SPALDING UNIVERSITY

Employee Benefits Guide

2026-2027

A MESSAGE TO OUR EMPLOYEES

At Spalding University, our employees are our greatest asset. We believe that by offering one of the most comprehensive benefit packages available, we can attract and retain great people! Our benefits package includes core plans that provide a foundation for your good health and well–being.

We realize that our benefits program can be successful only if it is affordable and meets the needs of our employees. As such, we constantly review our benefits and make changes as necessary. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Thank you,

The Human Resources Team

WHAT'S INSIDE

BENEFIT RESOURCE CENTER (BRC)

Access All Of Your Benefits Insurance Details While On The Go!

The Benefit Resource Center (BRC) is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time via phone 855-874-0835 or via email BRCSouth@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or email message by the end of the following business day.

CALL THE BENEFIT RESOURCE CENTER ("BRC") WE'RE HERE TO HELP!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution

Benefit Resource Center (BRC)

BRCMidwest@usi.com | Toll Free: 855-874-0829
Monday – Friday | 8:00am to 5:00pm EST

EMPLOYEE BENEFITS ENROLLMENT & ELIGIBILITY

You are eligible to participate in the group benefit plans if you are a full-time Spalding University employee and work 30 or more hours per week.

When Does Coverage Begin?

Employees are eligible to enroll on their first day of employment, but benefits will not be effective until the first day of the following month.

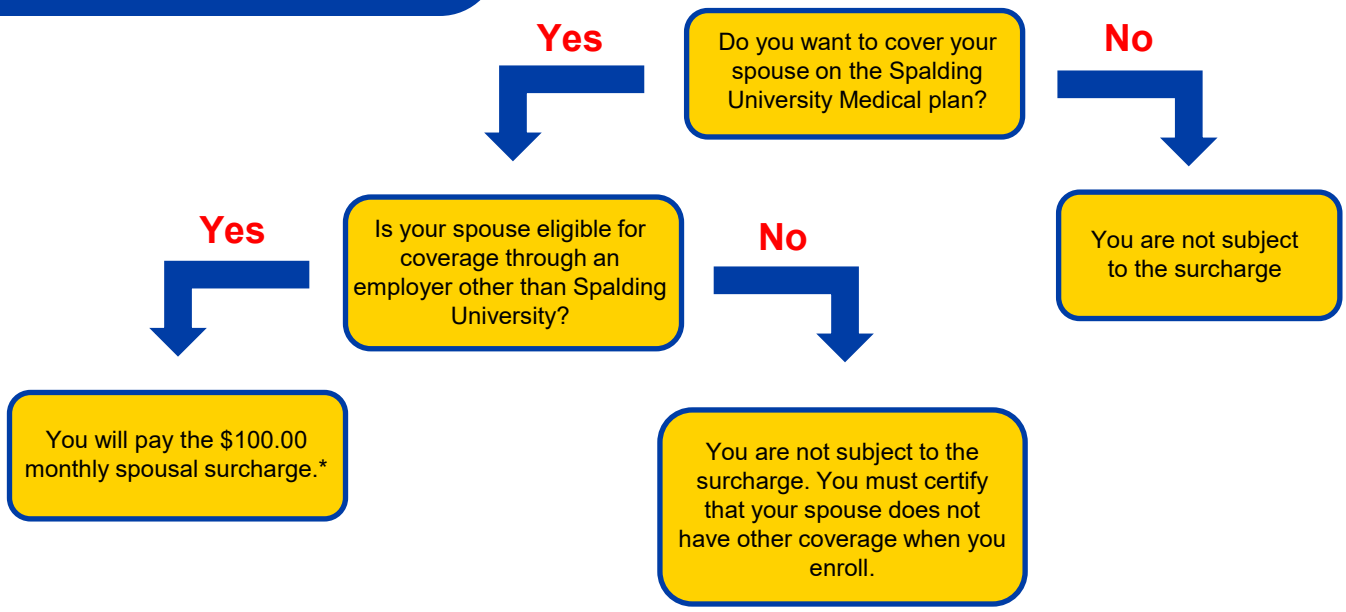
Certain dependents of eligible employees can enroll in the medical, dental, vision, dependent life insurance plans, and voluntary benefits.

Eligible Family Members*

- Your legal spouse*
- Your natural children, legally adopted children, step-children and children for whom you assume legal guardianship up to age 26
- Children age 26 or older incapable of self support due to a mental or physical condition incurred prior to age 26 (you may be required to complete a Handicapped/Disabled Certification form prior to the child attaining age 26)

Working Spouse Surcharge

If you choose to enroll your spouse on Spalding University's Medical Plan, you may be subject to a $100 monthly surcharge. Please see the flowchart below to determine if the working spouse surcharge applies to you.



Please Note: If you cover an individual on your benefit plan who is not an eligible dependent, this is considered fraud and theft. Claims may not be processed and become your responsibility. Providing false statements regarding tobacco usage is against company policy. Anyone found providing false statements will be subject to discipline up to and including termination of employment.

**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)*

EMPLOYEE BENEFITS ENROLLMENT & ELIGIBILITY

Benefit Change in Status

Spalding University sponsors a cafeteria plan which allows eligible employees to choose from a menu of different benefits to suit their needs and to pay from some or all of those benefits with pre-tax dollars.

Participant elections made under a cafeteria plan are generally irrevocable and run from the beginning of the Plan Year (or date of initial eligibility) through the end of the Plan Year. With the exception of HSA contribution elections, you will not be able to change or revoke your elections during the Plan Year unless you experience an IRS permitted qualifying event. Any change you make must be consistent with the qualifying event.

Employers do not have to permit any exceptions to the election irrevocability rule for cafeteria plans. Please consult your Plan Administrator for additional details.

Qualifying Life Events

You MUST notify HR within 30 days of the Qualifying Life Event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Choose Carefully

The following are examples of the most common qualifying life events:

- Marriage, divorce, annulment, or permanent separation from spouse
- Birth of a child; placement of a foster child or child for adoption, or assumption of legal guardianship of a child
- Change in your spouse's or dependent's employment status that affects benefits eligibility, including termination or commencement of employment or change in employer
- You or your spouse's return from unpaid leave of absence
- You or your dependents become eligible or lose eligibility for Medicare or Medicaid
- The death of your spouse or dependent child
- Court ordered coverage of your child by you or your spouse, allowing you to add or drop the child(ren)'s coverage
- Change in your employment that affects benefits eligibility (working at least 30 hours per week)
- Loss of eligibility for a dependent
- Change in dependent care provider or cost (for dependent care FSA)

MEDICAL COVERAGE

Choosing A Plan

The **HDHP plan** is a high-deductible health plan. It has a lower premium cost of our two plans offered through Point C. If your goal is to keep as much money in your paycheck as possible, this plan may be a good option for you, especially if you are generally healthy and don't expect to use medical services very often during 2026.

In the **HDHP plan**, all services are subject to the $4,000 in-network deductible (with exception of preventive exams). After you reach the deductible, the plan will pay 90% of expenses. Once your total payments (deductible + coinsurance) reach $4,000, insurance covers everything else.* If enrolled in the HDHP plan you may be eligible to participate in an HSA (health savings account)

With the **PPO plan**, you can choose to pay more on premiums in exchange for a lower annual deductible and lower costs upfront, when you seek medical care. This may be a good option for you if you expect you and your family to have a lot of medical services during 2026. Keep in mind, this plan does not qualify for an HSA (health savings account).

In the **PPO plan**, most hospital-based services are subject to the $2,000 per person in-network deductible. You have copays for office visits and prescriptions. After that you will pay 15% of the cost of care, up to $3,000 per person. Once your total payments (deductible + coinsurance) reach $3,000, insurance covers everything else.* If enrolled in the PPO plan you may be eligible to participate in an FSA plan.

Preventive Care

Did you know that our medical plans cover in-network preventive care at no cost to you? No deductible, no copays – the plan covers preventive services and some preventive medications in full. Preventive care includes the following:

- ✓ Annual checkups for adults, including routine screenings, immunizations, and routine gynecological exams
- ✓ Routine checkups for children, including routine screenings, assessments, and immunizations
- ✓ Routine prenatal visits and folic acid supplements for pregnant women
- ✓ Breastfeeding pumps and supplies
- ✓ Women's contraception – IUD, contraceptive patch and ring, diaphragm, and the Pill
- ✓ Tobacco cessation medications

Staying In-Network Matters!

Point C partners with a wide network of providers and facilities that offer discounted rates for members. The medical plans are administered through a third-party administrator, Point C. To find a network provider, visit www.pointc.us or call Point C at 1-877-309-2955.

MEDICAL PLANS

Spalding University is pleased to offer you a choice between two different medical plans. Coverage under both plans includes comprehensive medical care and prescription drug coverage. Please refer to the benefit summary for a complete list of covered services. Additionally, a $15,000 life insurance policy for employees only is included at no charge when you enroll in one of Spalding University's medical insurance plans.

	HDHP	PPO
Medical Benefit	In-Network	In-Network
Deductible (Individual/Family)	$4,000/$8,000	$2,000/$6,000
Maximum Out-of-Pocket (Individual/Family)	$4,000/$8,000	$3,00/$9,000
Coinsurance	100%	85%
Physician Visits		
Preventive Wellness Visit	Covered at 100%	Covered at 100%
Primary Care Physician Visit	0% after deductible	$25 Copay
Specialist Physician Visit	0% after deductible	$40 Copay
Additional Services		
Urgent Care	0% after deductible	$40 Copay
Emergency Room	0% after deductible	$150 Copay
X-Ray and Lab Tests	0% after deductible	15% after deductible
Inpatient Hospitalization	0% after deductible	15% after deductible
Outpatient Hospitalization	0% after deductible	15% after deductible
Pharmacy	Separate $3,600 / $4,200 OOP	
Generic (Tier 1)	0% after deductible	$10 Copay
Preferred (Tier 2)	0% after deductible	$35 Copay
Non-Preferred (Tier 3)	0% after deductible	$55 Copay
Specialty (Tier 4)	Filled through TrueAdvocate Program	Filled through TrueAdvocate Program
Mail Order (90 Day Supply)	0% after deductible	$30 / $105 / $165

Employee Payroll Deductions		
Employee	**$25.09**	**$90.69**
Employee + Spouse	**$119.26**	**$407.08**
Employee + Child(ren)	**$68.24**	**$295.67**
Family	**$146.78**	**$529.20**

**This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.*

Anthem

Receive virtual care and support 24/7 with our Sydney Health app

Now you can connect more easily to the care you need through our **Sydney℠ Health** app. Have a video visit with a doctor on your mobile device or computer with a camera, 24/7.

Visit with a doctor for common health concerns

Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- COVID-19
- Flu
- Cold and fever
- Minor rashes
- Sore throat
- Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.[1]

What people say about virtual care visits[2]

89%
said the doctor they saw was professional and helpful

92%
thought the doctor understood their concerns

92%
were able to book a virtual visit sooner than an in-person visit

How to download our Sydney Health app:

sydney℠

Download on the App Store

GET IT ON Google Play

Scan the QR code with your phone's camera or visit the App Store® or Google Play™.

1040750MUMENABS VPOD Rev. 08/23

Here's how to access the program through virtual care:

Download our no-cost **Sydney Health** app.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and **anthem.com**.
3. Select **Care** and then select **Virtual Care**.

Visit **anthem.com**.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for **anthem.com** and our **Sydney Health** app.
3. From the **Care** tab, select **Virtual Care** in the drop down menu. Then, click **Video Visit Options**.

1 Prescription availability is defined by physician judgment.

2 Based on Sydney Health utilization trends from top national clients.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

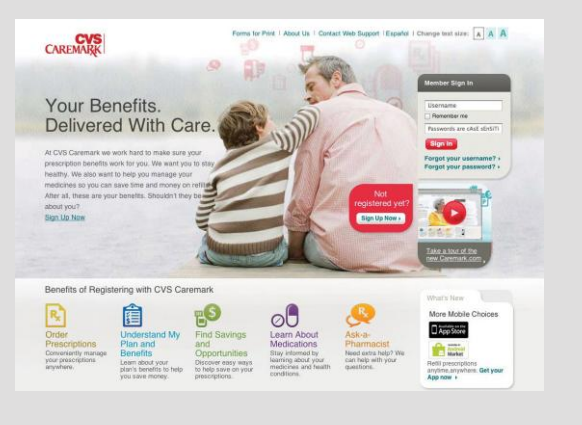
PRESCRIPTION COVERAGE

Register Your Account

Your prescription overage is through CVS/Caremark. Caremark.com is one of the best parts of your CVS/Caremark benefits program.

You have secure access to all your personal prescription benefit information so you can easily manage your health online where and when you need to.

Register your account at Caremark.com for time and savings opportunities, and discover these benefits:



- Track your spending
- Compare medicine costs and find lower-priced options
- Order your long-term medicines from CVS/caremark Mail Service Pharmacy for convenient home delivery service

90-Day Supply Medications

You can save on the cost of your long-term maintenance medicine by choosing to have a 90-day supply mailed safely to your home, office, or other location that works for you. This benefit saves you both time and money.

» SAVINGS

On average, one 90-day supply of your medicine can cost less than three 30-day supplies

» CONVENIENCE

No-cost home delivery service can save you time with fewer trips to the pharmacy

Before your medicine ships, a registered pharmacist reviews all prescriptions to help ensure they are complete and accurate. Your medicine arrives in private, tamper-resistant plain packaging.

Scan the QR code and download the CVS mobile app. With the app you can find pharmacies, look-up prescription costs and more.

Advocate

Specialty Medication *Patient Care Solution*

Personalized Care for Your Specialty Medication Treatment

True Advocate assigns an experienced Care Manager from True Rx Health Strategists to help you manage the challenges and costs of specialty medications. Your Care Manager will answer questions and assist in lowering your medication costs.

What You Can Expect

If you take a specialty medication, a Care Manager will call to provide information about the True Advocate program.

If approved for assistance, your medication is typically $0 and delivered directly to you.

Your specialty medication may be sourced from an international pharmacy when applicable, to provide the lowest possible cost.

Contact our patient support team

Available Monday to Friday, 8:00 AM - 5:00 PM EST
Call us at: **866-921-4047**
Email: **hello@truerx.com**

trueRx HEALTH STRATEGISTS

866-921-4047
hello@truerx.com
TrueRx.com

HEALTH SAVINGS ACCOUNT (HSA)

PNC BeneFit Plus

A Health Savings Account (HSA), combined with the High-Deductible Health Plan (HDHP), can help put your healthcare spending choices back into your hands. Enrolling in the HDHP, which is governed by the IRS, makes you eligible to participate in a Health Savings Account (HSA).

What Is An HSA?

An HSA is a personal healthcare bank account that you can use to pay out- of-pocket medical expenses with pre-tax dollars. An HSA allows you to:

- ✓ Be prepared for unexpected healthcare expenses not accounted for in your personal finances.
- ✓ Increase tax savings.
- ✓ Save and "roll over" money if you do not spend it in the calendar year.
- ✓ Carry it with you. The money in your account is always yours, even if you change health plans or jobs.
- ✓ Create healthcare savings for retirement.

Common Eligible Expenses

As long as you have a balance in your HSA, you may use the funds to pay or reimburse yourself for:

- Deductibles, copays, and coinsurance
- Eligible prescriptions
- Vision care, including LASIK laser eye surgery
- Dental care, including orthodontia

IRS Publication 502 provides a complete list of eligible expenses and can be found at: https://www.irs.gov/pub/irs-pdf/p502.pdf

2026 HSA Funding Limits	
Individual Coverage	$4,400
Family Coverage	$8,750
Age 55+	Able to contribute an additional $1,000

Employee Maxing Out HSA Example:
Employee contributes an annual total of $4,100 and Spalding University contributes $300. HSA totals $4,400 which is the max amount for an individual for 2026.

You Are Eligible To Open An HSA If:

- ✓ You are covered by an HSA-eligible HDHP and
- ✓ You are not covered by other health insurance and
- ✓ Your spouse is not enrolled in a non-tax- qualified medical plan or flexible spending account (FSA) and
- ✓ You are not enrolled in Medicare and
- ✓ You are not receiving Social Security benefits and
- ✓ You have not received Veterans Administration benefits and
- ✓ You are not claimed as a dependent on someone else's tax return.

Employer Contribution

Spalding University will contribute **$25 per month** ($12.50 per pay period) to your HSA account!

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Spalding University offers healthcare and dependent care flexible spending accounts (FSAs), administered by **PNC BeneFit Plus**, which allows you to pay for eligible health and dependent care expenses with pre-tax dollars. The money contributed to your account is deducted from your paychecks before tax is taken out, so you end up with lower taxable income for the year.

Healthcare FSA

You can use a Healthcare FSA to pay for eligible medical, dental, vision, and other out-of-pocket healthcare expenses that aren't covered by your health plan.

Dependent Care FSA

This account can be used to pay for eligible child or elder care. To be considered an eligible expense, the care must be necessary to enable, both, you and your spouse or domestic partner, if applicable, to work, look for work or attend school. Eligible dependents include your children under age 13 or dependent of any age who resides in your home for at least eight hours each day who is physically or mentally incapable of self-care and is dependent on you for at least 50% of their financial support.

More About FSAs

Once you have made your FSA election amounts, you cannot make changes during the plan year unless you experience a qualifying event.

You cannot use money from your Healthcare FSA to pay for dependent care expenses, or vice versa. Both the Healthcare FSA and Dependent Care FSA are "**use it or lose it**" accounts.

2026 FSA Funding Limits	
Individual	$3,400
2026 Dependent Care FSA Funding Limits	
Single Individuals & Married Couples Filing Jointly	$7,500
Married Filing Separate	$3,750

PNC BeneFit Plus Provides

- Mobile-optimized account management, with easy claims and reimbursement
- Step-by-step on-screen tutorials in the member dashboard
- 24/7 call or chat with their Member Services Team
- Contact Member Services at (844) 356-9993 or go to Participant.PNCBeneFitPlus.com to learn more

Eligible Expenses

A list of eligible healthcare expenses can be found in Publication 502 on the IRS website at https://www.irs.gov/pub/irs-pdf/p502.pdf

Eligible dependent care expense information can be found in Publication 503 at https://www.irs.gov/pub/irs-pdf/p503.pdf

FREQUENTLY ASKED QUESTIONS

ABOUT YOUR PNC BENEFIT PLUS DEBIT CARD

Your PNC BeneFit Plus card is a debit card providing you with a convenient payment method for your qualified medical and other eligible expenses.[1]

Getting Started and Activating Your Card

Q How does my PNC BeneFit Plus Debit Card work?

First, activate your card by calling the toll-free number on the activation sticker on your card and follow the prompts. Please note that if you have a Health Savings Account (HSA) you will also need to accept the HSA Disclosure Statement and Custodial Account Agreement before your card may be used.

Your card allows you to directly access the funds set aside in your account(s), such as an HSA, Flexible Spending Accounts (FSAs), Health Reimbursement Arrangements (HRAs), or other benefit spending accounts.

Simply use your card when making a purchase or paying for services, rather than having to submit for reimbursement later. The card can only be used your qualified medical and other eligible expenses

Q Will I need a PIN?

Generally, you will not need a PIN to make purchases or pay for services. Simply select "credit" at checkout and sign for your purchase. If you would like to use a PIN with your card to make purchases, where entering a PIN is allowed, you may obtain a PIN during the card activation process. If you prefer, you can always request or reset a PIN by calling the number on the back of your card.

You may not use your debit card to obtain cash at an ATM or bank branch, nor to obtain cash back with a purchase transaction.

Q What dollar amount may be accessed by my card once it is activated?

You can begin using your account(s) once funds are available.

You can view your account balance by logging into your account(s) at **participant.pncbenefitplus.com** or by using the PNC BeneFit Plus Mobile App[1] or by calling PNC BeneFit Plus Consumer Services using the phone number located on the back of your card (1-844-356-9993).

Using the Card

Q Where can I use my PNC BeneFit Plus Debit Card?

For an HSA, you can typically use your debit card wherever you purchase products or services that are considered qualified medical expenses.

For FSA or HRA programs, IRS regulations allow you to use your debit card at participating pharmacies, at mail-order pharmacies, and at approved non-healthcare merchants (e.g., discount stores, department stores or supermarkets) that can identify FSA/HRA eligible items at checkout.

For a Qualified Transportation Account (QTA), you may use your card at participating transportation venues, including parking garages, public transportation, such as subways, trains and buses, or for other eligible expenses in accordance with your employer benefit plan and the PNC BeneFit Plus Debit Card Agreement.

> Your PNC BeneFit Plus card provides you with an easy and simple payment method for your qualified medical expenses.

Q Do I need to save all of my itemized receipts?

For an HSA, you are not required to submit receipts for your purchases, but we encourage you to save your receipts in case they are needed for future expense verification.

For FSA, HRA or other benefit account transactions you should retain receipts until the end of the benefit year and/or grace period (if applicable). You may be asked to submit receipts to verify that your expenses comply with IRS guidelines and are in accordance with your employer's benefit plan. Each receipt must show:

- The merchant or provider name
- The service received or the item purchased
- The date and the amount of the purchase

pnc.com/pncbenefitplus

PNC

Q How will I know when to submit a receipt to verify a transaction?

Remember to always save your receipts. For an HSA, you are not required to submit receipts for your purchases. If you participate in other benefit spending accounts, you may be required to submit a receipt to authorize your claim. If additional documentation is required, you will receive an email notification from PNC to submit any required receipts. Receipts may be uploaded online at **participant.pncbenefitplus.com** or via the PNC BeneFit Plus Mobile App.[2]

Your card will be suspended if you do not provide a receipt when requested or until you repay any unsubstantiated claims.

Q Whom do I call for questions about my card or if I want additional cards for my dependents?

Call PNC BeneFit Plus Consumer Services using the phone number shown on the back of your card (1-844-356-9993).

You can order cards for your eligible dependents (age 18 or older) online by logging into your account at **participant.pncbenefitplus.com**.

Q What if my card is lost or stolen?

Call the PNC BeneFit Plus Customer Service Center number on the back of your card (1-844-356-9993) to report your card lost or stolen as soon as you realize it is missing. PNC will cancel your current card(s) and issue replacement card(s) to you.

If you notice transactions that you do not recognize, you will need to provide us with a completed dispute form within ninety (90) days after the unauthorized transaction was debited or credited to your account. Please refer to the PNC BeneFit Plus Debit Card Agreement for details.

You can also report your card lost or stolen via your PNC BeneFit Plus Mobile App[1] or on the PNC BeneFit Plus Consumer Portal at **participant.pncbenefitplus.com**.

Download the **PNC BeneFit Plus Mobile App** today

Download on the App Store

GET IT ON Google Play

Download the PNC BeneFit Plus Mobile App today

1. Go to the App Store® or Google Play™
2. Search for "PNC BeneFit Plus"
3. Download the PNC BeneFit Plus Mobile App

PNC BeneFit Plus

READY TO HELP

For more information on your Health Savings Account options, please visit **pnc.com/pncbenefitplus**, call PNC BeneFit Plus Consumer Services at **844-356-9993** or contact your employer.

1 To view a partial list of qualified medical expenses, see IRS publication 502, available at http://www.irs.gov/pub/irs-pdf/p502.pdf.

2 Standard message and data rates may apply.

CIB TM PDF 0722-078-2086703

pnc.com/pncbenefitplus

PNC

DENTAL

SCAN TO DOWNLOAD DELTA DENTAL MOBILE APP

With the Delta Dental plans, dual option to best meet the needs of you and your family, you have freedom to seek treatment from the dentist of your choice, in or out-of- network. You will get the most value out of your plan by using Delta Dental's in-network providers, who cannot charge more than their negotiated, discounted rate. While the plan covers treatment from out-of- network providers, excess charges may not be covered. The chart below shows how the plans works and how each type of service is covered.

Service	LOW PLAN	HIGH PLAN
Deductible *(individual/family)*	$50/$150	$50/$150
Annual Maximum *(per person)*	$1,000	$1,000
Preventive Services	Covered at 100%	Covered at 100%
Basic Services	Not Covered	50% after deductible
Major Services	Not Covered	50% after deductible
Orthodontia *(covered through age 18)*	Not Covered	50% after deductible
Orthodontia Maximum	N/A	$1,000
Employee Payroll Deductions		
Employee	$5.17	$12.47
Employee + Spouse	$11.08	$21.02
Employee + Child(ren)	$10.53	$23.93
Family	$18.51	$39.09

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DeltaVision®
In partnership with VSP®

VISION

Spalding University's vision care benefits include coverage for eye exams, standard lenses and frames, contact lenses and discounts for laser surgery. With Delta Vision, you can purchase lenses and frames from national retailers, as well as many other providers.

You will receive a higher level of benefits if you utilize the services of a provider listed in VSP network. For more information or to locate a participating provider, visit www.vsp.com or call 1-800-955-2030.

Service	In-Network
Routine Exam *(every 12 months)*	$10 Copay
Frames *(every 24 months)*	$150 allowance + 20% discount on any remaining balance
Lenses *(every 12 months)* Single Vision Bifocal Trifocal Lenticular Standard Progressive	$25 Copay
Contact Lenses *(every 12 months) – in lieu of eyeglasses*	
Elective	$130 allowance
Medically Necessary	Covered at 100%
Employee Payroll Deductions	
Employee	$3.15
Employee + Spouse	$6.30
Employee + Child(ren)	$6.75
Family	$10.78

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LIFE AND AD&D INSURANCE

Basic Life and AD&D

Spalding University provides Basic Life and Accidental Death & Dismemberment insurance coverage in the amount of one times your annual earning to a maximum of $500,000 at no cost to you. Benefits reduce to 65% of original benefit at age 65 and 50% of original amount at age 70. Benefit is based on annual earnings as of coverage start date.

Voluntary Life and AD&D

Employee Benefit	**Guaranteed Issue**: $200,000 Coverage available at a minimum of $10,000 to a maximum of $500,000 in $10,000 increments not to exceed 5x's earnings.
Spouse Benefit	**Guaranteed Issue**: $50,000 Coverage is available in $5,000 increments up to 50% of employee's election up to $100,000.
Child(ren) Benefit	Birth but less than 6 months: $1,000 6 months to 26 years: $10,000

Voluntary Life/AD&D

You have the option to purchase additional life insurance through Reliance Matrix for yourself, your spouse, and your dependent children. New hires can elect up to the guaranteed issue amount without having to complete Evidence of Insurability (EOI). If enrolled, each year at open enrollment, you may increase your current benefit by $50,000 up to the $200,000 guaranteed issue amount without having to complete EOI. Your spouse's coverage can increase by $10,000 up to the $50,000 guaranteed issue amount without having to complete EOI.

If you are not a new hire and wish to elect coverage, you can elect up to $50,000 as an employee without having to complete EOI; your spouse's can elect up to $10,000 without having to complete EOI. Spouse's coverage must still be 50% or less of employee's election.

Employee benefits reduce to 65% at age 70, 45% at age 75, 30% at age 80, 20% at age 85 and 15% at age 90. Coverage terminates at retirement.

Is Your Beneficiary Up to Date?

Be sure to review and update your beneficiary designations for both the Basic Life and Voluntary Life benefits in the "My Benefits" section in Paycom each year or throughout the year as needed. A qualifying event is not required to update a beneficiary designation.

**This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.*

DISABILITY INSURANCE

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. Disability benefits must be approved by a physician and the disability provider.

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 Short-Term Disability

Spalding University provides optional short-term disability (STD) insurance to you providing partial income protection if you are unable to work due to an illness or injury. Your benefit covers a portion of your salary after the exhaustion of benefits referenced in the Spalding Policy Manual, Volume III, 3.3.2.1.3.

Class	Class 1: Less than 12 Months Tenure	Class 2: More than 12 Months Tenure
Benefits Begin	15th Day Accident or Illness	57th Day of Accident or Illness
Maximum Benefit Duration	24 Weeks	18 Weeks
Maximum Benefit	60% of your weekly covered earnings, from a minimum of $25, to a maximum of $1,000 per week	60% of your weekly covered earnings, from a minimum of $25, to a maximum of $1,000 per week

Long Term Disability

Long Term Disability (LTD) is a Spalding University provided benefit at no cost to you. Additionally, you have the option to purchase a Buy-Up LTD benefit that provides partial income protection if you are unable to work due to an illness or injury.

	Employer Paid	Buy-Up Option
Benefits Begin	181st day of Accident or Illness	181st day of Accident or Illness
Maximum Benefit Duration	Later of Age 65 or Social Security Normal Retirement Age.	Later of Age 65 or Social Security Normal Retirement Age
Income Replaced	60% up to a $5,000 maximum per month	70% up to a $5,000 maximum per month

**This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.*

SUPPLEMENTAL INSURANCE

Accident Insurance

Reliance Matrix Accident insurance doesn't replace your medical coverage; instead, it enhances it. No one plans to have an accident; however, it can happen at any moment whether at work or play. Most major insurance plans only pay a portion of the bills.

The Reliance Matrix Accident policy provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident. The policy will pay benefits directly to you for things like hospital admissions, fractures, burns, cuts/lacerations, surgeries, physician follow-up visits, and more. Please refer to "My Benefits" in Paycom for the full benefit summary to review all covered conditions.

The Reliance Matrix Accident insurance can cover employees, spouses and their dependent children. Premiums are based on coverage tier, and the monthly rates are listed below.

Accident Insurance (per pay)	
Employee	$4.05
Employee + Spouse	$6.18
Employee + Child(ren)	$7.34
Family	$9.99

Hospital Indemnity Insurance

Reliance Matrix Hospital Indemnity insurance is a benefit that supplements your medical and disability coverages. It provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to you. Please refer to "My Benefits" in Paycom for the full benefit summary to review all covered conditions.

Hospital Indemnity Insurance (per pay)	
Employee	$5.99
Employee + Spouse	$12.06
Employee + Child(ren)	$10.82
Family	$17.88

Annual Wellness Benefit

An annual **wellness benefit of $50** is included for you and any dependents covered on the Accident, Hospital Indemnity and/or the Critical Illness plans!

**Must submit proof to Reliance Matrix to receive benefit.*

**This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.*

SUPPLEMENTAL INSURANCE

Critical Illness

Critical Illness insurance provides a fixed, lump-sum benefit upon diagnosis and/or treatment of a critical illness, which can include heart attack, stroke, cancer, end stage renal disease, and more. These benefits are paid directly to you and may be used for any reason , from deductibles to prescriptions to transportation and childcare.

Benefit Amounts	
Employee	$5,000 increments up to a maximum of $20,000
Spouse	$5,000 increments up to a maximum of $20,000; not to exceed 100% of employee's amount
Child(ren)	50% of employee coverage

Per $1,000 of Coverage (Employee and Spouse Rates) – Per Paycheck*	
0-29	$0.16
30-34	$0.22
35-39	$0.29
40-44	$0.43
45-49	$0.67
50-54	$1.04
55-59	$1.43
60-64	$2.09
65+	$2.84

**Rates include all dependent children, regardless of number.*
This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

EAP
employee assistance

EAP and Work-Life Services

Reliance Standard partners with ACI Specialty Benefits to provide a top-ranked EAP with award-winning benefits that improve mental health, reduce stress and maximize business performance.

Program Access and Technology

- 24/7/365 Access by Text, Email, Mobile App, Online, and Always Live Answer Phone[1]
- myACI Benefits Mobile App for iOS or Android
- HIPAA-compliant Video Chat Sessions
- myACIonline Website
- EAP Landing Page

Clinical Assessment and Mental Health Sessions

- Up to 3 Face-to-Face, Telephonic or Video Chat Sessions for Assessment, Referral and Short-Term Problem Resolution
- Global Provider Network of 55,000+ Licensed Clinicians
- 24/7 Access to Clinicians for Urgent Mental Health Issues[2]

Legal and Financial Consultation

- Telephonic Legal Consultation for ***Unlimited*** Number of Issues per Year. Includes One 60-minute In-office or Telephonic Consultation with Local Attorney and 25% Discount for Continued Services.
- Telephonic Financial Consultation for ***Unlimited*** Number of Issues per Year. Includes Optional 30-day Financial Coaching Benefit with 90-day Action Plan.
- Identity Theft Prevention/Recovery. Includes 50-minute Consultation.
- Legal and Financial Online Resource Center Including Interactive Legal Document Preparation

Work-Life Referrals and Resources

- ***Unlimited*** Child, Elder, and Pet Care Referrals
- ***Unlimited*** Personal Services and Community-Based Resources Referrals
- Online Access to Library of Work-Life Topics and Resources
- Veteran Connection Referrals and Resource Website

[1] During peak call volume hours, callers may experience voice prompts
[2] For emergencies, always call or dial 9-1-1

RS-2509 (02/2021)

Program Implementation and Support Services

- ***Unlimited*** Virtual Orientations
- ***Unlimited*** Management Consultations
- Dedicated Account Management Team
- Formal Management Referrals
- Quarterly Utilization Reports[1]

Promotional Materials

- Print and Electronic Promotional Materials
- Video Marketing: Library of EAP Orientation and Promotional Videos
- Monthly HealthYMail Email Newsletter
- Digital Mental Health Awareness Campaign Materials
- 24/7 Access to ACI's Total Well-being Blog
- Multiple Promotional Materials Available in Spanish

Critical Incident Response and Crisis Support

- Crisis Consultation with ACI's Crisis Response Team
- 24/7 Online Access to ACI's Disaster Preparedness and Crisis Resource Center

Training Services

- ***Unlimited*** Webinar Trainings from ACI's Library of Topics
- "Just Do It" Training Topics and Materials for In-house Facilitators
- Onsite Training Available at Discounted Fee

[1] In adherence of HIPAA regulations, ACI Specialty Benefits does not provide written utilization reporting to groups of less than 250 employees. Account managers will provide telephonic quarterly usage summaries.

Additional Questions?

Contact ACI Specialty Benefits toll-free at

855-RSL-HELP

(855-775-4357)

rsli@acieap.com

Powered by ACI SPECIALTY BENEFITS

full-service case management and resolution

We offer robust fraud restoration and resolution, and even ensure resolution coverage for preexisting fraud. Once a restoration case is opened, our highly trained and certified specialists are available 24/7 to help restore compromised identities and handle the most time-intensive elements of identity restoration. Heres how it works:

Research

A dedicated Restoration Specialist works closely with you. Details and documents pertaining to the case are collected in a fraud packet. The Restoration Specialist gives guidance and assistance on the initial steps required.

Resolve

The Restoration Specialist works on your behalf to resolve the fraud with third parties. If needed, your specialist will submit all required evidence to your legal representation or other investigators and help mediate any claims.

Restore

Post-resolution, your specialist works to ensure there is no lasting damage. Whether the fraud has a financial, medical, or credit impact — we won't stop until things are made right. And with up to $25K in identity fraud expense reimbursement,[†] you won't have to worry about related out-of-pocket costs.

InfoArmor®
IDENTITY PROTECTION

reliancematrix

Your digital life is unique. So is your identity theft benefit.

Get the only comprehensive monitoring of its kind to help you protect yourself from digital fraud.

Identity fraud cost consumers $27 billion in 2024.[1] When fraud occurs, unraveling it can be overwhelming and costly. That's why your employer is providing you with InfoArmor Identity Protection. Should you experience fraud, InfoArmor's comprehensive recovery services will go the extra mile to help you resolve your case and restore your identity, saving you time, money, and stress. Plus you can rely on up to $25K in identity fraud expense reimbursement to cover related out-of-pocket costs.†

Nobody thinks identity theft will happen to them until it does. That's when you need a trusted expert by your side to help pick up the pieces. InfoArmor's unique combination of proprietary technology and remediation expertise provides peace of mind every step of the way — so you can live confidently online.

Powerful monitoring and security tools, plus full-service remediation and reimbursement.

Dark web monitoring

In-depth monitoring goes beyond just looking out for a participant's Social Security number. Bots and human intelligence scour closed hacker forums for compromised credentials and other personal information. Then we alert you if your information is compromised.

Lost wallet assistance

Losing your wallet isn't fun. This security feature allows you to easily access and replace wallet contents. InfoArmor's encrypted vault stores:

- User IDs & passwords
- ATM/credit cards
- Checking accounts
- Driver's licenses
- Health insurance cards

$25K fraud-related loss reimbursement

Should fraud occur, we have your back. You'll receive full-service remediation and up to $25K in identity fraud expense reimbursement for out-of-pocket costs.†

Enroll in your benefit today by calling 855-246-7347 or visit https://infoarmor.reliancematrix.com/

Has your identity been compromised?
Call toll free at 855-246-7347. Help is available 24/7.

What Reliance members are saying:

99%

are satisfied with their customer care experience[2]

100%

of our members were satisfied with the identity theft recovery support they received[2]

111 restoration cases since 2023

1: Javelin 2025 Identity Fraud Study: Breaking Barriers to Innovation
2: 2025, Allstate Identity Protection internal analysis
†Identity theft insurance covering expense and stolen funds reimbursement is underwritten by Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.
Reliance Matrix is a branding name. Reliance Standard Life Insurance Company (Home Office Schaumburg, IL) is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. First Reliance Standard Life Insurance Company (Home Office New York, NY) is licensed in New York and Delaware. Standard Security Life Insurance Company of New York (Home Office New York, NY) is licensed in all states. Absence services are provided by Matrix Absence Management, Inc. Product features and availability may vary by state.

AIP1054_InfoArmor ID Theft

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ON CALL INTERNATIONAL
It could happen to you!™

Travel Assistance

Emergency help while you are traveling

Sure, we all expect our trips to go off without a hitch and most times they do. However, if you experience an emergency when traveling — no matter how big or how small — you have around-the-clock access to On Call International's 24-hour, toll-free travel assistance services. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you can rest assured you (and your covered dependents) have access to a personal travel emergency companion anytime you're more than 100 miles away from home.

How your Travel Assistance services work

Using your travel emergency services is a cinch! Just contact On Call International directly at (603) 328-1966 anytime you need assistance while traveling. On Call's Global Response Center is open 24 hours a day, 365 days a year and can provide the following services through your group coverage with Reliance Matrix. The following is an outline of the On Call emergency travel assistance service program. For a complete description of all services and the program terms and limitations, please request a Description of Covered Services from your employer.

24-Hour Travel Assistance

On Call International provided through Reliance Matrix

In the U.S., toll free
(800) 456-3893

Worldwide, collect
(603) 328-1966

To reach On Call International, you can email On Call from anywhere in the world at: **mail@oncallinternational.com**.

If you are traveling right now and need immediate Medical, Security and Travel Assistance, please contact On Call's 24/7 Global Response Center:

Call toll-free from the U.S. or Canada:
1 (800) 407-7307
Call from anywhere in the world:
1 (603) 328-1926

Travel Assistance Services administered by

ON CALL INTERNATIONAL

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For emergency medical, legal and travel assistance information and referral service 24 hours a day, 365 days a year, call the numbers below. To place a collect call, dial the INTERNATIONAL COUNTRY CODE:

_____

followed by On Call's collect call number

fold

Travel assistance services are provided by On Call International (On Call) under the terms and conditions of a service agreement with Reliance Matrix.

For additional instructions on how to call and text internationally, please visit **https://www.att.com/support/wireless/** and search for *call and text internationally* for tips on how to find international country codes and providers as well as making calls/sending texts internationally.

Covered services

When traveling more than 100 miles from home or in a foreign country, On Call offers you and your dependents the following services:

Pre-trip assistance	• Inoculation requirements information • Passport/visa requirements • Currency exchange rates	• Consulate/embassy referral • Health hazard advisory • Weather information
Emergency medical transportation*	• Emergency evacuation • Medically necessary repatriation • Visit by family member or friend • Return of traveling companion	• Return of dependent children • Return of vehicle • Return of mortal remain
Emergency personal assistance services	• Urgent message relay • Interpretation/translation services • Emergency travel arrangements	• Recovery of lost or stolen luggage/ personal possessions • Legal assistance and/or bail bond
Medical assistance services	• Medical referrals for local physicians/dentists • Medical case monitoring	• Prescription assistance and eye glasses replacement • Convalescence arrangements

*The services listed above are subject to a maximum combined single limit of $250,000. Return of vehicle is subject to $2,500 maximum.

On Call International is not affiliated with Reliance Matrix. Reliance Matrix is not responsible for the content of the On Call travel assistance services, and is not responsible for, and cannot be held liable for, any services provided or not provided by On Call.

On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.

For more information, visit reliancematrix.com.

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ON CALL INTERNATIONAL
It could happen to you!™

RS-2110-1 (8/25)

RETIREMENT SAVINGS PLAN – 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 Association of Independent Kentucky Colleges and Universities (AIKCU). You can contribute pre-tax or Roth after-tax dollars and save for your future. Eligible employees may begin making contribution to their retirement plan upon date of hire.

Visit tiaa.org/aikcu to enroll, view contributions, and/or make updates to your account. You can receive custom insights and personalized advice to help optimize your investment portfolio through the online portal.

403(b) Contribution

The University will match your employee contribution up to 5% (dollar for dollar).

EMPLOYEE EDUCATION BENEFITS

Undergraduate Courses

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

Graduate Courses

After the completion of one year of service, full-time employees who meet admission requirements and have approval of their supervisor and the University Provost, may enroll in University Graduate Programs and receive a 100% tuition waiver. The Naslund-Mann (MFA) and PsyD programs are excluded from this waiver. There is no limitation to 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 for graduate programs. The employee must have satisfied one year of service prior to the class start date for the waiver to apply.

Effective January 1, 2018, up to two (2) Spalding employees are permitted to enroll in each graduate program per academic year. To be considered for enrollment, employees are required to apply to the program. Upon acceptance, the Provost will review the application and select who will be admitted. The criteria for selection is twofold

- Applicability of the graduate program to current job duties
- Years of service to Spalding University

The University Provost reserves the right to admit more than two employees into any graduate program at their discretion. If an employee resigns or is terminated while receiving tuition remission, the remission will end of the employee's last day and the employee will have the option to continue in the graduate program at their own expense.

Upon receipt of a Spalding Master or Doctoral degree, the employee is required to remain employed Spalding for the number of years equivalent to the years of the graduate program. For example, a graduate of a two year program would be required to continue employment at Spalding for two years following receipt of their degree. If the employee resigns their employment during this period of time, the employee is required to remit the cost of the graduate program to the University on a pro-rated basis.

Dependent Educational Benefits

After an employee completes one year of service, their dependents who meet admission requirement are eligible for a 50% tuition waiver with an additional 10% waiver for each year of employee service over one year until reaching 100%. 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) http://www.cic.edu/member-services/tuition-exchange-program Please contact Human Resources for more details.

ADDITIONAL UNIVERSITY BENEFITS

Wellbeing Program

Spalding University knows the traditional approach to workplace health promotion is not enough to reach our employee's goals for overall health. We take a holistic approach to our employee's wellbeing by focusing in on 5 key areas:

- Career
- Financial
- Social
- Physical
- Community

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

Weight Rooms

Spalding University's recently remodeled weight room is open, free of charge, to all faculty and staff. The hours of operation are 7:00am-7:00pm, Monday through Saturday. The faculty and staff locker rooms are located across the hall from the weight room.

For further information, please contact Meghan Herp at mherp@spalding.edu

ADDITIONAL UNIVERSITY BENEFITS

Paid Time Off

Vacation time off with pay is available to eligible staff members to provide opportunities for rest, relaxation and personal pursuits. The University recognizes rest and recreation are very important to staff renewal and rejuvenation. Consequently, the University encourages staff members to use all their vacation time by the end of each calendar year.

The amount of vacation time a staff member receives each fiscal year increases with the length of their employment. Regular, full-time staff members earn vacation as shown in the chart to the right. The vacation bank balance is recorded on July 1st. All vacation hours should be taken by June 30th of the following year. However, employees may roll 40 vacation hours into the next fiscal year. Regular part-time staff do not receive vacation benefits. Hours are calculated on the basis of a 40-hour work week.

Employee	Hours Accrued
New Hire – 1 year (Date of Hire to end of Calendar Year)	10 days (80 Hours) *pro-rated based on date of hire*
1 – 5 years of employment	12 days (96 hours)
6 – 10 years of employment	16 days (128 hours)
11+ years of employment	20 days (160 hours)

Sick Days

All full-time **faculty and staff** receive 12 sick days per year (pro-rated based on date of hire date). A maximum of 12 days can be carried over to the next fiscal year.

Employee Volunteering

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

Paid Holidays

The University has the following paid holidays in 2026-2027 including:		
Independence Day - July 3 (Friday)	Labor Day – September 7	Thanksgiving Break – November 25-29
Holiday Break – December 23 – January 3	Martin Luther King Jr – January 18	Good Friday – March 26
Easter Monday – March 29	Oaks Day (Derby Eve) – April 30	Memorial Day – May 31
Juneteenth – June 18 (Friday)		

CARRIER CONTACT INFORMATION

Line of Coverage	Carrier	Phone	Email
Benefits Resource Center (BRC)	USI	(855) 874-0835	brcmidwest@usi.com
Dental Insurance	Delta Dental	(800) 955-2030	www.deltadentalky.com
Employee Assistance Program (EAP	Reliance Matrix	(855) 775-4357	rsli@acieap.com
Flexible Spending Accounts (FSA) **Health Savings Account (HSA)**	PNC Bank	(844) 356-9993	www.participant.pncbenefitplus.com
Basic Life and Supplemental Life and AD&D Insurance **Short and Long-Term Disability** **Supplemental Insurance**	Reliance Matrix	(877) 202-0055	www.reliancematrix.com
Medical Insurance	Point C	(855) 982-2583	www.pointchealth.com
Prescription Insurance	CVS/Caremark	(855) 982-2583	www.pointchealth.com
Retirement - 403(b)	TIAA	(800) 842-2252	www.tiaa-cref.org
Specialty Drug Program	TrueRx	(866) 921-4047	www.truerx.com
Vision Insurance	Delta Dental	(800) 955-2030	www.vsp.com

Spalding University

Important Legal Notices

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 7 for more details.

IMPORTANT NOTICE: This document is provided to help employers understand the compliance obligations for Health & Welfare benefit plans, but it may not take into account all the circumstances relevant to a particular plan or situation. It is not exhaustive and is not a substitute for legal advice.

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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. Therefore, the following deductibles and coinsurance apply:

PPO	Deductible $2,000 Individual / $6000 Family	Coinsurance 85% after Deductible
HDHP	Deductible $4,000 Individual / $8,000 Family	Coinsurance 100% covered after Deductible

NEWBORNS ACT DISCLOSURE – FEDERAL

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).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in 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.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Maurisha Griffin / 502-585-9911 / mgriffin01@spalding.edu

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases, we never share your information unless you give us written permission:
  Marketing purposes
  Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information

If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relaying the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective Date of this Notice – July 1, 2027
- Privacy Official – Maurisha Griffin / 502-585-9911 / mgriffin01@spalding.edu

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 with 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

   PPO or HDHP

   for the 2026 plan year 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 to 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, the following options may apply:

- You may stay in the

  PPO or HDHP

  and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:

  - During the Medicare prescription drug annual enrollment period, or
  - If you lose

    PPO or HDHP creditable coverage.

- You may stay in the

  PPO or HDHP

  and also enroll in a Medicare prescription drug plan. The

  PPO or HDHP

  will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.

- You may decline coverage in the

  PPO or HDHP

  and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the

  PPO or HDHP

  you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with 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

Maurisha Griffin / 502-585-9911 / mgriffin01@spalding.edu

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 also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (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).

Date:	July 1, 2026
Name/Entity of Sender:	Spalding University
Contact Position/Office:	Maurisha Griffin / Director of Human Resources
Address:	845 South Third Street / Louisville KY 40203
Phone Number:	502-585-9911

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

FLORIDA – Medicaid	INDIANA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
KENTUCKY – Medicaid	
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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

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

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

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

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

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

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

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

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

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

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

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

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

What about Alternatives to Marketplace Health Insurance Coverage?

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

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

How Can I Get More Information?

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

Name of Entity/Sender:	Spalding University
Contact--Position/Office:	Maurisha Griffin / Director of Human Resources
Address:	845 South Third Street / Louisville, KY 40203
Phone Number:	502-585-9911

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer Name SPALDING UNIVERSITY	4. Employer Identification Number (EIN) 61-0444780	
5. Employer address 845 SOUTH THIRD STREET	6. Employer phone number 502-585-9911	
7. City LOUISVILLE	8. State KY	9. ZIP code 40203
10. Who can we contact about employee health coverage at this job? MAURISHA GRIFFIN		
11. Phone number (if different from above)	12. Email address MGRIFFIN01@SPALDING.EDU	

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

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

    Full-time employees working a minimum 30 hours/week.

- With respect to dependents:
  - ■ We do offer coverage. Eligible dependents are:

    Legally wed spouses of full-time employees.
    Dependent children of full-time employees.
  - ☐ We do not offer coverage.

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

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

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

IMPORTANT NOTICE
The material in this Benefits Guide is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and the information in the Benefits Guide, the plan documents will govern. The availability of a plan or program may vary by geographic service area.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of our respective insurance companies or broker. The availability of any particular provider cannot be guaranteed. Provider network composition is subject to change. While this material is believed to be accurate as of the print date, it is subject to change. Notice of Change shall be provided in accordance with applicable state and federal law. All trademarks, trade names or company names referenced herein are used for informational and identification purposes only and are the exclusive property of their respective owners. Their use is not intended to imply any relationship, endorsement, sponsorship or affiliation by and between the trademark owners and USI.