WILEY
UNIVERSITY

Employee Benefits Enrollment Guide

Plan Year: January 1, 2025 – December 31, 2025

BRANCH INSURANCE GROUP

Pick the best benefits for you and your family.

Wiley University strives to provide you and your family with a comprehensive and valuable benefits package. This benefit guide is designed to assist you in selecting the best benefits for you and your family.

Annual open enrollment occurs each year near the end of the plan year but before the beginning of a new plan year. During the open enrollment period, we ask that you review the needs of your family and select the benefits that are best for your family needs. This benefit guide will outline the employee benefits offered by Wiley University. Benefits elected during the annual open enrollment will be effective January 1, 2025.

If you are a new hire or newly eligible for benefits, you will need to make your benefit elections within 30 days of your hire date, or newly eligible date. Benefits will be effective the first day of the month following 30 days of employment.

If you have any questions about benefits in this guide, please don't hesitate to reach out to Human Resources.

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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 University, 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

For current employees, please review your personal information and current benefits. Make any necessary changes if you have a new address, recently got married/divorced, etc.

For new hires, please have personal information for yourself and any dependents that you would like to enroll available.

- names,
- addresses,
- dates of birth
- social security numbers

When to Enroll

For current employees, benefits elected during the annual open enrollment, will be effective January 1, 2025.

For new hires, benefits must be elected within 30 days of your hire date. Elected benefits will be effective the first day of the month following 30 days of employment.

How to Make Changes

Unless you experience a qualified life event, you cannot make changes to your benefit selections after open enrollment closes or it has been more than 30 days since your hire date. Changes must be made within 30 days of the qualified life event date. Examples of qualifying life events:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in employment status
- Change in residence (to another state or out of network area)
- Death of a spouse, or child
- Loss of coverage under another employer or state sponsored plan

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 2024 is $4,150 for individual coverage and $8,300 for family coverage. **In 2025, it increases to $4,300 for individual coverage and $8,550 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 - Preventive care services: $0 (covered by insurance)	(-$300)
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.	

Health Insurance 2025

UnitedHealthcare will continue to be our medical and prescription drug benefits for the upcoming plan year. Coverage will be provided January 1, 2025.

	UnitedHealthcare		
	HMO In-Network	PPO In-Network	HDHP In-Network
Out-of-Network Benefits	NO	YES	YES
Referrals Required	YES	NO	NO
Network	NAVIGATE	CHOICE	CHOICE
Individual	$3,000	$5,000	$4,000
Individual	$6,000	$6,350	$5,000
Coinsurance	20%	0%	0%
Preventive Care	No Charge	No Charge	No Charge
Virtual Visit	No Charge	No Charge	$54 copay
Primary Care Physician Visit	$10 copay	$35 copay	Deductible
Specialist Vist	$60 copay	$35/$70 copay	Deductible
Urgent Care	$25 copay	$50 copay	Deductible
Emergency Room	$500 copay + Deductible + Coinsurance	$500 copay	Deductible
Outpatient/Inpatient	Deductible + Coinsurance	Deductible	Deductible
Prescription Drugs			
Generic	$10 copay	$10 copay	Deductible, then $10 copay
Preferred Brand	$35 copay	$35 copay	Deductible, then $35 copay
Non-Preferred Brand	$60 copay	$60 copay	Deductible, then $60 copay
Mail Order			
Generic	$25 copay	$25 copay	Deductible, then $25 copay
Preferred Brand	$87.50 copay	$87.50 copay	Deductible, then $87.50 copay
Non-Preferred Brand	$150 copay	$150 copay	Deductible, then $150 copay

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

Hospital Indemnity Protection Plan

Hospital Indemnity Protextion Plan (HIPP)	**Voluntary**
Legal Entity	**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.

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	

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.	

2025 Health Premiums

Level of Coverage	10-Month Premium	11-Month Premium	12-Month Premium	Bi-Weekly Premium
UnitedHealthcare PPO Plan				
Employee Only	$404.45	$367.68	$337.04	$155.56
Employee + Spouse	$2,157.10	$1,961.00	$1,797.58	$829.65
Employee + Child(ren)	$1,482.99	$1,348.17	$1,235.82	$570.38
Family	$3,235.65	$2,941.50	$2,696.37	$1,244.48
HSA Plan				
Employee Only	$339.56	$308.69	$282.96	$130.60
Employee + Spouse	$1,811.00	$1,646.36	$1,509.16	$696.54
Employee + Child(ren)	$1,245.02	$1,131.83	$1,037.51	$478.85
Family	$2,716.46	$2,469.51	$2,263.71	$1,044.79
HMO Plan				
Employee Only	$359.42	$326.75	$299.52	$138.24
Employee + Spouse	$1,916.92	$1,742.66	$1,597.44	$737.28
Employee + Child(ren)	$1,317.87	$1,198.07	$1,098.23	$506.87
Family	$2,875.39	$2,613.99	$2,396.16	$1,105.92
UnitedHealthcare Dental Plan (Option 1)				
Employee Only	$39.97	$36.34	$33.31	$15.37
Employee + Spouse	$79.96	$72.69	$66.63	$30.75
Employee + Child(ren)	$105.83	$96.21	$88.19	$40.70
Family	$160.98	$146.35	$134.15	$61.92
UnitedHealthcare Dental Plan (Option 2)				
Employee Only	$31.64	$28.77	$26.37	$12.17
Employee + Spouse	$60.80	$55.28	$50.67	$23.39
Employee + Child(ren)	$82.31	$74.83	$68.59	$31.66
Family	$124.66	$113.32	$103.88	$47.94
UnitedHealthcare Vision Plan				
Employee Only	$8.34	$7.58	$6.95	$3.21
Employee + Spouse	$15.84	$14.40	$13.20	$6.09
Employee + Child(ren)	$16.66	$15.14	$13.88	$6.41
Family	$24.50	$22.28	$20.42	$9.42

Short Term Disability

Short Term Disability Insurance	Class 1 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 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.	
Benefit Qualification		
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	
Benefits Payable		
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	
Limitations and Exclusions		
Pre-existing Conditions Exclusion	3/12	
Evidence of Insurability	Required for late entrants	
General Exclusions	Standard	
Additional Benefits		
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	
Rates		
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

Long Term Disability Insurance	Class 1 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 Benefits		
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 25	$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
Benefits Payable	
Benefit	$25,000
Benefit Maximum	$25,000
New Hire Guarantee Issue Limit	$25,000
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	Excluded
Additional Benefits	
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
Legal Entity	**United Healthcare Insurance Company**
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**
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.
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
Limitations and Exclusions	Included: See assumptions for details
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 Benefits	
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	Included; Must apply within 30 days of coverage termination
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 (continued)

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.
Benefits Payable	
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%
Limitations and Exclusions	
Benefit Reduction	65%@65, 50%@70
Coverage Termination	At Employee's Retirement
Exclusions	Standard
Rates	
Rate Basis	Composite per $1,000 of coverage
Monthly Rate	$0.022
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.

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 (continued)

Supplemental Dependent 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.
Benefits Payable	
Spouse Benefit	Increments of $5,000
Spouse Benefit Maximum	$250,000, not to exceed 50.0% of the Employee amount
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 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%
Limitations and Exclusions	
Benefit Reduction	65%@65, 50%@70
Coverage Termination	At Employees Retirement
Exclusions and Limitations	Standard
Rates	
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
Optional Benefits	
Repatriation Benefit	Amount equal to the lesser of actual expense incurred, 5.0% of the AD&D benefit, or $2,500

How to use the Employee Assistance Program.

The Employee Assistance Program (EAP) is a free and confidential service provided by your employer that offers help with personal and work-related issues.

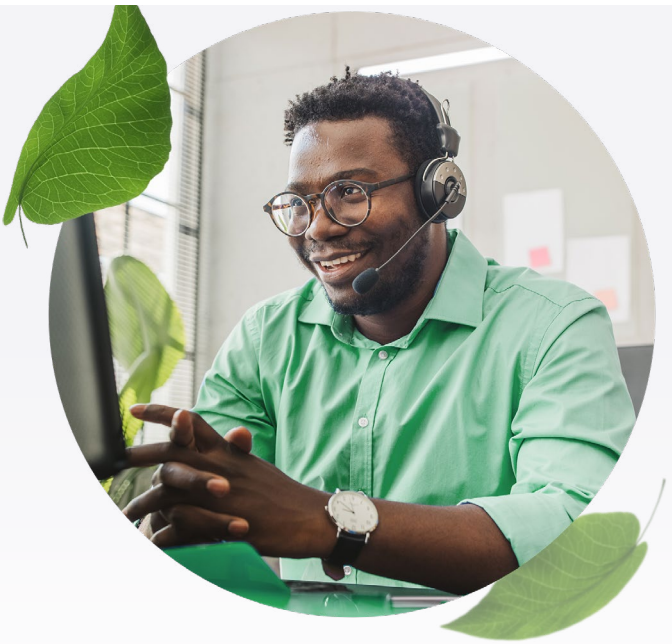
Professionally trained advisors are available to help with family problems, marital concerns, financial and legal matters, stress, depression, and other issues affecting your personal or work life.

Call your EAP toll-free, any time, **24/7, 365 days a year:**

1. **Call us**
   If you're using the mobile app, you can call us with one tap from your smartphone.
2. **Provide your name**
   and employer's name to an advisor. Your information will be kept confidential.
3. **Share your concerns**
   with a professional advisor for expert advice, strategies, and next steps.
4. **Arrange with the advisor**
   about how, when, and where you want to be contacted if follow-up is required.

   Your advisor will ask for your employer's name (or other sponsoring organization's name) so we can confirm the type of service available to you, along with other important health insurance and benefits information.

An advisor will discuss your needs and concerns with you, listen, and assess the situation. Depending on your situation, the EAP advisor may:



Work
with you to make a plan to resolve your issues or concerns.

Help
you navigate the EAP website for helpful resources, including articles, booklets, recordings, and more.

Refer
you to an EAP counselor for short-term support.

Guide
you to resources in your community, such as a support group or helping agency.

Recommend
community support for long-term counseling needs.

The EAP is free.

The EAP is a service provided by your employer at no cost to you. That means that you pay nothing to use it.

However, if you accept a referral to services outside the EAP, you may be responsible for costs that may be associated with resources external to the EAP. The EAP advisor will work with you to find the most appropriate and cost-effective help to address your needs.

If you are or someone close to you is going through a difficult time, remember the EAP is only a phone call away. Contact us today.

www.one.telushealth.com
Username: WileyCollege / Password: eap1-800-433-7916

TELUS Health

Benefits Notices

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1,2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

_____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **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	4. Employer Identification Number (EIN)
Wiley University	75-0818183
5. Employer address	**6. Employer phone number**
711 Wiley College	(903) 927-3312

7. City	8. State	9. ZIP code
Marshall	Texas	75670

10. Who can we contact about employee health coverage at this job?	
Krystal Moody	
11. Phone number (if different from above)	**12. Email address**
(903) 927-3312	Kmoody@wileyc.edu

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

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☑ Some employees. Eligible employees are:

    Full-time employees who work 30 or more hours per week.
- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:

    Coverage is offered to eligible dependents (legal spouse's and dependent children, through the age of 26.
  - ☐ We do not offer coverage.

☑ 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.

** 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.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☑ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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 January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, 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)
Menu Option 4, Ext. 61565

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

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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Genetic Information Nondiscrimination Act (GINA) Disclosures

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.

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

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

You have the right to use FMLA leave in **one block of time.** When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

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.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME

WH1420 REV 04/23

YOUR RIGHTS UNDER USERRA

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.

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.

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.

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 don't 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.

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 website at https://www.dol.gov/agencies/vets/. An interactive online USERRA Advisor can be viewed at https://webapps.dol.gov/elaws/vets/userra
- ☆ 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: https://www.dol.gov/agencies/vets/programs/userra/poster 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
1-866-487-2365

U.S. Department of Justice

Office of Special Counsel

1-800-336-4590

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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.