participation level is not met.
Benefit Reduction	65% @ 65, 50% @ 70
Coverage Termination	At Employee's Retirement
Suicide Limitation	2 Years
Exclusions	Standard
Additional Features	
Waiver of Premium	Excluded
Portability	Included: the lesser of Covered Person's insurance under the Policy or
Conversion	Included; Must apply within 30 days of coverage termination
Personalized Enrollment Forms	Available
Rates	
Rate Basis- Spouse	Unisex Unitobacco Age-banded per \$1,000 of coverage
Rate Basis- Child(ren)	Composite per \$1,000 of coverage
Monthly Rate- Spouse	
Under 25	\$0.040
25 - 29	\$0.040
30 - 34	\$0.040
35 - 39	\$0.080
40 - 44	\$0.119
45 - 49	\$0.178
50 - 54	\$0.273
55 - 59	\$0.510
60 - 64	\$0.600
65 - 69	\$1.120
70 - 74	\$2.390
75 and above	\$2.390
Monthly Rate- Child(ren)	\$0.200

# Dependent Supplemental Life & AD&D

Supplemental Dependent AD&D Insurance Legal Entity	Class 1
	Primary United Healthcare Insurance Company
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week.
<b>Benefits Payable</b>	
Spouse Benefit	Increments of \$5,000
Spouse Benefit Maximum	\$250,000, not to exceed 50.0% of the Employee amount.
<b>Child Benefit</b>	
Live birth - 14 days	\$1,000
14 days to 6 months	\$1,000
6 months and Over	Increments of \$2,000
Child Benefit Maximum	\$10,000, not to exceed 50.0% of the Employee amount.
Loss Occurrence Period	365 days
Seat Belt Benefit	10.0% to \$10,000
Seat Belt and Airbag Benefit	10.0% to \$20,000
Loss of Life	100%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Loss of one hand	50%
Loss of one foot	50%
Loss of sight of one eye	50%
Loss of both hands or both feet	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Loss of thumb and index finger of same hand	25%
Loss of speech	25%
Loss of hearing	25%
<b>Limitations and Exclusions</b>	
Benefit Reduction	65%@65, 50%@70
Coverage Termination	At Employees Retirement
Exclusions and Limitations	Standard
<b>Rates</b>	
Rate Basis- Spouse	Composite per \$1,000 of coverage
Rate Basis- Child(ren)	Composite per \$1,000 of coverage
Monthly Rate- Spouse	\$0.022
Monthly Rate- Child Unit	\$0.022
<b>Optional Benefits</b>	
Repatriation Benefit	Amount equal to the lesser of actual expense incurred, 5.0% of the AD&D benefit, or \$2,500

# Vision Coverage

	In Network	Out of Network
Plan Options		
Contribution	Voluntary	
Product Type	Exam with Materials	
Network Type	Standard Network	
Exam(s) Co-pay	\$10	Not Applicable
Material Co-pay (Frames/Spectacle Lenses or Contact Lenses)	\$10	Not Applicable
Service Frequency		
Exams/ Lenses/ Frames/Contacts	12/12/24/12	
Eye Examination		
Exam(s) (Includes additional eye exam for ages 0-12)	100%	Up to \$40
Lenses		
Single Vision	100%	Up to \$40
Lined Bifocal	100%	Up to \$60
Lined Trifocal	100%	Up to \$80
Lenticular	100%	Up to \$80
Frames		
Retail Frame Allowance	Up to \$150	Up to \$45
Discount on Frame Overage at participating providers	30%	Not Applicable
Elective Contact Lenses		
Covered Formulary Contacts	Up to 6 boxes	Up to \$150
Non-Formulary Contacts	Up to \$150	Up to \$150
Necessary Contact Lenses	100%	Up to \$210
Lens Options		
Covered-in-full Lens Options	Polycarbonate Lenses for Children up to Age: 19 Standard Scratch Coating	Not Applicable
Non-covered Lens Options	Price Protection available for non-covered lens options ranging from 20-60% off retail pricing at participating providers (except where not permitted by state law).	
Value Services		
Laser Vision Discount	UnitedHealthcare is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through Laser Vision Network of America (LVNA). Members receive a discount of 15% off standard prices or 5% off promotional prices with any in- network surgeon.	
Children's Eye Care Replacement Eyeglasses		
Additional eyeglass frame/lenses due to prescription change (ages 0-12).	Members ages 0-12 who have a prescription change of 0.5 diopter or more are eligible for a replacement frame and lenses. The replacement benefits are the same as the benefits for the initial frame and lenses. Not applicable for Exam Core or Exam with Discounted Material Plans.	

# Dental Coverage

Dental Services	Dental PPO 30 Buy Up		Dental Base PPO 20	
Legal Entity				
	UnitedHealthcare Insurance Company		UnitedHealthcare Insurance Company	
	Primary Plan		Primary Plan	
	In Network	Out of Network	In Network	Out of Network
Diagnostic Service				
Periodic Oral Evaluation	100%	100%	100%	100%
Radiographs	100%	100%	100%	100%
Lab and Other Diagnostic Tests	100%	100%	100%	100%
Preventive Services				
Dental Prophylaxis (Cleaning)	100%	100%	100%	100%
Fluoride Treatment	100%	100%	100%	100%
Sealants	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%
Basic Services				
Restorations (Amalgams or Composite)*	80%	80%	80%	80%
Emergency Treatment/General Services	80%	80%	80%	80%
Simple Extractions	80%	80%	80%	80%
Oral Surgery (incl. surgical extractions)	In Major	In Major	80%	80%
Periodontics	Split Class	Split Class	80%	80%
Periodontics - Non-Surgical	80%	80%	80%	80%
Periodontics - Maintenance	80%	80%	80%	80%
Endodontics	In Major	In Major	80%	80%
Major Services				
Oral Surgery (incl. surgical extractions)	50%	50%	In Basic	In Basic
Periodontics	Split Class	Split Class	In Basic	In Basic
Periodontics - Surgical	50%	50%	In Basic	In Basic
Periodontics – Osseous Surgery	50%	50%	In Basic	In Basic
Endodontics	50%	50%	In Basic	In Basic
Inlays/Onlays/Crowns	50%	50%	50%	50%
Dentures and Removable Prosthetics	50%	50%	50%	50%
Fixed Partial Dentures (Bridges)	50%	50%	50%	50%
Implants	Not Covered	Not Covered	50%	50%
Orthodontic Services				
Orthodontia	50%	50%	50%	50%
Orthodontia Eligibility	Adult & Child (Up to Age 19)		Adult & Child (Up to Age 19)	
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Deductible applies to Prev. & Diag.	No	No	No	No
Annual Max	\$1,500	\$1,500	\$1,000	\$1,000
Lifetime Ortho Max	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Period	None		None	
Out of Network Basis	UCR 90th		MAC	
PPO Network	Options PPO 30		Options PPO 20	
CMM–Annual Roll-Over	No		No	



# Employee Assistance Program

## Employee Assistance Program (EAP)

### 24/7 best-in-class counseling

Immediate telephone support from specialized professionals in counseling, social work, psychology or human services.

### Virtual counseling: Video & Telephonic

Immediately access an EAP counselor through phone and video for confidential and secure virtual sessions.

### Face-to-face counseling

Referrals to the LifeWorks extensive network of master's level clinical counselors and affiliates.

### Employee Support (Emotional and Practical)

**Emotional Support** includes anxiety, depression, stress management, bereavement, personal relationship issues, addictive behaviors, anger management and sleep hygiene.

**Practical Everyday Support** includes elder care & child care matching, legal services, financial & debt support, nutritional & weight management, education, relocation, parenting, midlife & retirement, career, and everyday issues.

### Management Support

Support for managing employees (suicide & depression, workplace-aggression/bullying, sexual harassment), employee referrals, employee performance, referrals, manager personal growth (training, stress/ absence management, appraisals), workplace safety.

### Critical Incident Support

Telephonic and on-site support for critical incidents (workplace violence, natural disasters, accidents, terrorist events and more).

### Digital EAP Content

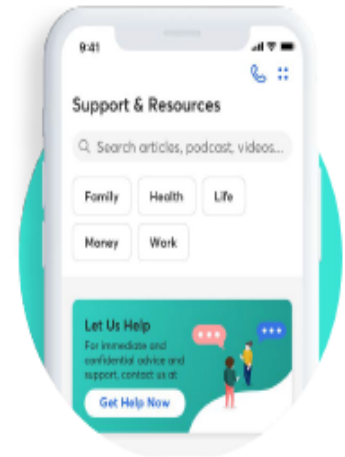
**1,800+** articles, podcasts, infographics and toolkits with recommendations based on health risks with search capabilities.

### Workplace Learning and Development (Additional Fee)

Workshops and seminars on Respect & Harassment, Communication & Conflict, Addiction, Physical Health & Wellness, Organizational Change, Leadership & Career, Family, Mental & Emotional Health, Retirement and more.

### Workplace Support Programs (Additional Fee)

Focused clinical solutions to address mental health issues that require longer-term or intensive level of care through specialized programs like Substance Abuse Program, Trauma Assist and more.



# Hospital Indemnity Protection Plan

Hospital Indemnity Protection Plan (HIPP)	
Legal Entity	Voluntary UnitedHealthcare Insurance Company
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week
Plan Design	HIPP HSA Plan
Coverage Level	Base
Pre-existing Conditions Exclusion	6/6
Portability	Included
Base Plan Benefits	Current
Hospital Admission (1 day/plan year)	\$500
Hospital Confinement (up to 364 days/plan year)	\$100
ICU Confinement (up to 364 days/plan year)	\$100
Monthly Renewal Rates	Quoted
Base Plan - Voluntary (Employee Paid)	
Employee Only	\$9.27
With Spouse	\$19.97
With Children	\$18.32
With Spouse & Children	\$30.97

Benefits	Payable Descriptions
Base Plan Benefits	
Hospital Admission	1 day per plan year per insured.
Hospital Confinement	Up to 364 days per plan year per insured.
ICU Confinement	Up to 364 days per plan year per insured.

# Benefits Notices

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**Wiley College**

711 Wiley College  
Marshall, Texas 75670  
(903) 927-3312  
[www.wileyc.edu](http://www.wileyc.edu)  
*Created on: 11/04/2021*

# Health Insurance Exchange Notice

*For Employers Who Offer a Health Plan to Some or All Employees*

New Health Insurance Marketplace Coverage Options and Your Health Coverage

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### ***What is the Health Insurance Marketplace?***

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Benefits enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### ***Can I Save Money on my Health Insurance Premiums in the Marketplace?***

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### ***Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?***

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

Krystal Moody  
711 Wiley Avenue  
Marshall, Texas 75670  
(903) 927-3312  
kmoody@wileyc.edu

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

### PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Wiley College	4. Employer Identification Number (EIN) 75-0818183	
5. Employer address 711 Wiley College	6. Employer phone number (903) 927-3312	
7. City Marshall	8. State Texas	9. ZIP code 75670
10. Who can we contact about employee health coverage at this job? Krystal Moody		
11. Phone number (903) 927-3312	12. Email address kmoody@wileyc.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☒ Some employees. Eligible employees are:  
Full-time employee who work 30 or more hours per week.
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are: Eligible dependents are: Coverage is offered to an employee's legal spouse and dependent children through age 26.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.



Note: Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

## Notice of Special Enrollment Rights

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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 this 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 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact Krystal Moody at 711 Wiley Avenue, Marshall, Texas 75670, (903) 927-3312, [kmoody@wileyc.edu](mailto:kmoody@wileyc.edu).

## 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](http://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](http://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](http://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 healthplan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA Medicaid	CALIFORNIA Medicaid
Website: <a href="http://myalhipp.com">http://myalhipp.com</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA Medicaid	COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS Medicaid	FLORIDA Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<b>GEORGIA Medicaid</b> Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131	<b>MASSACHUSETTS Medicaid and CHIP</b> Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a> Phone: 1-800-862-4840
<b>INDIANA Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584	<b>MINNESOTA Medicaid</b> Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
<b>IOWA Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	<b>MISSOURI Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>KANSAS Medicaid</b> Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884	<b>MONTANA Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>KENTUCKY Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	<b>NEBRASKA Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>LOUISIANA Medicaid</b> Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	<b>NEVADA Medicaid</b> Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>MAINE Medicaid</b> Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>NEW HAMPSHIRE Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

Private Health Insurance Premium  
 Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
 Phone: -800-977-6740.  
 TTY: Maine relay 711

NEW JERSEY Medicaid and CHIP	SOUTH DAKOTA Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
NEW YORK Medicaid	TEXAS Medicaid
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
NORTH CAROLINA Medicaid	UTAH Medicaid and CHIP
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
NORTH DAKOTA Medicaid	VERMONT Medicaid
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
OKLAHOMA Medicaid and CHIP	VIRGINIA Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON Medicaid	WASHINGTON Medicaid
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
PENNSYLVANIA Medicaid	WEST VIRGINIA Medicaid
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HI_PP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HI_PP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND Medicaid and CHIP	WISCONSIN Medicaid and CHIP
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002



SOUTH CAROLINA Medicaid	WYOMING Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## 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 [ebssa.opr@dol.gov](mailto:ebssa.opr@dol.gov) and reference the OMB Control Number 1210-0137.*

OMB Control Number 1210-0137 (expires 1/31/2023)

## Genetic Information Nondiscrimination Act (GINA) Disclosures

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### Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## General FMLA Notice

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# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

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## The United States Department of Labor Wage and Hour Division

### Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

### Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

## Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

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

## Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

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For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

[www.dol.gov/whd](http://www.dol.gov/whd)

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

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## USERRA Notice

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### ***Your Rights Under USERRA***

#### **A. The Uniformed Services Employment and Reemployment Rights Act**

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

#### **B. Reemployment Rights**

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

#### **C. Right To Be Free From Discrimination and Retaliation**

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
  - Initial employment;
  - Reemployment;
  - Retention in employment;
  - Promotion; or
  - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

#### **D. Health Insurance Protection**

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

## E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

# Glossary of Terms

**Coinsurance** – The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

**Consumer-driven (also known as consumer-directed or consumer choice) Health Care (CDHC)** – Health insurance programs and plans that are intended to give you more control over your health care expenses. Under CDHC plans, you can use health care services more effectively and have more control over your health care dollars. CDHC plans are designed to be more affordable because they offer reduced premium costs in exchange for higher deductibles. Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs) are common examples of CDHC plans.

**Copayment** – A flat fee that you pay toward the cost of covered medical services.

**Covered Expenses** – Health care expenses that are covered under your health plan.

**Deductible** – A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

**Dependent** – Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.

**Flexible Spending Account (FSA)** – An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

**High Deductible Health Plan (HDHP)** – A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

**In-network** – Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

**Inpatient** – A person who is treated as a registered patient in a hospital or other health care facility.

**Member** – You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

**Out-of-network** – Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

**Out-of-pocket Expense** – Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.

**Out-of-pocket Maximum (OOPM)** – The highest out-of-pocket amount paid for covered services during a benefit period.

**Preferred Provider Organization (PPO)** – A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

**Premium** – The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

**Primary Care Physician (PCP)** – A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.