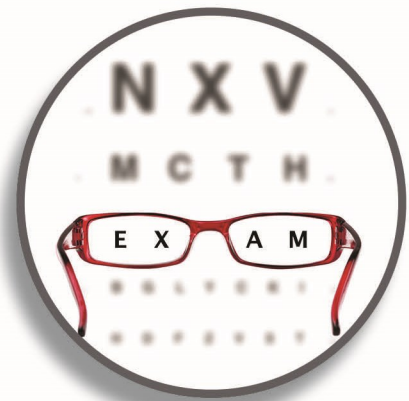




Your Employee Benefits



July 1, 2021 - June 30, 2022

Prepared by:



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Special Notices

Important State and Federal Notices:

These notices along with Summary Plan Descriptions (SPD) and Summary of Benefits and Coverage (SBC) can be found by logging into the Spalding University Employee Portal.

- HIPAA Notice of Special Enrollment
- Women's Health & Cancer Rights
- Wellness Program Notice
- CHIPRA Notice
- Medicare Part D Notices
- Health Care Reform Provision Notices
- Patient protection notice
- Special enrollment notice
- Newborn act



Your Health is Important

Your health and the health of your family are important to Spalding University – this is the reason we offer comprehensive health care coverage with ancillary benefit options to eligible employees and their families. Spalding University Benefits Package is designed to focus on your total well-being.

This guide describes Spalding University Employee Benefits Package. Please read through all of your materials very carefully. You have many resources available for any questions related to your plans as you enroll and throughout the year. Take advantage of those resources to be sure you receive the full benefits you need and all that is available to you. The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Spalding University health care benefit year begins July 1, 2021 and ends June 30, 2022.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by Spalding University. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.



Eligibility

Eligibility

All full-time Spalding University employees working at least 30 hours per week are eligible for benefits.

Your benefits are effective as follows, unless otherwise noted in this guide:

- The first of the month following date of hire
- Additionally, you may enroll during your annual Open Enrollment period each year, for a July 1st effective date

Eligible dependents include:

- Your legal spouse
- Your natural, adopted, or step-children up to age 26

Enrolling in Benefits

It is important that you make your benefit elections within the time frame allowed during your new hire or Open Enrollment period. Postponing the confirmation of your elections will result in a delay in your enrollment processing and mailing of ID cards. In other words, if you wish to see a doctor or fill a prescription soon after your benefits begin, please make your elections in a timely fashion or you may experience a delay.

Once you confirm your benefit elections, your next opportunity to change or elect benefits will not be until the next Open Enrollment period, unless you experience a qualifying life event.

Qualifying Life Events

Changes throughout the year can only be made within 30 days of a qualifying life event. Examples of a qualifying life event include:

- Marriage
- Divorce
- Birth or adoption of a child
- Loss of coverage elsewhere

To report a life event, contact your Human Resources Department. Documentation for one of the above qualifying events must be provided.

Your Responsibility

- Review this booklet in its entirety
- Determine which benefits are best for you and your family
- Log into Spalding University Benefits Portal
- If you have questions about the benefits you are offered or need assistance enrolling, contact Human Resources

Your Benefit Resources

Review this guide in detail for a brief overview of the benefits offered to you as a Spalding University employee. Further details can be found by:

- Logging into Paycom
- Registering on the insurance company websites
- Downloading the insurance company smartphone app (if available)
- Calling the insurance company directly



Take Note

If you fail to make your new hire or annual Open Enrollment benefit elections by the deadline given, you will not have the opportunity to enroll in the company-sponsored benefit plans until the next annual Open Enrollment, unless you experience a qualifying life event.

Medical



The Network

The “network” is a system of providers and facilities that have agreed to accept specific, negotiated rates for certain services. When you use doctors in the network of providers, you pay less for services. Providers who are not in the network (out-of-network) have not agreed to negotiated rates and can charge more for their services. Unless you have an emergency, it is best to use in-network providers whenever possible. To search the provider networks for your plans, simply visit the insurance company’s website or call the number on the back of your ID card.

Spalding University offers two plans through Anthem. The medical plans are administered through a 3rd party administrator called ARC. The Blue Access is a traditional PPO plan with co-pays and deductibles applied to all covered services. The High Deductible Health Plan (HDHP) is a consumer driven plan that allows employees to pay for services as they are needed. Detailed benefits summaries are available in Human Resources.

Each plan offers preventive care at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and offers out-of-network coverage when needed. Although out-of-network coverage is available, using network providers will save you money. You can find Anthem providers online at www.arcsvs.com or by calling ARC Services toll-free at 1-877-309-2955

Traditional PPO

With the traditional PPO plan, you pay a copay for office visits and other covered services are paid by the plan coinsurance once you reach your deductible.

HDHP/HSA Plan

With the HDHP/HSA plan, you are able to set aside pre-tax dollars to pay for your deductible and any other out-of-pocket healthcare costs you may incur. Once you satisfy your calendar year deductible, the plan pays 100% for in-network office visits and all other covered services.

Unlike a traditional Flexible Spending Account, the money in your Health Savings Account can roll-over from year to year and build over time. Continue reading this guide to learn more about the advantages of owning an HSA.

Services*	Core—HDHP	Buy Up—PPO
Deductible		
» Individual	\$4,000	\$2,000
» Family	\$8,000	\$6,000
Co-insurance	100%	15%
Office Visits		
» Preventive Care	Plan pays 100%	Plan pays 100%
» Primary Care Physician	Plan pays 100% after Deductible	\$25 Copay
» Live Health Online	Plan pays 100% after Deductible	\$10 Copay
» Specialist	Plan pays 100% after Deductible	\$40 Copay
» Urgent Care	Plan pays 100% after Deductible	\$40 Copay
Emergency Room	Plan pays 100% after Deductible	\$150 Copay
Hospital		
» Inpatient	Plan pays 100% after deductible	15% after deductible
» Outpatient	Plan pays 100% after deductible	15% after deductible
Out-of-Pocket Maximum		
» Individual	\$4,000	\$3,000
» Family	\$8,000	\$9,000

*I n-network services only are illustrated in the chart above. This is meant to be a brief summary only—for full plan details refer to the SPD.

Prescriptions & Surcharge

Prescriptions

When you enroll in an Anthem medical plan, you are automatically enrolled in prescription drug coverage.

Prescription drug coverage is one of the most valuable, but also one of the most expensive benefits offered. Always discuss lower cost alternatives with your physician and check the CVS website for the drug list at www.caremark.com.



In-Network Drugs:	Core—HDHP	Buy Up—PPO
Deductible	Medical Deductible	N/A
Retail (30 day supply)		
» Tier 1 Drugs	Plan pays 100% after Deductible	\$10 copay
» Tier 2 Drugs	Plan pays 100% after Deductible	\$35 copay
» Tier 3 Drugs	Plan pays 100% after Deductible	\$55 copay
» Tier 4 Drugs	Plan pays 100% after Deductible	25% (\$150 max)
Mail Order (90 day supply)		
» Tier 1 Drugs	Plan pays 100% after Deductible	\$30 copay
» Tier 2 Drugs	Plan pays 100% after Deductible	\$105 copay
» Tier 3 Drugs	Plan pays 100% after Deductible	\$165 copay
» Tier 4 Drugs	Plan pays 100% after Deductible	25% (\$150 max)

*In-network services only are illustrated in the chart above. This is meant to be a brief summary only—for full plan details refer to the SPD.

Saving on Prescriptions

- If you regularly take the same medications, a mail order program may allow you to get a three-month supply for a lower cost, will save you trips to the pharmacy, and time waiting in line.
- Talk with your doctor about using generics when possible. Generic drugs have the same active ingredients as brand name drugs – without the higher price tag.
- Many chain pharmacies offer certain generic medications at deep discounts. In addition, some will dispense certain antibiotic medications for free. Check with your pharmacy to determine if any special programs are available.

Working Spouse Surcharge—\$100.00

Determining if the working spouse surcharge applies to you:

Do you want to cover your spouse on Spalding University Medical Plan?

Yes:

If your spouse is eligible for medical coverage through an employer other than Spalding University, but waives

Yes

You will pay \$100.00 monthly pre-tax working spouse surcharge*

No:

No action is required your are not subject to the working spouse charge.

No

You are not subject to the working spouse surcharge. You must certify that your plus one does not have other coverage when you enroll.

*You are exempt from the surcharge if your spouse's employee coverage has an annual out-of-pocket maximum greater than \$6,250 (employee only) and \$12,500 (if covering dependents)



Pharmacy Vendor FAQ's, Effective July 1, 2021

Frequently Asked Questions:

Are my Pharmacy Benefits changing?

No, your pharmacy benefits are not changing. Your prescriptions will continue to be processed by CVS/Caremark as your Pharmacy Benefits Manager and your **prescription coverage will remain the same.**

When will I receive my new ID card?

Your new card will be a combined card with Medical insurance and Rx information. You must use the new insurance card to ensure proper processing of your Pharmacy Claims.

Please note: REMEMBER to present your ID card at your next doctor and/or pharmacy visit.

This is VERY IMPORTANT, so they will know where to submit your claims.

Will I need a new prescription from my doctor?

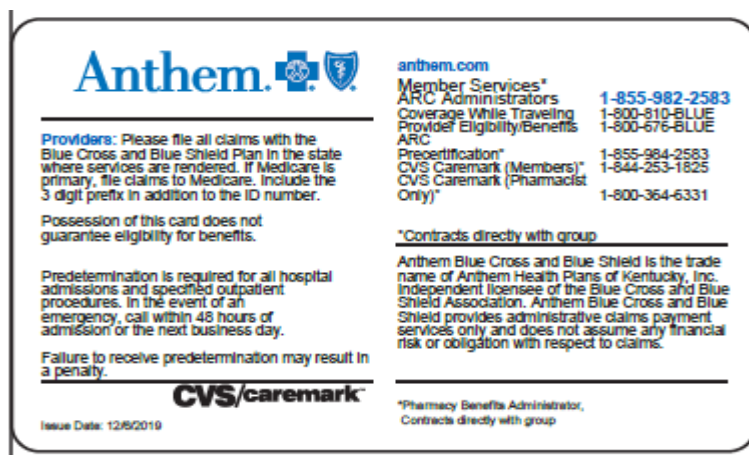
No, all current prescriptions will be valid through their expiration date and will not need a new prescription from your medical provider.

Will I have to change my pharmacy?

You can continue to use any retail pharmacy of your choice on or after July 1st. If you obtain prescriptions via mail order, you will be required to utilize CVS Caremark Mail Order by calling 1-844-253-1825 or visiting www.caremark.com/mailservice. If you obtain specialty prescription medications, you will be required to utilize CVS Caremark Specialty Pharmacy. Please contact them at 1-800-237-2767 or visit www.CVSspecialty.com/enroll.

What should I do if I am having trouble at the pharmacy and my pharmacist can't get the claim to go through?

Please call ARC Administrators/CVS Caremark at 1-855-525-3548. ARC Administrators will work with the pharmacist to assist you. Pharmacists can call ARC Administrators/CVS Caremark at 1-800-364-6331. These phone numbers are located on the back of your new Member ID card.



On Behalf of ARC Administrators, we look forward to serving you and your dependents!

Get support from doctors, therapists and psychiatrists anytime.

Use LiveHealth Online, anytime, for a private video visit with a doctor or mental health professional.



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.¹ It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**² Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**³ If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

Sign up for LiveHealth Online today – it's quick and easy

Go to livehealthonline.com or download the app and register on your phone or tablet.



LiveHealth
O N L I N E

Health Savings Account

High Deductible Health Plan (HDHP)

Please Note that the HSA is only available for employees who are enrolled in the Anthem HDHP Core Plan

Employees who choose to enroll in the High Deductible Health Plan (HDHP) are automatically eligible for the following: Enrollment in a Health Savings Account (HSA). Spalding will contribute \$25.00 per month to the HSA account; the employee may also contribute their own funds up to the maximum deferral amount. This account is managed by McGriff Employee Solutions. There is a \$2.75 monthly service fee for this account.

What are the advantages of participating?

- Pre-tax savings – never pay the federal government taxes on your HSA funds as long as you spend the money on eligible IRS 213(d) health care (medical, dental, vision) expenses
- Unused funds carry over from year to year and can build over time
- Complete control over how and when funds are used
- Funds remaining in your account after you reach the age of 65 can be used for non-medical expenses with ordinary taxes paid, similar to a 401(k)

HSA	Monthly Contribution to HSA can vary, so long as the employee does not exceed the annual maximum as defined by the IRS	Annual Contribution as defined by IRS	Annual Spalding Contribution to HSA	Maximum HSA deferral by household
EO—Employee Only		Up to \$3,600.00	\$300	\$3,300.00
ES—Employee + Spouse		Up to \$7,200.00	\$300	\$6,900.00
EC—Employee + Child(ren)		Up to \$7,200.00	\$300	\$6,900.00
FA—Family		Up to \$7,200.00	\$300	\$6,900.00

Catch-up contributions of an additional \$1,000 can be made any time during the year in which the HSA participant turns 55.

HSA Limitations

- You must have the funds available in your account in order to spend them. You are able to save receipts and file a claim for reimbursement once the funds are available, provided the expense was incurred after the account was opened.
- Remember to always keep your detailed receipts to verify the eligibility of your purchase in case you are ever audited by the IRS. To check if an expense is HSA eligible, go to www.irs.gov/pub/irs-pdf/p502.pdf.
- You may not open or contribute to an HSA if you have other first dollar coverage such as an HMO, lower deductible PPO, or Medicare.
- Although current law allows parents to add children up to age 26 to their health plan, the IRS only allows for funds in an HSA to be used for expenses incurred by:
 - » The plan participant and their legal spouse
 - » All dependents claimed on your tax return
 - » Any person that could be claimed as a dependent on a return except if:
 - a. The person filed a joint return;
 - b. The person had gross income of \$4,050 or more; or,
 - c. Plan participant, or spouse if filing jointly, could be claimed as a dependent on someone else's return



Flexible Spending Accounts

Flexible Spending Information

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for either health care or dependent day care. Because the amount you elect is taken on a pre-tax basis, you have the opportunity to save up to an estimated 25% of out-of-pocket expenses!

Health Care –

Based on your estimated amount of medical out-of-pocket expenses, the annual amount you elect is evenly deducted out of each paycheck throughout the year. Once you have elected your FSA amount, you may not change it without a qualifying life event. Please be aware that any unused balance over \$550 will be forfeited back into the plan. Please note: employees enrolled in the HDHP w/HSA Medical Plan may use FSA funds for dental and/or vision expenses only.

Dependent Care –

A Dependent Care FSA is available to employees who have a dependent child or parent for which they pay expenses such as day care, preschool, or after school care. Funds in the Dependent Care FSA are not to be used for medical care. It is advised that you seek advice from your tax preparer.

Limited Purpose FSA –

A Limited Purpose FSA is available to cover dental and vision only and works in conjunction with an HSA. Employees are allowed to contribute up to \$2,750 annually. Please be aware that any unused balance over \$550 will be forfeited back into the plan.

Flexible Spending Account

Spalding offers an IRS Section 125 flexible spending account that allows employees to allocate up to \$2,750 annually in a Healthcare Flexible Spending account (FSA). A Healthcare FSA provides tax-exempt funds you can use to pay for eligible healthcare expenses that are not covered, or only partially covered, by your medical, dental and vision insurance plans. With a Health Care FSA you or your spouse cannot have an HSA. If you have an HSA you may only utilize the Limited Purpose FSA.

Dependent Care Account

A reimbursement account is also offered for dependent care expenses with a maximum of \$5,000 annually. A Dependent Care Flexible Spending Account provides tax exempt funds you can use to pay for eligible expenses related to the care and supervision of your child or elder dependent.



Health Care FSA Calculation Worksheet

AMOUNT
SPENT IN
AVG YEAR

Doctor visits?

Hospital services?

X-rays, lab exams, tests?

Glasses/contacts and cleaning supplies?

Eye doctor visits?

Prescriptions?

Dental expenses?

Total: regular expenses
(max. yearly contribution = \$2,750)

÷ Number of paychecks you receive each year

= Amount to deposit into your health care
reimbursement plan each pay period

Dependent Care FSA Calculation Worksheet

AMOUNT
SPENT IN
AVG YEAR

Last year's tax credit-eligible day care expenses?

Day care/preschool programs?

After-school programs?

Adult day care or elder care?

+ Any fee increases?

Total: regular expenses
(max. yearly contribution = \$5,000)

÷ Number of paychecks you receive each year

= Amount to deposit into your dependent care
reimbursement plan each pay period

Where to Go

The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care. In addition to clinical settings, you have access to Live Health Online for virtual visits.

	Conditions Treated*	Your Cost & Time
Emergency Room		
For the immediate treatment of critical injuries or illness. If a situation seems life-threatening, call 911 or go to the nearest emergency room. Open 24/7.	<ul style="list-style-type: none">• Sudden numbness, weakness• Uncontrolled bleeding• Seizure or loss of consciousness• Shortness of breath• Chest pain• Head injury/major trauma• Blurry or loss of vision• Severe cuts or burns	<ul style="list-style-type: none">• Costs are highest• No appointment needed• Wait times may be long, averaging over 4 hours
Urgent Care Center		
For conditions that are not life threatening. Staffed by nurses and doctors and usually have extended hours.	<ul style="list-style-type: none">• Minor cuts, sprains, burns, rashes• Fever and flu symptoms• Headaches• Chronic lower back pain• Joint pain• Minor respiratory symptoms	<ul style="list-style-type: none">• Costs are lower than an ER visit• No appointment needed• Wait times vary
Doctor's Office		
The best place to receive routine or preventive care, track medications, or get a referral to see a specialist.	<ul style="list-style-type: none">• General health issues• Preventive services• Routine checkups• Immunizations and screenings	<ul style="list-style-type: none">• May include coinsurance and/or deductible• Appointment usually needed• May have little wait time
Convenience Care Clinic		
Staffed by nurse practitioners and physician assistants. Treat minor medical concerns that are not life threatening. Located in retail stores and pharmacies, they're often open nights and weekends.	<ul style="list-style-type: none">• Common cold/flu• Rashes or skin conditions• Sore throat, earache, sinus pain• Minor cuts or burns• Pregnancy testing• Vaccinations	<ul style="list-style-type: none">• Costs are same or lower than office visit• No appointment needed• Wait times typically 15 minutes or less
Live Health Online		
Virtual visits with a doctor anytime 24/7/365 via computer with webcam capability or smartphone mobile app.	<ul style="list-style-type: none">• Cold and flu symptoms such as a cough, fever and headaches• Allergies• Sinus infections	<ul style="list-style-type: none">• Cost is lower than office visit• No appointment needed• Immediate, private, and secure visits

GREATER

Cost & Time

LOWER

*List is not all inclusive. To find a specific health care facility or doctor, go to your medical carrier's website or call the number on your ID card. The listing of a health care professional or facility in the online directory does not guarantee that the services rendered by that professional or facility are covered under your specific medical plan. Check your official plan document for information about the services covered under your plan benefits. The information provided here is for informational purposes only. During a medical emergency, you should always visit the nearest hospital or call 911 for assistance.

Dental & Vision

Voluntary Dental

Dental coverage is offered through Delta Dental. Regular dental cleanings and check-ups are extremely important to your overall health and you are encouraged to take advantage of your preventive dental benefits.

Our plan provides for exams and cleanings every six months. You may seek care from any dentist, but by choosing in-network providers, you will lower your out-of-pocket costs. To find an in-network dentist, go to www.deltadentalky.com or call toll-free 1-800-955-2030.

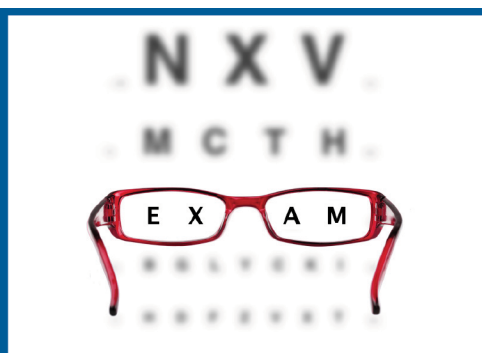
Services*	Cost Share Plan	PPO Plan
Deductible	\$50 individual \$150 family maximum	\$50 individual \$150 family maximum
Annual Maximum	\$1,000	\$1,000
Preventive Care	Plan pays 100%, deductible waived	Plan pays 100%, deductible waived
Basic Services	Not Covered	Plan pays 50% after deductible
Major Services	Not Covered	Plan pays 50% after deductible

*In-network services only are illustrated in the chart above. This is meant to be a brief summary only—for full plan details refer to the SPD.



Dental Hygiene and You

Keeping up regular visits with your dentist is about more than just maintaining a great smile. Because poor dental hygiene is not just limited to bad breath, gum disease, and tooth decay; serious medical conditions such as cancer, heart disease, and diabetes have been linked to poor oral health. Take advantage of your preventive dental benefits with periodic cleanings and exams at no cost to you.



Importance of Eye Health

Don't overlook the importance of maintaining your vision health. Annual visits to an eye care professional for routine exams can help detect common vision problems or prescription changes, as well as eye diseases such as diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

*In-network services only are illustrated in the chart above. This is meant to be a brief summary only—for full plan details refer to the SPD.

Voluntary Vision

Vision coverage is offered through Delta Vision. Your routine vision exams, eyeglasses or contact lenses are available through VSP's national network of vision care providers. In addition to the benefits outlined below, you have access to discounts on lens options and Laser Vision Correction. To find an in-network provider, go to www.vsp.com or call toll-free 1-800-955-2030.

Services*

Vision Plan

Eye Exams (Once per 12 months)	\$10 copay
Frames (Once per 24 months)	plan pays 100% up to \$130
Lenses (Once per 12 months)	
» Single Vision	\$25 copay
» Bifocal	\$25 copay
» Trifocal	\$25 copay
Contact Lenses (Once per 12 months in lieu of eyeglass lenses)	\$130 allowance

Employee Contributions

Medical Plan Rates

Anthem Blue Cross PPO Plan	Employee Monthly Premium	Employee Pay Period Premium	Employer Monthly Contribution
Employee Only	\$108.76	\$54.38	\$806.44
Employee + Spouse	\$643.76	\$321.88	\$1,195.17
Employee + Child(ren)	\$468.18	\$234.09	\$1,275.93
Family	\$848.71	\$424.36	\$2,090.07

Anthem HDHP Plan	Employee Monthly Premium	Employee Pay Period Premium	Employer Monthly Contribution
Employee Only	\$17.06	\$8.53	\$636.68
Employee + Spouse	\$176.29	\$88.15	\$1,134.04
Employee + Child(ren)	\$96.67	\$48.34	\$1,146.72
Family	\$221.79	\$110.90	\$1,873.51

Dental Plan Rates

Dental Cost Share Plan	Employee Monthly Premium	Employee Pay Period Premium	Employer Monthly Contribution
Employee Only	\$9.17	\$4.59	\$5.00
Employee + Spouse	\$20.12	\$10.06	\$5.00
Employee + Child(ren)	\$19.09	\$9.55	\$5.00
Family	\$33.85	\$16.93	\$5.00

Dental PPO Plan	Employee Monthly Premium	Employee Pay Period Premium	Employer Monthly Contribution
Employee Only	\$22.95	\$11.48	\$5.00
Employee + Spouse	\$38.91	\$19.46	\$5.00
Employee + Child(ren)	\$44.34	\$22.17	\$5.00
Family	\$72.64	\$36.32	\$5.00

Vision Plan Rates

	Employee Monthly Premium	Employee Pay Period Premium
Employee Only	\$6.30	\$3.15
Employee + Spouse	\$12.60	\$6.30
Employee + Child(ren)	\$13.49	\$6.75
Family	\$21.55	\$10.78

Stay informed about your dental benefits with Consumer Toolkit®

Stay current on your dental benefits with Delta Dental's easy-to-use Consumer Toolkit.

This secure online tool is designed to give you 24/7 access to important information regarding your dental benefits, including:

- Eligibility information
- Current benefits information (such as how much of your yearly benefit has been used to date)
- Specific claims information, including what has been approved and when it was paid

The site also allows you to sign up for electronic delivery of Explanation of Benefits (EOB) statements, print claim forms and identification cards, and browse oral health information.

All users must first register to gain access to the Consumer Toolkit. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

To start taking advantage of this innovative tool, follow these simple steps:

1. Visit www.toolkitsonline.com.
2. Select "Consumer Toolkit" on the home page.
3. Register as a new Toolkit user by clicking "Register here."

NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID. In many cases, the member ID is the same as the subscriber's Social Security number.

4. Complete required fields and follow the on-screen instructions.
5. Select your own username and password to access the site.

If you need further assistance, contact Toolkit support at 866-356-0301.

Stay informed about your DeltaVision® benefits on vsp.com

Learn more about your vision benefits and access claims on vsp.com.

It's that simple! Once you create an account, you can review your benefit information, access personalized eligibility and plan coverage details, and print a Member Vision Card.

Create an account

1. Visit vsp.com
2. Click on CREATE AN ACCOUNT at the top of the page.
3. Enter the last 4 digits of the primary member's SSN or Member ID Number.
4. Continue to complete all required fields.
5. Click on CREATE MY ACCOUNT to complete process.

Mobile App - Delta Dental's mobile app provides the ability to search for a Delta Dental Premier® or Delta Dental PPO™ dentist in your area, check your claims and coverage information on the go, get estimated cost ranges for common dental services, and access a mobile ID card that you can show your dental office.

Disability

[Spalding Policy Manual, volume III, 3.3.2.1.3](#)

After 12 continuous months of employment, the University offers up to six weeks of paid time off for any major surgery, illness, childbirth, or adoption annually at no cost to the employee. You must use 10 days of your own PTO first. After the six weeks, an employee may use vacation, sick time, or other disability insurance if needed. The University reserves the right to request information from the attending physician.

Voluntary Disability

Whether you are totally disabled and unable to work due to an accident or illness, Spalding University provides disability benefits. Spalding University pays the full cost of coverage for Long Term Disability. Additionally, you have the option to purchase a Buy Up Long Term Disability policy and Voluntary Short Term Disability. Long Term Disability benefits will provide for a percentage of your salary once you satisfy the waiting period. Voluntary Short Term disability begins after the exhaustion of the above mentioned Spalding Policy Manual, volume III, 3.3.2.1.3 benefit.

	Voluntary Short-Term Disability	Long-Term Disability Employer Paid	Long Term Disability Buy Up Employee
Waiting Period	Accident: 14 days Illness: 14 days	180 days	180 days
Percentage of Salary Replaced	60% of your weekly covered earnings	60% of your monthly covered earnings	70% of your monthly covered earnings
Maximum Benefit	\$750 per week	\$5,000	\$5,000
Benefits Payable	Up to 26 weeks	Later of age 65 or SSNRA	Later of age 65 or SSNRA

The Benefits of Disability Insurance

If you have an accident or injury, your health insurance typically helps cover the medical bills. But what if your injury results in a total disability that prevents you from working and you need help paying the mortgage, childcare costs and other daily living expenses? Or, what happens if you get a disabling illness that results in you not being able to work? That's where disability insurance comes in. In contrast so Social Security disability coverage, which has eligibility requirements and a rigorous application process, disability insurance is available to anyone and helps prepare for life's what-ifs.

This is meant to be a brief summary only—for full plan details refer to the SPD.

Life

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Spalding University provides each employee with basic life and basic AD&D insurance through CIGNA/ New York Life, and pays for the full cost of coverage. Employees receive One Times their salary to a maximum of \$500,000 in coverage.

Supplemental Life and AD&D Insurance

Spalding University employees have the option to supplement their life insurance by purchasing additional amounts of coverage through CIGNA/New York Life. In addition, life insurance may be purchased to cover a spouse and/or child(ren) after electing coverage for yourself.

	Employee Coverage	Spouse Coverage	Child(ren) Coverage
Voluntary Life and AD&D Increments	\$10,000	\$5,000	\$10,000
Guaranteed Issue*	Lesser of 5 x annual salary or \$150,000	\$50,000	\$10,000
Maximum Benefit	Lesser of 5 x annual salary to \$500,000	Up to 50% of employee benefit to \$100,000	\$10,000

The Benefits of Supplemental (Voluntary) Life Insurance

Supplemental Life Insurance is additional term life insurance that you can purchase that is above and beyond the employer provided basic coverage. As with basic coverage, it usually can be bought in the form of a multiple of your annual salary. And it is deducted from payroll.

When you purchase Supplemental Life insurance the rate includes an equal amount of Accidental Death and Dismemberment insurance. If your and/or your covered spouse were to die in an accident, your beneficiary(ies) would receive both the life and AD&D benefit. It also covers partial dismemberments and disabilities.

Life Insurance isn't a fun thing to think about, and it may seem like an unnecessary expense. But if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you—your designated beneficiary would collect a financial benefit upon your death. Please make sure to designate your beneficiary(ies), and update them when life events happen. If you do not designate a beneficiary, your life benefits may be delegated by a court and not paid out according to your wishes.

This is meant to be a brief summary only. Evidence of Insurability, Guaranteed Issue, and Exclusions may apply—for full plan details refer to the SPD.

CIGNA / NY Life Supplemental Life Insurance Premium Table

Scheduled Benefit: Each eligible employee may elect for himself/herself an amount of insurance shown in the Table below. Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure.

Employee and Spouse Premiums:

- Determine your age band
- Select a benefit amount.
- Employee rates change as insured moves from one age bracket to the next.

Note: For rates age 75+ see Human Resources

Employee Semi-Monthly Life and AD&D Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74
\$10,000	\$0.35	\$0.35	\$0.45	\$0.50	\$0.60	\$0.90	\$1.45	\$2.25	\$2.95	\$4.35	\$7.85
\$20,000	\$0.70	\$0.70	\$0.90	\$1.00	\$1.20	\$1.80	\$2.90	\$4.50	\$5.90	\$8.70	\$15.70
\$30,000	\$1.05	\$1.05	\$1.35	\$1.50	\$1.80	\$2.70	\$4.35	\$6.75	\$8.85	\$13.05	\$23.55
\$40,000	\$1.40	\$1.40	\$1.80	\$2.00	\$2.40	\$3.60	\$5.80	\$9.00	\$11.80	\$17.40	\$31.40
\$50,000	\$1.75	\$1.75	\$2.25	\$2.50	\$3.00	\$4.50	\$7.25	\$11.25	\$14.75	\$21.75	\$39.25
\$60,000	\$2.10	\$2.10	\$2.70	\$3.00	\$3.60	\$5.40	\$8.70	\$13.50	\$17.70	\$26.10	\$47.10
\$70,000	\$2.45	\$2.45	\$3.15	\$3.50	\$4.20	\$6.30	\$10.15	\$15.75	\$20.65	\$30.45	\$54.95
\$80,000	\$2.80	\$2.80	\$3.60	\$4.00	\$4.80	\$7.20	\$11.60	\$18.00	\$23.60	\$34.80	\$62.80
\$90,000	\$3.15	\$3.15	\$4.05	\$4.50	\$5.40	\$8.10	\$13.05	\$20.25	\$26.55	\$39.15	\$70.65
\$100,000	\$3.50	\$3.50	\$4.50	\$5.00	\$6.00	\$9.00	\$14.50	\$22.50	\$29.50	\$43.50	\$78.50
\$110,000	\$3.85	\$3.85	\$4.95	\$5.50	\$6.60	\$9.90	\$15.95	\$24.75	\$32.45	\$47.85	\$86.35
\$120,000	\$4.20	\$4.20	\$5.40	\$6.00	\$7.20	\$10.80	\$17.40	\$27.00	\$35.40	\$52.20	\$94.20
\$130,000	\$4.55	\$4.55	\$5.85	\$6.50	\$7.80	\$11.70	\$18.85	\$29.25	\$38.35	\$56.55	\$102.05
\$140,000	\$4.90	\$4.90	\$6.30	\$7.00	\$8.40	\$12.60	\$20.30	\$31.50	\$41.30	\$60.90	\$109.90
\$150,000	\$5.25	\$5.25	\$6.75	\$7.50	\$9.00	\$13.50	\$21.75	\$33.75	\$44.25	\$65.25	\$117.75
\$160,000	\$5.60	\$5.60	\$7.20	\$8.00	\$9.60	\$14.40	\$23.20	\$36.00	\$47.20	\$69.60	\$125.60
\$170,000	\$5.95	\$5.95	\$7.65	\$8.50	\$10.20	\$15.30	\$24.65	\$38.25	\$50.15	\$73.95	\$133.45
\$180,000	\$6.30	\$6.30	\$8.10	\$9.00	\$10.80	\$16.20	\$26.10	\$40.50	\$53.10	\$78.30	\$141.30
\$190,000	\$6.65	\$6.65	\$8.55	\$9.50	\$11.40	\$17.10	\$27.55	\$42.75	\$56.05	\$82.65	\$149.15
\$200,000	\$7.00	\$7.00	\$9.00	\$10.00	\$12.00	\$18.00	\$29.00	\$45.00	\$59.00	\$87.00	\$157.00
\$210,000	\$7.35	\$7.35	\$9.45	\$10.50	\$12.60	\$18.90	\$30.45	\$47.25	\$61.95	\$91.35	\$164.85
\$220,000	\$7.70	\$7.70	\$9.90	\$11.00	\$13.20	\$19.80	\$31.90	\$49.50	\$64.90	\$95.70	\$172.70
\$230,000	\$8.05	\$8.05	\$10.35	\$11.50	\$13.80	\$20.70	\$33.35	\$51.75	\$67.85	\$100.05	\$180.55
\$240,000	\$8.40	\$8.40	\$10.80	\$12.00	\$14.40	\$21.60	\$34.80	\$54.00	\$70.80	\$104.40	\$188.40
\$250,000	\$8.75	\$8.75	\$11.25	\$12.50	\$15.00	\$22.50	\$36.25	\$56.25	\$73.75	\$108.75	\$196.25
\$260,000	\$9.10	\$9.10	\$11.70	\$13.00	\$15.60	\$23.40	\$37.70	\$58.50	\$76.70	\$113.10	\$204.10
\$270,000	\$9.45	\$9.45	\$12.15	\$13.50	\$16.20	\$24.30	\$39.15	\$60.75	\$79.65	\$117.45	\$211.95
\$280,000	\$9.80	\$9.80	\$12.60	\$14.00	\$16.80	\$25.20	\$40.60	\$63.00	\$82.60	\$121.80	\$219.80
\$290,000	\$10.15	\$10.15	\$13.05	\$14.50	\$17.40	\$26.10	\$42.05	\$65.25	\$85.55	\$126.15	\$227.65
\$300,000	\$10.50	\$10.50	\$13.50	\$15.00	\$18.00	\$27.00	\$43.50	\$67.50	\$88.50	\$130.50	\$235.50
\$310,000	\$10.85	\$10.85	\$13.95	\$15.50	\$18.60	\$27.90	\$44.95	\$69.75	\$91.45	\$134.85	\$243.35
\$320,000	\$11.20	\$11.20	\$14.40	\$16.00	\$19.20	\$28.80	\$46.40	\$72.00	\$94.40	\$139.20	\$251.20
\$330,000	\$11.55	\$11.55	\$14.85	\$16.50	\$19.80	\$29.70	\$47.85	\$74.25	\$97.35	\$143.55	\$259.05
\$340,000	\$11.90	\$11.90	\$15.30	\$17.00	\$20.40	\$30.60	\$49.30	\$76.50	\$100.30	\$147.90	\$266.90
\$350,000	\$12.25	\$12.25	\$15.75	\$17.50	\$21.00	\$31.50	\$50.75	\$78.75	\$103.25	\$152.25	\$274.75
\$360,000	\$12.60	\$12.60	\$16.20	\$18.00	\$21.60	\$32.40	\$52.20	\$81.00	\$106.20	\$156.60	\$282.60
\$370,000	\$12.95	\$12.95	\$16.65	\$18.50	\$22.20	\$33.30	\$53.65	\$83.25	\$109.15	\$160.95	\$290.45
\$380,000	\$13.30	\$13.30	\$17.10	\$19.00	\$22.80	\$34.20	\$55.10	\$85.50	\$112.10	\$165.30	\$298.30
\$390,000	\$13.65	\$13.65	\$17.55	\$19.50	\$23.40	\$35.10	\$56.55	\$87.75	\$115.05	\$169.65	\$306.15

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74
\$400,000	\$14.00	\$14.00	\$18.00	\$20.00	\$24.00	\$36.00	\$58.00	\$90.00	\$118.00	\$174.00	\$314.00
\$410,000	\$14.35	\$14.35	\$18.45	\$20.50	\$24.60	\$36.90	\$59.45	\$92.25	\$120.95	\$178.35	\$321.85
\$420,000	\$14.70	\$14.70	\$18.90	\$21.00	\$25.20	\$37.80	\$60.90	\$94.50	\$123.90	\$182.70	\$329.70
\$430,000	\$15.05	\$15.05	\$19.35	\$21.50	\$25.80	\$38.70	\$62.35	\$96.75	\$126.85	\$187.05	\$337.55
\$440,000	\$15.40	\$15.40	\$19.80	\$22.00	\$26.40	\$39.60	\$63.80	\$99.00	\$129.80	\$191.40	\$345.40
\$450,000	\$15.75	\$15.75	\$20.25	\$22.50	\$27.00	\$40.50	\$65.25	\$101.25	\$132.75	\$195.75	\$353.25
\$460,000	\$16.10	\$16.10	\$20.70	\$23.00	\$27.60	\$41.40	\$66.70	\$103.50	\$135.70	\$200.10	\$361.10
\$470,000	\$16.45	\$16.45	\$21.15	\$23.50	\$28.20	\$42.30	\$68.15	\$105.75	\$138.65	\$204.45	\$368.95
\$480,000	\$16.80	\$16.80	\$21.60	\$24.00	\$28.80	\$43.20	\$69.60	\$108.00	\$141.60	\$208.80	\$376.80
\$490,000	\$17.15	\$17.15	\$22.05	\$24.50	\$29.40	\$44.10	\$71.05	\$110.25	\$144.55	\$213.15	\$384.65
\$500,000	\$17.50	\$17.50	\$22.50	\$25.00	\$30.00	\$45.00	\$72.50	\$112.50	\$147.50	\$217.50	\$392.50

PREMIUM CALCULATION (Add your elections here):

Employee Premium	
Spouse Premium	
Dependent Child(ren) Premium	
Total Premium	

(Rates are calculated as of coverage effective date and are based on employee's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).

Please read this important information:

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent child(ren).

Rates are subject to change.

CIGNA / NY Life Dependent Life Insurance Premium Table

Scheduled Benefit: Each eligible employee may elect for his/her eligible spouse an amount of insurance shown in the Table below. Benefit amounts are reduced according to the age-based reduction chart shown in the Dependent Life policy.

To find your spouse's premium -

- Determine your spouse's age band. Spouse's age is equal to the employee's age.
- Select a benefit.
- Spouse rates change as employee moves from one age bracket to the next.

Spouse Semi Monthly Life and AD&D

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70
\$5,000	\$0.18	\$0.18	\$0.23	\$0.25	\$0.30	\$0.45	\$0.73	\$1.13	\$1.48	\$2.18	\$3.93
\$10,000	\$0.35	\$0.35	\$0.45	\$0.50	\$0.60	\$0.90	\$1.45	\$2.25	\$2.95	\$4.35	\$7.85
\$15,000	\$0.53	\$0.53	\$0.68	\$0.75	\$0.90	\$1.35	\$2.18	\$3.38	\$4.43	\$6.53	\$11.78
\$20,000	\$0.70	\$0.70	\$0.90	\$1.00	\$1.20	\$1.80	\$2.90	\$4.50	\$5.90	\$8.70	\$15.70
\$25,000	\$0.88	\$0.88	\$1.13	\$1.25	\$1.50	\$2.25	\$3.63	\$5.63	\$7.38	\$10.88	\$19.63
\$30,000	\$1.05	\$1.05	\$1.35	\$1.50	\$1.80	\$2.70	\$4.35	\$6.75	\$8.85	\$13.05	\$23.55
\$35,000	\$1.23	\$1.23	\$1.58	\$1.75	\$2.10	\$3.15	\$5.08	\$7.88	\$10.33	\$15.23	\$27.48
\$40,000	\$1.40	\$1.40	\$1.80	\$2.00	\$2.40	\$3.60	\$5.80	\$9.00	\$11.80	\$17.40	\$31.40
\$45,000	\$1.58	\$1.58	\$2.03	\$2.25	\$2.70	\$4.05	\$6.53	\$10.13	\$13.28	\$19.58	\$35.33
\$50,000	\$1.75	\$1.75	\$2.25	\$2.50	\$3.00	\$4.50	\$7.25	\$11.25	\$14.75	\$21.75	\$39.25
\$55,000	\$1.93	\$1.93	\$2.48	\$2.75	\$3.30	\$4.95	\$7.98	\$12.38	\$16.23	\$23.93	\$43.18
\$60,000	\$2.10	\$2.10	\$2.70	\$3.00	\$3.60	\$5.40	\$8.70	\$13.50	\$17.70	\$26.10	\$47.10
\$65,000	\$2.28	\$2.28	\$2.93	\$3.25	\$3.90	\$5.85	\$9.43	\$14.63	\$19.18	\$28.28	\$51.03
\$70,000	\$2.45	\$2.45	\$3.15	\$3.50	\$4.20	\$6.30	\$10.15	\$15.75	\$20.65	\$30.45	\$54.95
\$75,000	\$2.63	\$2.63	\$3.38	\$3.75	\$4.50	\$6.75	\$10.88	\$16.88	\$22.13	\$32.63	\$58.88
\$80,000	\$2.80	\$2.80	\$3.60	\$4.00	\$4.80	\$7.20	\$11.60	\$18.00	\$23.60	\$34.80	\$62.80
\$85,000	\$2.98	\$2.98	\$3.83	\$4.25	\$5.10	\$7.65	\$12.33	\$19.13	\$25.08	\$36.98	\$66.73
\$90,000	\$3.15	\$3.15	\$4.05	\$4.50	\$5.40	\$8.10	\$13.05	\$20.25	\$26.55	\$39.15	\$70.65
\$95,000	\$3.33	\$3.33	\$4.28	\$4.75	\$5.70	\$8.55	\$13.78	\$21.38	\$28.03	\$41.33	\$74.58
\$100,000	\$3.50	\$3.50	\$4.50	\$5.00	\$6.00	\$9.00	\$14.50	\$22.50	\$29.50	\$43.50	\$78.50

Dependent Child(ren) Premiums

Benefit Amount	Premium
\$10,000	\$1.10

(One rate and benefit amount for all eligible children in family, regardless of number)

Actual per pay period premiums may differ slightly due to rounding.

403(b) Retirement

403(b)

Saving for retirement is an important piece of your overall financial wellness. Because of this, Spalding University offers a robust 403(b) retirement plan through The Standard, where you can contribute pre-tax dollars and save for your future.

- Employees may begin making contributions to their retirement plan on the 1st of the month following hire date.
- Spalding will match your employee contributions up to 2.5% dollar for dollar.
- After the completion of six months of employment, the University automatically contributes an additional 2.5% of your annual base salary.

Investment Assistance

- If you are uncertain about which investment options to choose, The Standard website offers interactive tools, articles, seminars, videos and more to aid you in making investment decisions. Log on at www.standard.com.

Make Saving for your Retirement a Priority

A common misconception many people have is that they don't earn enough to start saving for their retirement. But the important thing to consider is to start saving at least a small percentage of your pay as soon as possible. If you can't afford to contribute as much as you would like right away, don't worry. You can opt to increase the rate at which you save in the future. The table on the right shows some examples of salary contributions on a monthly basis.

Current Annual Salary	Salary Contribution Per Month				
	3%	6%	8%	10%	12%
\$20,000	\$50	\$100	\$133	\$167	\$200
\$30,000	\$75	\$150	\$200	\$250	\$300
\$40,000	\$100	\$200	\$267	\$333	\$400
\$60,000	\$150	\$300	\$400	\$500	\$600
\$80,000	\$200	\$400	\$533	\$667	\$800
\$100,000	\$250	\$500	\$667	\$833	\$1,000

The chart above is for illustrative purposes only and is not intended to make promise of return on any contributions or investments you may make.

Paid Time Off

After thirty (30) days of continuous employment, all full-time exempt and full-time non-exempt staff members will begin to accrue paid time off (PTO) if you are a regular status staff employee scheduled to work at least 30 hours per week. Paid time off does not accrue if an employee is on unpaid leave for any part of the pay period. Employees may not take paid time off before it has accrued. Paid time off must be recorded in the payroll system. Non-exempt salary and hourly employees are required to record time in no less than one-hour intervals. Exempt employees are required to record time in no less than four-hour intervals.

Employee	Days per year	Hours accrued each pay period
New Hire -1 year (date of hire to first anniversary)	23 days Per year	7.65 accrued hours per pay period
1-5 years of employment	23 days Per year	7.65 accrued hours per pay period
6 – 10 years of employment	28 days per year	9.3 hours per pay period
11 plus years of employment	33 days per year	11 hours per pay period

Accrual Schedule for Part Time Staff:

Employee working between 15 and 29 hours per week receive .25 hours each pay period.

Employee Volunteering

All Spalding Employees are permitted to volunteer 4 hours each month and no more than 1 hour per week at an approved non-profit agency or organization. Please see Human Resources for more information.

Paid Holidays

The University has 21 paid holidays including:

Martin Luther King Jr. Day
 President's Day
 Good Friday
 Derby Eve/Oaks
 Memorial Day
 Juneteeth
 Fourth of July
 Labor Day
 Thanksgiving
 Christmas



The Benefits of Vacation

- Blood pressure, heart rate and levels of the stress hormone epinephrine decrease on vacations after only one or two days
- Vacationers get three times more deep sleep when their trip is over as compared to those who have not recently taken time off
- Leisure activities have been linked to overall well-being and maintenance of solid physical and mental health

EAP & Other University Benefits

Anthem Employee Assistance Program (EAP) 1-800-865-1044

Employees and their families are eligible to receive up to three visits with a licensed professional for any emotional, mental, financial, or legal issue immediately upon hire at no cost to the employee.

Wellbeing Program

Spalding University knows that traditional approach to workplace health promotion is not enough to reach our employee's goals for overall health. We take a more holistic approach to our employee's wellbeing by focusing in on 5 key areas: career, financial, community, social and physical.

Through the Wellbeing Program, Spalding employees can participate in a host of activities right here on campus to help improve our employee's wellbeing. See Human Resources for plan details.

Book Store / Other Personal Purchases

Immediately upon hire, employees receive a 10% discount on items purchased in the University Book Store; Additionally, employees may receive a discount on computer software, computer hardware, cell phones and cell phone plans. Please contact the Fusion Center at Spalding University for more information.

Weight Rooms

Spalding University's recently remodeled weight room is open, free of charge, to all faculty and staff. The hours of operation are 7:00 am—7:00 pm Monday through Friday. The faculty and staff locker rooms are located across the hall from the weight room. For further information, please contact Lisa Bash-DeFrees at 502-873-4201 or email: lbash@spalding.edu in Athletics.

Tuition Benefits

Employee Educations Benefits

Undergraduate Courses:

After one year of employment, employees may receive 100% remission for up to 24 credit hours of Undergraduate courses.

Graduate Courses:

For Graduate courses, after one year of service, full-time employees who meet admission requirements may, with the approval of their supervisor and the University Provost enroll in any graduate program of the University, except the PsyD Programs, and receive a 50% tuition waiver—with an additional 10% waiver for each year of employee service over one year until reaching 100%. There is no limitation on the number of credit hours to which the waiver will apply. Spouses and children of full-time employees are not eligible for a tuition waiver in graduate programs. The employee's anniversary date must be achieved prior to the class start date for the benefit to apply.

Effective January 1, 2018, up to two (2) Spalding university employees will be permitted to enroll in each graduate program per academic year. In order to be considered for enrollment, employees will be required to apply to the program. Upon acceptance into the program, the Provost will review the application and select who will be admitted. The criteria for selection will be twofold: (1) applicability of the graduate program to current job duties; and (2) years of service to Spalding University. The University Provost reserves the right to admit employees in excess of two in any graduate program at his/her discretion. If an employee resigns or is terminated while receiving tuition remission, the remission will end on the employee's last day, and the employee will have the option to continue in the graduate program at his or her own expense.

Upon receipt of a Spalding master or doctoral degree, the employee will be required to remain employed at Spalding for a number of years equivalent to the years of the graduate program. For example, if the program were a two year program the employee will be required to continue employment at Spalding for two years following the receipt of his/her degree. If the employee resigns his/her employment during this period of time, the employee will be required to remit the cost of the graduate program to the University on a pro-rated basis.

Employee Educational Benefits for Dependents

After one year of employment, employee dependents who meet admission requirements are eligible for a 50% tuition waiver with an additional 10% waiver for each year of employee service over one year until reaching 100% towards undergraduate courses. This benefit is for undergraduate courses only.

Other tuition remission opportunities:

Tuition Remission may also apply to other colleges and universities participating in the Coalition for Independent Colleges Tuition Benefits (CIC) <https://www.cic.edu/member-services/tuition-exchange-program> Please see Human Resources for more details.

CIGNA GROUP INSURANCE HEALTH ADVOCACY SERVICES

Health care and insurance can be complicated. We're here to help.

Navigating the complex health care landscape can sometimes seem overwhelming. Cigna offers health advocacy services to help employees and their families resolve their health care and health insurance challenges. These services benefit employers by helping them reduce absenteeism and increase both employee productivity and employee satisfaction.

Support from dedicated professionals

Personal health advocates, who are experienced in health benefits and services, provide individualized assistance with a range of health care and insurance-related needs.

Services include:

- **Information and Guidance** – answer questions, provide information on treatments, medications, as well as helping find health care providers.
- **Administrative Support** – explaining benefits, estimating procedure costs, and working to resolve benefit and claim issues.
- **Senior Care and Special Needs Services** – locating appropriate senior care – in a facility like a nursing home or group home, or in-home assistance – such as home health aides, rehabilitation services, or physicians who make house calls.
- **Complementary & Alternative Medicine** – identifying wellness services and alternative medicine.



Services for the whole family

Employees, spouses, dependent children, parents and parents-in-law are all eligible.

Support for non-covered medical expenses

Personal health coaches also work with employees who have non-covered medical bills over \$400. They help investigate charges, negotiate discounts, establish payment plans, and educate employees about how to maximize their benefits and their savings.

How it works



Employee or family member calls a toll-free number dedicated to Cigna customers.



Caller speaks to a dedicated personal health advocate and receives live, individualized assistance.



Personal health advocate continues to support the individual until the issue is resolved.

A commitment to adding value

At Cigna, we're committed to adding real value to our product offerings. Health advocacy services help employees save time and effort, which helps boost productivity and job satisfaction. And we see that as a win-win for employees and employers alike.

Together, all the way.®



These programs are NOT insurance and do not provide reimbursement for financial losses. Presented here are only the highlights of these programs. Full terms, conditions and exclusions are contained in the applicable offering descriptions. Program availability may vary by plan type and location and is subject to change. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. These programs are not available under policies insured by Cigna Life Insurance Company of New York.

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WHATEVER LIFE THROWS AT YOU - THROW IT OUR WAY.

Life Assistance ProgramSM

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Call us anytime, any day.

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist.

You have three face-to-face sessions with a behavioral counselor available to you - and your household members. Call us to request a referral.

Monthly Webinars

Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

Achieve work/life balance.

For help handling life's challenges go on line for articles and resources including on family, care giving, pet care, aging, grief, balancing, working smarter, and more.



Legal consultation and referrals*

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.



Financial consultations.

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.



Life Assistance Program - 24/7 support

Phone: **800.538.3543**
website: **www.cignalap.com**

Together, all the way.®



Offered by: Life Insurance Company of North America or Connecticut General Life Insurance Company.

*Legal consultations and discounts are excluded for employment-related issues.

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. These programs are not available under policies insured by Cigna Life Insurance Company of New York (New York, NY).

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SOLUTIONS FOR ALL TYPES OF PERSONAL FINANCIAL CHALLENGES

My Secure Advantage

Cigna knows that financial issues are one of the leading causes of stress in America.* That's why we offer a full-service financial wellness program. My Secure Advantage™ can help support the financial health of your household, at no additional cost to you.

MY SECURE ADVANTAGE PROGRAM INCLUDES:

My Secure Advantage (MSA) Money Coaching

- › You can take advantage of a free 30-minute consultation with a certified financial expert before you decide to participate in Money Coaching.
- › Individuals and couples can work with a designated Money Coach for 30 days, paid for by Cigna.
- › Your Money Coach can help you handle a wide range of financial challenge, including but not limited to: Basic money management, getting out of debt, saving for college or retirement, purchasing a home, marriage or divorce, loss of income, death in the family, and more.
- › Through an easy-to-use online portal, you can communicate with your Coach, view educational webinars and access a library of financial tools, forms and tips.
- › After the first 30-day coaching period, you may continue working with your Money Coach for \$39.95 per month.
- › Even if you don't participate in Money Coaching you can get a 25% discount on tax planning and preparation.

Identity theft protection and will preparation services include:

- › Education on how to avoid identity theft, consultation with a Fraud Resolution Specialist, and a fraud resolution kit that provides the right documents to use and steps to follow
- › Online resources to create and execute state-specific wills, powers of attorney and a variety of other important legal documents
- › Free 30-minute legal consultation with a licensed practicing attorney to obtain advice or review legal documents, and a 25% discount off standard fixed or hourly attorney's fees



**Call 888.724.2262, Monday - Friday
from 9:00 am to 11:00 pm EST
(6:00 am to 8:00 pm PST) to speak
with an MSA representative.**

All you'll need to give is your name, city, state, zip code and the name of your employer or plan sponsor. You can also visit cigna.mysecureadvantage.com for more information, or to register and access online tools and educational resources and create legal documents.

Together, all the way.®



Offered by: Life Insurance Company of North America or Connecticut General Life Insurance Company.

* Stress in America™: Coping with Change American Psychological Association, January, 2017.

My Secure Advantage is a trademark of CLC Incorporated (CLC). The My Secure Advantage Financial Wellness Program is independently administered by CLC. Cigna does not provide financial services and makes no representations or warranties as to the quality of the information on the CLC website or the services of CLC.

These programs are NOT insurance and do not provide reimbursement for financial losses. Presented here are only the highlights of these programs. Full terms, conditions and exclusions are contained in the applicable offering descriptions. Program availability may vary by plan type and location and is subject to change. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. These programs are not available under policies insured by Cigna Life Insurance Company of New York.

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ADDITIONAL PROTECTION WHEN YOU TRAVEL



Emergencies can happen while traveling, but help is only a phone call away with Cigna Secure Travel.

Cigna Secure Travel® offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365 – in an emergency you can even call collect.

PRE-TRIP PLANNING	TRAVELING ASSISTANCE	EMERGENCY ASSISTANCE*
<ul style="list-style-type: none"> Immunization requirements Visa and passport requirements Embassy/consular referrals Foreign exchange rates Travel advisories and weather conditions Cultural information 	<ul style="list-style-type: none"> 24-hour multilingual assistance and referral to interpretation and translation services Referrals to physicians, dentists, medical facilities and legal assistance providers Arrangements for payment of medical expenses up to \$10,000 if required prior to treatment** Assistance with lost or stolen items, including luggage and prescription replacement services** Emergency cash advances, up to \$1,500** Advancement of bail** 	<ul style="list-style-type: none"> Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility*** Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency Cover round-trip transportation as well as accommodations, up to \$150 per day for up to seven days, for a family member or friend to visit a covered person who is hospitalized more than 100 miles away from home for more than seven days Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial Emergency message relay, toll-free Assistance with making emergency travel arrangements**

Cigna Secure Travel

From the United States and Canada, call 888.226.4567

From other locations, call collect 202.331.7635

Fax: 202.331.1528 Email: Cigna@gga-usa.com

Emergency services must be coordinated through Cigna Secure Travel®.

Services coordinated outside of this program may not be eligible for payment.

Policyholder name: _____

Policy # _____ Group# 57



To learn more call 888.226.4567

* Emergency Assistance services may be insured under a group or blanket insurance policy issued by Life Insurance Company of North America or Cigna Life Insurance Company of New York. All other Cigna Secure Travel services are NOT insurance and do not provide reimbursement of expenses or financial losses. Expenses for medical care are not covered.

** Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.

*** Initial transport by ambulance following a covered medical emergency is excluded.

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Cigna Secure Travel is provided under a contract with Generali Global Assistance (GGA). GGA and Cigna do not guarantee the quality of any medical services provider or medical facility. The final selection of a local medical provider or facility is the covered person's right and responsibility. The medical professionals or attorneys suggested or designated by GGA are solely responsible for their services. They are not employees or agents of GGA or Cigna. In any case where benefits are provided through insurance, the terms of the insurance policy shall govern. All other services are provided by GGA and are subject to the terms of the service agreement with GGA. Presented here are highlights of the Cigna Secure Travel program. See the plan documents for details.

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PROVIDING PEACE OF MIND DURING A TIME OF NEED

Cignassurance Program for beneficiaries

At Cigna, we know losing a loved one is difficult. And we understand how challenging it can be for beneficiaries to manage their loved one's insurance benefits among other pressures during such a difficult time. That's why, we offer Cignassurance® with Cigna Life and Accidental Death and Dismemberment plans. This program provides support for beneficiaries when they need it most, including:

- › A free, interest-bearing account for claim payments of \$5,000 or more. Account balances and activity can be managed 24/7 at **Cignassurance.com**.
- › **Our Where to Go From Here** brochure describes the other Cigna programs* available to beneficiaries, including:
 - Cigna Life Assistance ProgramSM offers bereavement counseling to help manage grief and offer support when needed.
 - My Secure AdvantageTM offers access to a variety of financial and legal services including money coaching, will preparation, identity theft and more.
 - Healthy Rewards[®] discounts on health and wellness products and services.
- › Our **Looking Ahead** guidebook to help beneficiaries navigate legal and financial responsibilities and research additional benefits.

Together, all the way.®



* These programs are NOT insurance and do not provide reimbursement for financial losses. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law.

Counseling, legal or financial assistance and discount programs are not available under policies insured by Cigna Life Insurance Company of New York.

The Cignassurance Program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from Cigna Group Life and Personal Accidental Death and Dismemberment Programs. Cignassurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error.

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Benefit Contacts

Benefit/Insurance Company	Group #	Website/Email	Phone
Medical ARC Services	000SWG834	www.arcsvs.com	1-877-309-2955
ARC Services is our third party administrator for all medical plans. Please contact their customer service department with any questions.			
Dental Delta Dental	004000007	www.deltadentalky.com	1-800-955-2030
Vision Delta Vision	70700V	www.vsp.com	1-800-955-2030
Retirement The Standard		www.standard.com	1-800-858-5420
HSA & FSA McGriff Insurance Services		www.mcgriff.com	1-800-930-2441
Life & Disability* Cigna / New York Life		www.cigna.com	1-800-362-4462

* Cigna / New York Life administers the Basic Group Life, Voluntary Life, Voluntary STD & Group and Voluntary LTD plans.

Important Notices

Notice for Patient Protections

The following notice is provided for all plans that require or allow for the designation of primary care providers by participants or beneficiaries:

You do not need prior authorization from your insurance carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, you may contact the insurance carrier or the plan administrator, Jennifer Brockhoff at 502-873-4345.

Disclaimer: This document contains many of the required Health and Welfare Plan model notices templates provided by the Department of Labor and other Federal agencies. Most employers prefer to include model notices in their open enrollment materials for ease of distribution. Some of these notices may require distribution outside of the open enrollment period. Employers may also be subject to additional State laws and Federal disclosures not outlined in our materials.

You may always ask your McGriff Insurance Services' Account team for additional clarity on the notices provided herein. You are encouraged to retain ERISA counsel to determine which additional disclosures you are required to provide to your employees and Plan participants.

Medicare Part D Creditable Coverage Notice

Important Notice from Spalding University. About your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage offered by the group health plan through Spalding University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Spalding University has determined that the prescription drug coverage offered by the group health plan through Spalding University is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage through Spalding University will not be affected. You can keep this coverage if you elect Part D, and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan

provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you decide to join a Medicare drug plan and drop your current group health coverage through Spalding University, be aware that you and your dependents will be able to get this coverage back. If you are able to get this coverage back, reentry into the plan is subject to the underlying terms of the Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current group health coverage through Spalding University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Spalding University changes. You may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher premium (a penalty).

For purposes of this notice, the plan administrator is:
Spalding University
502-873-4345

WHCRA enrollment/annual notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

For purposes of this notice, the plan administrator is:

Spalding University
502-873-4345

Newborns' Act disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

****Continuation Coverage Rights Under COBRA****

Introduction:

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health

plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

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

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- If the Plan provides retiree health coverage, commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days. You must provide this notice to Spalding University.

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

If you have questions

Questions regarding your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website). For more information about the Marketplace, visit www.HealthCare.gov

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Core HDHP \$4000 and Buy Up PPO \$2000
Spalding University
845 S Third Street, Louisville, KY 40203
502-873-4345

Special Enrollment Notice

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).

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

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact the plan administrator listed below:

Spalding University
502-873-4345

CHIPRA premium assistance notice

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-KIDSNOW**, or www.insuredkidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your state for more information on eligibility –

ALABAMA – MEDICAID	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com Phone: 1-855-692-5477	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – MEDICAID	FLORIDA - Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPPI.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – MEDICAID	GEORGIA - Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPPI (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131

CALIFORNIA – Medicaid	INDIANA - Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCONT.aspx Phone: 1-800-541-5555	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: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633

Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Phone: 1-800-792-4884 Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – 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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	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
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI - Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

Phone: 1-800-692-7462	
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid	WYOMING - Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor	U.S. Department of Health and Human Services
Employee Benefits Security Administration	Centers for Medicare & Medicaid Services
www.dol.gov/agencies/ebsa	www.cms.hhs.gov
1-866-444 EBSA (3272)	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 a 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 1/31/2023)

Terms to Know

Deductible - Amount an employee pays out of pocket prior to the insurance company paying a percentage of the provider charges.

Coinsurance - The amount of payment split between the employee and the insurance company. Example: Insurance company pays 80% and employee pays 20% of the charges after the deductible is met.

Out of Pocket Maximum - The maximum an employee is responsible for paying out of pocket in any one calendar year prior to the insurance company paying the entire eligible amount for the remaining of the calendar year.

Network Providers - Doctors, Hospitals and other healthcare providers who have an agreement/contract with insurance companies agreeing to charge a discounted amount for services they render.

Pre-Authorization - Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

Pre-Determination - If you are having a major procedure done, your doctor or dentist can submit a pre-determination to the insurance company so you can know in advance of treatment how much of the bill you will be responsible for.

Explanation of Benefits (EOB) - The EOB is mailed to the employee after a claim is received and processed by the insurance company. The EOB will describe how the claim was processed and outline what portion of the charges are applied to the deductible, what portion the employee is responsible for, and explain if there is a denial or error processing the claim.

Appeal - If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

Guaranteed Issue - The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

Evidence of Insurability (EOI) - The form containing medical questions that are required to be answered if you decide to elect voluntary life insurance after you have previously declined coverage, or if you decide to increase your current coverage. This may also be needed if you decide to add disability coverage after you have previously declined.

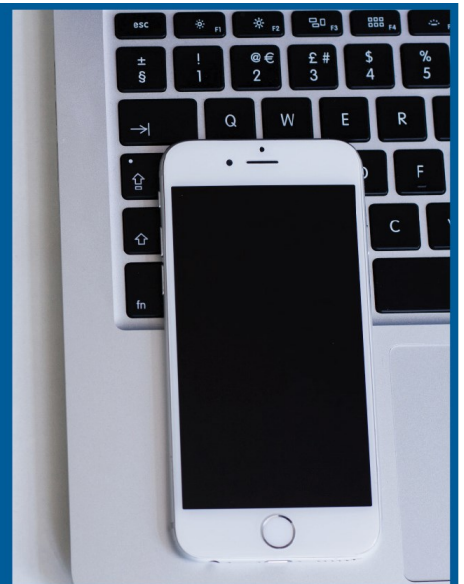
Why Register on an Insurance Company Website?

Registration is easy. Simply go to the website for the insurance company you wish to register with (see the Contacts page of this guide), and use the information from your ID card. Registering gives you quick access to:

- Your specific plan information
- Ways to search for in-network providers
- Your claims history
- Explanations of Benefits
- ID cards
- Tools & resources

Search for the Smart Phone App

Many insurance companies have smart phone apps you can download for free to give you access to provider searches and ID cards. Search for the company's name in the App Store or Google Play to download.



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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by Spalding University. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Jennifer Brockhoff at jbrockhoff@spalding.edu