



2025 BENEFITS GUIDE



MCKENDREE
UNIVERSITY

Effective 01.01.2025

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Throughout this booklet you will find video and Link icons that will take you to resources that provide additional information on the benefits available to you



ELIGIBILITY

| Benefit | Who is Eligible? | When to Enroll | When Benefits Are Active |
|--|--|--|---|
| <ul style="list-style-type: none"> • Medical • Dental • Vision • HRCA & DCRA • HSA • Long Term Care • Life & AD&D • Voluntary Life • LTD • STD • Accident • Critical Illness • Hospital • Indemnity • EAP | <p>Full- time employee working 30 or more hours per week.</p> <p>Part-Time employee working 20 or more hours per week may be eligible to participate in the deferred compensation retirement plan.</p> | <p>New Hires will receive an email from Employee Navigator prior to their effective date to enroll in benefits.</p> <p>Current Employees enroll annually during the open enrollment period, typically the first two weeks in November.</p> | <p>New Hire elections: coverage begins on the first day of full-time employment.</p> <p>Open Enrollment elections become effective on January 1st. If enrollment deadlines are missed, you will not be able to enroll until the next Open Enrollment period or you experience a qualifying life event (page 8).</p> |
| <ul style="list-style-type: none"> • 403(b) Defined Contribution Plan | <p>All full time employees.</p> <p>Part-time employee working more than 20 hours may be eligible for elective deferrals.</p> | Any time | Typically, contributions will begin on the next payroll cycle after you complete enrollment and deferral elections. |
| <ul style="list-style-type: none"> • 457(b) Deferred Compensation Plan | Senior Level Employees | Any time | Typically, contributions will begin on the next payroll cycle after you complete enrollment and deferral elections. |

Eligible Dependents

Your legally married spouse or domestic partner.* Natural, adopted, stepchildren, or domestic partner's children up to age 26. Children may be covered until the end of the month prior to turning 26.

Working spouses or domestic partners with available health coverage through their own employer are ineligible for coverage under the McKendree plan.

*Domestic partners will need to complete a certification form detailing the partnership as defined in the Employee Handbook.

New Employees:

Upon confirmation of onboarding appointment, new employees will receive a registration link to Employee Navigator. Create a profile and select applicable benefits. New employees have 30 days from date of hire to make elections.

Current Employees:

Log-in to Employee Navigator located on the McK My Applications page.

- Review your personal and existing dependent information for complete accuracy.
- Review your existing elections and complete your enrollment for the next plan year.
- Complete your enrollment by digitally signing the Enrollment Confirmation.
- Complete and return the Coordination of Benefits to Consociate Health or Human Resources.

Do I need to enroll?

YES! All employees are required to complete benefit elections during the new hire enrollment period. If you want coverage for the next plan year, you must make elections, changes, or waive coverage during the open enrollment period.

Before you enroll:

- Know the date of birth, social security number, full legal name, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.
- Attend an Open Enrollment Meeting. Attendance is not required but strongly encouraged. Meeting recordings will be distributed shortly after the presentation.

MEDICAL INSURANCE

McKendree University will continue to offer three medical plans. The top tier network, with the best benefits is a Direct to Employer network option through BJC HealthCare. The second tier of benefits are through the Aetna network. The following pages will illustrate the one benefit levels including the tier enhancements through BJC HealthCare.

MEDICAL INSURANCE

YOUR HEALTH PLAN OPTIONS

As an employee of McKendree University, you have the choice between three medical plan options: two traditional PPO plans and a Qualified High Deductible Health Plan (HSA-eligible). While you will also have two networks to access your benefits, the top tier benefits will be through a direct to employer program with BJC HealthCare and their BJC HealthSolutions program. The second tier is through the Aetna Network.

For each, your deductible will run from January 1 - December 31. While all plans give you the option of using out-of-network providers, you can save the most money by using BJC HealthCare and Washington University Physicians providers and facilities.

The two PPO plans are traditional plans with copays for certain services. The QHDHP offers the ability to utilize a Health Savings Account (HSA) with Optum Bank to contribute pre-tax dollars for qualified medical expenses for you and your immediate family. These funds can be used to cover medical, dental and vision expenses, including deductibles, and the funds are yours forever, even if you leave McKendree University. Unlike a Flexible Spending Account (FSA), these funds are not forfeited at the end of each year or subject to rollover maximums.

FREQUENTLY ASKED QUESTIONS

Will I receive a new medical card?

New employees and employees who make changes to their plan will receive a new medical ID card in the mail prior to the 1/1/2025 effective date. There is one ID card for both medical and prescription benefits.

Does the deductible run on a calendar year or policy year basis?

The deductibles run on a calendar year.

How long can I cover my dependent child?

Dependent children are eligible until the end of the month in which they turn age 26.



PLAN OPTIONS

SELECT YOUR MEDICAL PLAN

OPTION 1: \$2,000 PPO

OPTION 2: \$5,000 PPO

OPTION 3: QHDHP (HSA)



[Glossary of Terms](#)



[What is a qualifying event?](#)

MEDICAL PLANS OFFERED

Tier 1 Network:  BJC HealthSolutions™

Tier 2 Network:  aetna™

Rx Partner:  SmithRx

| | Option 1: \$2000 PPO | Option 2: \$5000 PPO | Option 3: HDHP |
|---|--|---|--|
| IN-NETWORK | | | |
| TIER 1: BJC HealthSolutions Deductible (Ind/Fam) TIER 2: Aetna (Ind / Fam) | \$1,000 / \$3,000 \$2,000 / \$6,000 Embedded | \$2,500 / \$6,000 \$5,000 / \$12,000 Embedded | \$3,300 / \$4,000 \$3,300 / \$6,000 Embedded |
| COINSURANCE (your responsibility on claims costs once you've met the deductible) | 10% / 20% | 10% / 20% | 0% / 20% |
| OUT OF POCKET MAXIMUM (once met all in-network covered services are covered by the plan) | | | |
| TIER 1: Maximum BJC HealthSolutions (Ind / Fam) TIER 2: Maximum Aetna (Ind / Fam) | \$2,000 / \$6,000 \$4,000 / \$12,000 | \$2,800 / \$6,000 \$5,600 / \$12,000 | \$3,300 / \$4,000 \$6,000 / \$12,000 |
| PREVENTIVE CARE | Wellness, Immunizations, Mammography, Vaccinations, etc. Covered 100%, no cost to you | | |
| | TIER 1 | TIER 2 | TIER 1 |
| Office Visits (Illness/Injury) | \$0 Copay | \$30 Copay | \$0 Copay |
| Specialist Visits | \$0 Copay | \$50 Copay | \$0 Copay |
| Virtual Visits | \$0 Copay | \$0 Copay | \$0 Copay |
| Inpatient Hospital | 10% Coins. | 20% Coins. | 10% Coins. |
| Outpatient Surgery | 10% Coins. | 20% Coins. | 10% Coins. |
| | | | |
| | TIER 1 | TIER 2 | TIER 1 |
| Lab & X-Ray | 10% Coins. | 20% Coins. | 10% Coins. |
| Imaging (CT/PET scans, MRIs) | 10% Coins. | 20% Coins. | 10% Coins. |
| | | | |
| | TIER 1 | TIER 2 | TIER 1 |
| Preferred Generic drugs | 10% Coins. | 20% Coins. | 10% Coins. |
| Non-Preferred Generic drugs | 10% Coins. | 20% Coins. | 10% Coins. |
| | | | |
| PRESCRIPTIONS | | | |
| Preferred Generic drugs | Retail Pref: \$0 Copay Non-Preferred: \$10 Copay Mail Order: No Charge | Retail Pref: \$0 Copay Non-Preferred: \$10 Copay Mail Order: No Charge | Deductible, Coinsurance, then 100%  Learn more about a health savings account |
| Non-Preferred Generic drugs | Retail Pref: \$10 Copay Non-Preferred: \$20 Copay Mail Order: \$20 Copay | Retail Pref: \$10 Copay Non-Preferred: \$20 Copay Mail Order: \$20 Copay | |
| Preferred brand drugs | Retail Pref: \$35 Copay Non-Preferred: \$55 Copay Mail Order: \$75 | Retail Pref: \$50 Copay Non-Preferred: \$70 Copay Mail Order: \$100 | |
| Non-preferred brand drugs | Retail Pref: \$75 Copay Non-Preferred: \$95 Copay Mail Order: \$150 Copay | Retail Pref: \$100 Copay Non-Preferred: \$120 Copay Mail Order: \$200 Copay | |
| Preferred Specialty Drugs | \$150 Copay | \$150 Copay | |
| Non-Preferred Specialty Drugs | \$250 Copay | \$250 Copay | |
| *Prescription Drug copays accumulate toward Tier 2 out-of-pocket limits. | | | |
| H.S.A Compatible | NO | NO | YES |

This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.

Helping you get more value from your medical plan

From routine checkups to advanced procedures, we're here to provide the care you need.

HOW THE PLAN WORKS.

Your employer has chosen to partner directly with health care providers in your community to create local networks of health care clinicians, specialists and hospitals. By accessing this direct network under your new employer plan, you have the opportunity to spend less out of pocket and access additional providers via a standard network often at no increased cost to you from prior years.

HOW THE PLAN IS ADMINISTERED.

- To access the best benefits in **BJC HealthSolutions**, you must receive care from a health care professional or facility in the Premier Network.
- If you're temporarily away from your local area or choose to seek care outside of the Premier Network, you can access in-network providers or hospitals through your **Standard Network, Aetna**. Two excellent benefit levels through BJC HealthSolutions.
- **Both Networks** are managed by **Consociate Health**, a third-party administrator that is there to ensure your claims are processed timely and correctly. **All** doctors and hospitals will verify eligibility and bill directly to Consociate Health.
- If you choose to go outside the Premier Network or outside the Standard Network, you will incur the highest expense (except in an emergency). You will be responsible for all costs as identified by your specific plan type and design.

WE MAKE IT EASY.

Comprehensive, coordinated, and all about you.

With more services and capabilities than any other system in the region, we are here to provide the care you need. No matter how you first come to BJC, we provide access to leading specialists who will help you find answers.

Service - Personalized for you.

BJC HealthSolutions is committed to providing top-notch customer service for our members. Did you know you can call our Concierge Line with any of your health plan questions? Our knowledgeable professionals are available to ensure you're getting the best service possible.

Our team can help!

- Coverage and claims questions
- Information on pharmacy or mental health benefits
- Questions about providers including help selecting one
- Technical issues or assistance setting up your online account
- Assistance with our wellbeing program
- And more!

 BJC HealthSolutions Concierge Team at [844-217-8004](tel:844-217-8004)

 Email us at: BJCHealthSolutions.support@bjc.org

 Message us through your Portal: MyBJCHealthSolutions.org

National leaders.

BJC and Washington University School of Medicine have partnered on many services, including Siteman Cancer Center and together we are discovering new breakthrough treatments and pioneering the most advanced care and treatment in the nation. We are curious and driven to find answers to the most complex conditions.

Nearby for every health need.

With more hospitals than anyone else the region, plus thousands of physicians, it's easy to get the care you need. And you can rest easy knowing that we have the most advanced capabilities with leading specialists who treat the most complex conditions, all available to you if you need them.

Pre-Certification

Call 866-345-3509 for prior authorization. Prior certification/ notification is required for inpatient hospitalizations, dialysis, transplants, chemotherapy, radiation and oncology pharmacology, advanced imaging, home health, DME (limited to electric/motorized scooters/wheelchairs/and pneumatic device), and certain outpatient surgical procedure. In any emergency, please call XXX-XXXX-XXXX within 1 business day. Failure to obtain precertification may result in a reduction of benefits. **Specialty Medication & Infusions are subject to exclusions and limitations **

| | |
|---|--|
| <p>Medical Plan</p> <p>Coverage: Employee + Spouse</p> <p>Tier 1 Deductible: \$500 Ind/ \$100 Family</p> <p>Tier 2 Deductible: \$1,000 Ind/ \$2,000 Family</p> <p>Tier 3 Deductible: \$2,000 Ind/ \$4,000 Family</p> <p>Tier 1 OOP: \$1,750 Ind/ \$3,500 Family</p> <p>Tier 2 OOP: \$3,500 Ind/ \$7,000 Family</p> <p>Tier 3 OOP: \$7,000 Ind/ \$14,000 Family</p> | <p>Medical Claims Submission</p> <p>Consociate Health</p> <p>Payor ID# 37135</p> <p>PO Box 1068</p> <p>Decatur, IL 62525</p> |
|---|--|

Information on the back of the card is for PROVIDERS

Claims:

Consociate Health is the third-party administrator. This information is used for claims processing. Providers should send all claims, regardless of network, to this address.



BJC Hospitals

St. Louis Children's Hospital Services

BJC Off-Site Outpatient Services

Siteman Cancer Center

FEATURED CLINIC CARE OPTIONS:

We specialize in a wide range of clinical care programs to give you access to what you need for your health and well-being. From advanced procedures and life-changing treatments to routine checkups for your entire family, we're here to provide the care you need. Visit us at: www.bjc.org/medical-services/clinical-care-options

Specialities Include:

- | | |
|----------------------|------------------------------------|
| Cancer | Heart & Vascular |
| Neurosciences | Obstetrics & Gynecology |
| Orthopedics | Pediatrics |
| Primary Care | Transplant |



PRIMARY CORE NETWORK INCLUDES:

Major Hospitals:

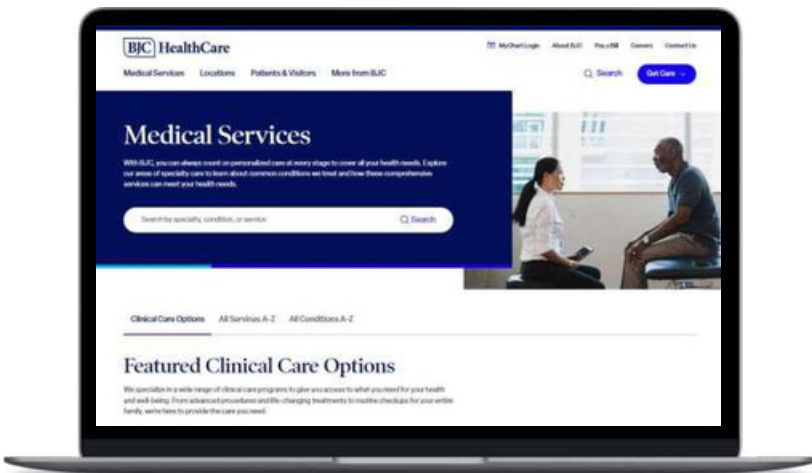
BJC HealthCare

- Alton Memorial Hospital, Alton, IL
- Barnes-Jewish Hospital
- Barnes-Jewish St. Peters Hospital
- Barnes-Jewish West County Hospital
- Christian Hospital Northeast
- Memorial Hospital Belleville, IL
- Memorial Hospital Shiloh, IL
- Missouri Baptist Medical Center
- Missouri Baptist Sullivan Hospital
- Northwest HealthCare
- Parkland Health Center Farmington
- Parkland Health Center Bonne Terre
- Progress West Hospital
- St. Louis Children's Hospital

MAJOR PROVIDER GROUPS:

- BJC Medical Group and Affiliates
- Washington University Physicians

SCAN TO FIND A YOUR MEDICAL CARE NETWORK DIRECTORIES



READ MORE



WWW.BJC.ORG/MEDICAL-SERVICES/CLINICAL-CARE-OPTIONS



mybjchealthsolutions.org

BJC HealthSolutions

Member Portal

Offering Quick,
Easy Access to All
Your Plan Needs:



My Home Page

- Recent Claims
- Current Year Accumulators
- Plan Updates



Documents

- Summary Plan Document
- Summary of Benefits and Coverage
- Coordination of Benefits Form
- Possible Injury Form
- Claim Form
- Privacy Policy



Claims Lookup

- Proof of Coverage
- All Medical Claims
- Accumulators by Plan Year



My Toolbox

- Account Information
- Request an ID Card
- Proof of Coverage
- Settings



PPO Network

- Provider Directory
- Provider Search



Access the member portal:
myBJCHealthSolutions.org

1. Click on “**First Time Member Registration**”.
2. Complete the “**Member Registration Box**” on the next screen.
3. Create your username and password (both are case sensitive and passwords require uppercase, lowercase, and a special character).
4. A box will pop up stating “**Registration Successful**”.
5. Click on the box that says, “**Click here to log in**”.
6. Type in your username and password and click on “**Log In**”.

If you need help, please contact the BJC HealthSolutions Concierge Line at 844.217.8004.

BJC HealthSolutionsSM

BJC HealthSolutions

Your Wellbeing Team



Your dedicated wellbeing team includes certified wellness coaches and nurse care managers who have a wealth of expertise and knowledge in the areas of health and wellness. These experienced health consultants are ready to partner with you to improve your health outcomes and achieve your personal wellness goals.

Helping you manage your health and wellness:

- Working with you to create a customized wellness plan that will help you live a healthier lifestyle
- Confidential, one-on-one coaching services (check with your employer for details)
- Select members may be referred to our population health program to partner with a nurse care manager

Here's when you might hear from the wellbeing team via phone or email:

- After your employer-sponsored biometric screening event
- If you missed an important annual screening (colonoscopy, mammogram, etc.)
- To schedule a session with a wellness coach for one-on-one coaching
- To schedule a session with a nurse care manager (if you're a candidate for a population health program)

Three ways to contact your wellbeing team:

- 314.996.3620
- bjchealthsolutions.support@bjc.org
- Through your online wellbeing portal (check with your employer for log-in info)

myBJCHealthSolutions.org

BJC HealthSolutionsSM

Where should I go when I need treatment quickly?

For minor illnesses or injuries, contact your primary care provider (PCP) first. While Convenient Care, Urgent Care and the Emergency Room aren't meant to replace visits to your doctor, they are there when you need to see someone during 24 hours, weekends or more quickly than going to your PCP. Here are some guidelines on where to go.

VIRTUAL VISITS

Cost: \$

A Virtual Care team provides care without leaving your home through a video visit to evaluate your symptoms.

Available for common conditions including:

- Animal / insect bites
- Cold sores
- COVID-19 symptoms
- Earache
- Head lice
- Rash
- Red/pink eye

CONVENIENT CARE AND URGENT CARE

Cost: \$ – \$\$

Convenient Care clinics provide treatment on your schedule for minor illnesses and injuries such as:

- Muscle strains
- Joint sprains
- Ear infections
- Painful urination
- Pelvic exams
- Vaccinations
- Sinus and allergy symptoms
- School or sports physicals

- COVID-19 testing
- X-rays

Urgent care facilities provide treatments like Convenient Care clinics, but also can offer services for:

- Possible broken bones
- Foreign body in eye
- Open wound
- Suturing

PRIMARY CARE

Cost: \$\$

A primary care provider (PCP) is your primary source for health care, treatment and information. PCPs help patients maintain their overall health by focusing on wellness, diagnosis, prevention and disease management.

To schedule an appointment with a PCP, visit bjc.org/primarycare

- Annual wellness exams
- Management of acute and chronic conditions
- Health goals
- Health screenings
- Illness and injuries
- Immunizations

EMERGENCY ROOM

Cost: \$\$\$

When the condition is life-threatening, such as a heart attack, stroke or when someone is unresponsive, call 911 immediately.

A trip to the emergency room (ER) for non-life-threatening emergencies can come at a big price. Use an ER for:

- Trouble breathing
- Chest pain
- Severe allergic reactions

- Severe pain
- Trauma or serious injury
- Sudden vision impairment
- Broken bones visible through the skin
- Severe burns
- Loss of balance or fainting
- Poisoning
- Rapid heartbeat

For questions about your health plan or providers, please contact the BJC HealthSolutions Concierge Line at [844-217-8004](tel:844-217-8004).
myBJCHealthSolutions.org

MyChart

Your secure online health connection

The MyChart app makes managing your health information easy.

With a MyChart account, you can:

1. Message your doctor

- Ask non-urgent medical questions
- Ask follow-up questions after a visit with your provider

2. View test results

- View labs, x-rays, and other test results

3. Schedule appointments

- Schedule virtual visits with your provider

4. Check in for appointments ahead of time

- Complete the check-in process from home to save time when you arrive at your appointment
- Fill out pre-appointment questionnaires
- Confirm your insurance information

5. Pay your bill

- Pay your bills online from your phone or computer
- Ability to pay co-pays prior to office visit ahead of appointment

6. Receive on-demand virtual care

- Access on-demand virtual care or e-visits from 7am to 7pm, 7 days a week
- Receive care for many common concerns such as allergies, back and joint pain, cough and cold, earaches, and sinus symptoms

7. Request prescription refills

- Ask questions about medication
- Request refills for current prescriptions

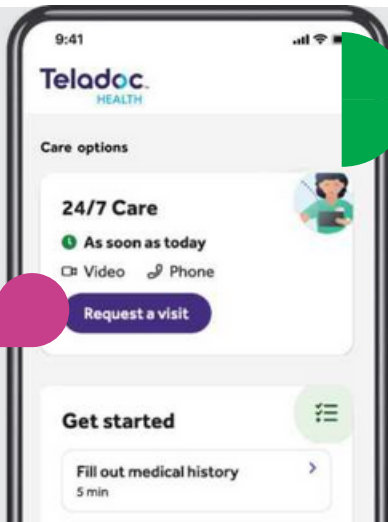


Visit bjc.org/mychartinfo or scan the QR code to create an account.

You can also download the MyChart app from the App Store or Google Play store.

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General Medical: What to know about this benefit



Did you know 60% of patients have to wait 2 weeks to see their primary physician and only 10% are able to get in to see their regular doctor the same day they need care?¹

Our Teladoc Health benefit gives you access to compassionate care from U.S. board-certified doctors, anytime, anywhere. Doctors are available in all 50 states and you can meet with them 24/7 by phone or video.

The average Emergency Room care costs 10 times more than an urgent care visit for the same diagnosis.²

Teladoc Health can help you skip the trip to the ER or urgent care for non-emergency problems, avoid long wait times and save money since you can see a doctor within minutes by phone or video. Teladoc Health is here to listen, answer your questions and help you feel better faster.

- **What services does Teladoc Health provide?** Teladoc Health provides healthcare for the whole you and can help you with everyday, non-emergency health needs like prescription refills, coughs, colds, UTIs, sinus, allergies and much more. Teladoc Health helps you get healthy and live healthy.
- **How much does Teladoc Health cost?** Your out of pocket cost varies based on your health plan. If you do have to pay, you will see your cost before you finish requesting your visit. You can pay with a credit card, prepaid debit card, HSA (health savings count) care, or by PayPal.
- **How do I sign up?** To sign up for Teladoc Health, scan the QR code below to download the app, call 1-800-835-2362, or visit the website. Visits can be by phone or video and there is no time limit on how long the visit is.
- **How does it work if I am traveling and not in the state I live in when I need help?** Teladoc Health is available in all 50 U.S. states, so the service can be used even if you are traveling. Some restrictions may apply.
- **Can Teladoc Health doctors prescribe medicine?** Yes they can when it makes sense medically. But, Teladoc Health doctors do not prescribe controlled substances, drugs like Viagra and Cialis, and/or other drugs that have a higher risk of abuse. If a prescription is not needed, the Teladoc Health doctor may give you instructions for managing symptoms.

Call 1-800-835-2362

Visit [TeladocHealth.com](https://www.teladoc.com) Download the app



¹ <https://plus.credit-suisse.com/rpc4/ravDocView?docid=V7r1Oh2AN-ZqC1>

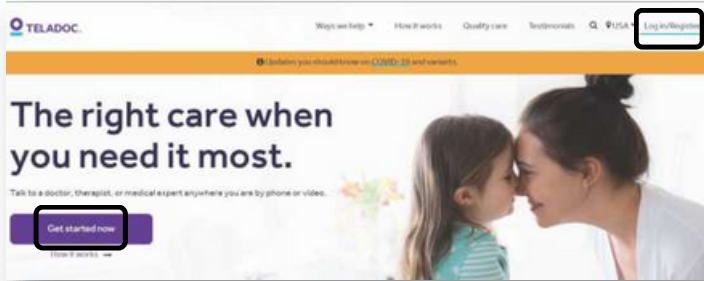
² <https://www.ucaoa.org/LinkClick.aspx?fileticket=Q4TP7cypW94%3D&portalid=80>

Step 1. Download the Teladoc mobile app www.teladoc.com.



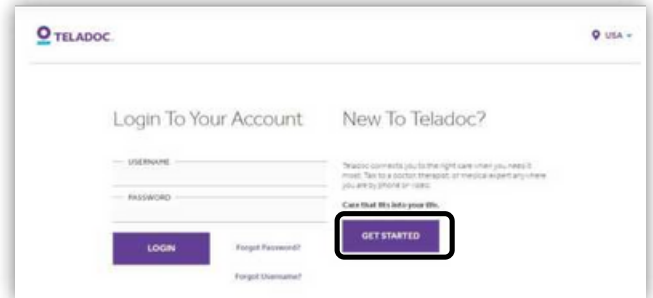
or access

Step 2. Click 'Get Started Now' or 'Log in/Register'.

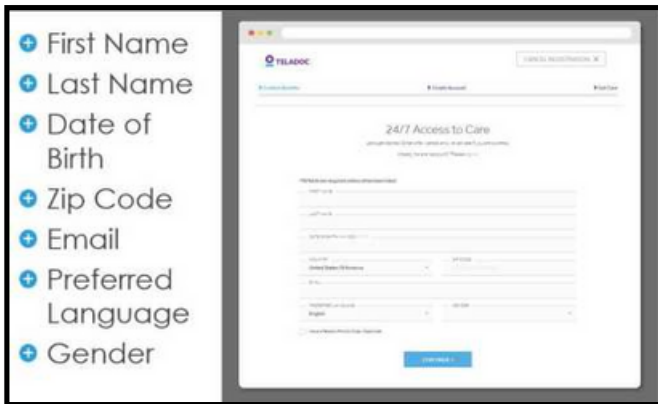


Users can also register by calling 1-800-TELADOC

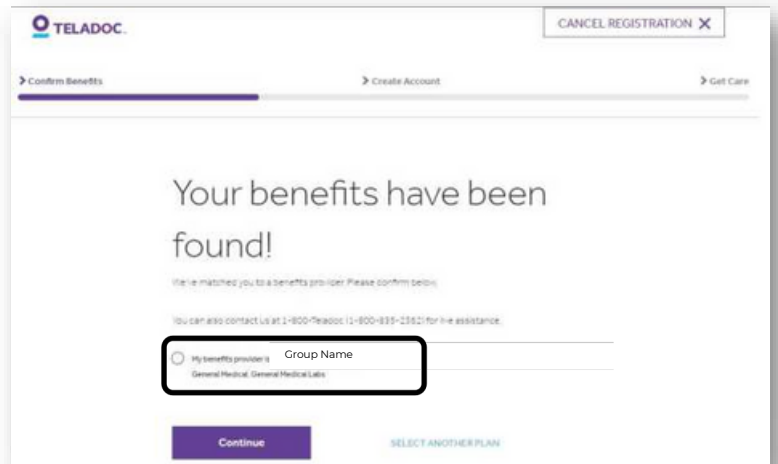
Step 3. Click on 'Get Started'.



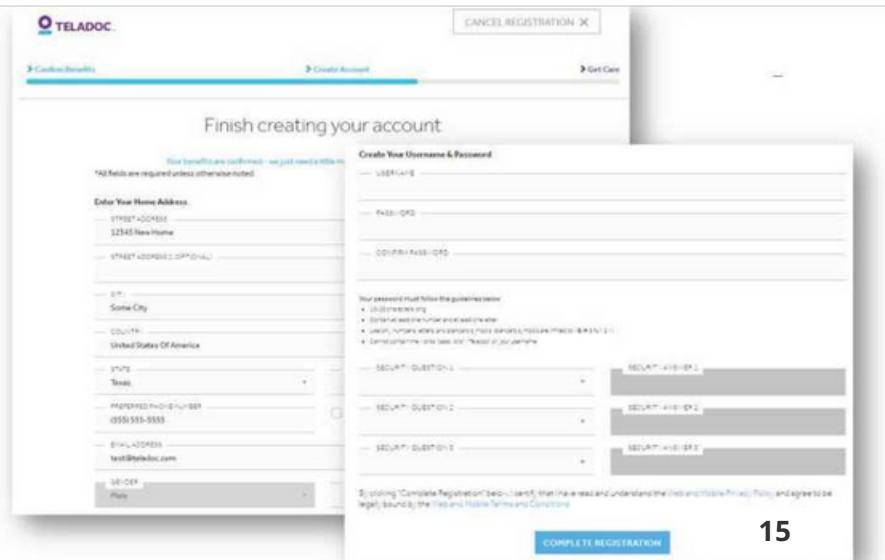
Step 4. Fill in the basic demographic information. (Please use LEGAL first name.)



Step 5. Select the bubble where the name reflects the benefits provider supplying Teladoc.



Step 6. Create a username and password. Answer security questions and your registration is complete!



You've got this

Your online provider directory makes healthy simpler

Finding a doctor or other health care professional is an important part of staying healthy. Our online directory helps make it simpler. It offers you up-to-date information about providers — and it's available online, anytime.

Provider details

To visit our online directory, simply go to aetna.com/asa. Begin searching for a doctor using your location — ZIP, city, county or state. You can use either the general or category search to see provider details that typically include:

- Board certification
- Hospital affiliation
- Medical school/year of graduation
- Gender
- Website address (if available)
- Specialties
- Languages spoken

You can also see additional provider information that can include: participation information*, other office locations, whether they're accepting new patients, maps, driving directions and more.

Additional features

You'll be able to find specialty care, too. Like a list of transplant facilities or pediatric congenital heart surgery facilities that are part of our Institutes of Excellence™ network.

Narrowing your search

Want to refine your search even further? Multiple options are available. You can easily:

- Filter by provider characteristics — such as:
 - Specialty
 - Languages spoken
 - Gender
 - Board certification
 - Hospital affiliation
 - Accepting new patients
 - Performance — such as Aexcel** providers or Institutes of Excellence and Institutes of Quality® facilities
- Expand or reduce the geographic radius of your results
- Sort by best matched or distance
- View a map to see the locations of results and get driving directions
- Print results

If you wish to view additional information about providers, detail pages are available (on selected providers).

**Aetna Signature
Administrators®**

aetna.com/asa

HEALTH SAVINGS ACCOUNT (H.S.A)

Employees enrolling in the Qualified High Deductible Health Plan (QHDHP) may open and contribute to a Health Savings Account (H.S.A). With an H.S.A, you have the ability to put money aside through payroll deductions or a lump sum contribution at anytime to help pay for qualified medical expenses. The contributions you make are taken pre-tax, the savings grow tax-free, and withdrawals for qualified medical, dental, and vision expenses reimbursed are tax free. It's a Win-Win- Win.

EXAMPLES OF H.S.A And eligible expenses are as follows:

- Dental expenses
- Prescription Drugs and Over the Counter Drugs (when ordered by a doctor)
- Eye surgery (laser eye surgery or radial keratotomy) Fertility enhancements
- Hearing aids and batteries for use
- Long-term care and Nursing home
- Maternity Expenses
- Organ transplants
- Wheelchairs
- Acupuncture and Chiropractic services
- Alcohol and drug dependency treatment
- Ambulance
- Artificial limbs
- Contact lenses and solution
- Physical and speech therapies
- Smoking-cessation programs and products
- Vasectomy



HEALTH SAVINGS ACCOUNT INFORMATION



The total contribution limits increase in 2025: \$4,300 for single coverage and \$8,550 for family coverage. This includes McKendree's contributions. Those 55 and older can contribute an additional \$1,000 as a catch-up contribution.

YOUR HSA CAN BE USED AS AN INVESTMENT Depending upon your HSA account balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds - or all three). Of course, your funds are always available if you need them for qualified health care expenses.

YOUR FUNDS CARRY OVER AND GROW OVER TIME The money always belongs to you, even if you leave, and any unused funds carryover from year to year. You never have to worry about losing your money. This means if you don't use a lot of health care services now, your HSA funds will be there if you need them in the future.

HSA FUNDS CAN BE USED FOR YOUR FAMILY You can use your HSA funds for your spouse and tax dependents for their eligible expenses even if they're not covered by your medical plan.

WHAT ARE THE RULES

- You must be covered under a qualified high deductible health plan in order to establish an HSA.
- You cannot establish an HSA if you or your spouse has a medical FSA., unless it's a limited purpose FSA.
- You cannot be enrolled in Medicare or Tricare due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan (Unless the secondary plan is also a QHDHP).
- You cannot be claimed as a dependent under someone else's tax return.

OTHER THINGS TO KNOW

If you use the money for non-qualified expenses, then the money becomes taxable and subject to 20% excise tax penalty.

There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.

FLEXIBLE SPENDING ACCOUNT (FSA)

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single vs. family coverage. The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. Be aware, any unused portion of the account at the end of the plan year is forfeited.

FLEXIBLE SPENDING ACCOUNT INFORMATION



Plan year 2025 you will be able to set aside up to \$3,300 for your Health Care FSA through monthly, tax-free deductions from your paycheck. The maximum contributions for Dependent Care FSAs remain the same, at \$5,000 for the year.

HEALTHCARE FLEXIBLE SPENDING ACT. EXPENSES EXAMPLES:

- Coinsurance and Copayments
- Deductible
- Dental expense
- Dentures
- Diagnostic Expenses
- Eyeglasses
- Eye Exams
- Handicapped Care and Support
- Nutrition Counseling
- Hearing Devices
- Hospital bills
- Contraceptives
- Laboratory fees
- Orthodontia
- Orthopedic Shoes
- Prescription Drugs
- Psychiatric Care
- Routine Physical
- Seeing-eye Dog Expenses
- Oxygen
- Etc.

DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you claim expenses on your federal income tax. Children must be under the age of 13. Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the dependent Care Expense Account, it would be wise to compare its tax benefits to that of claiming a childcare tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best. Any unused portion of your account balance at the end of the plan year is forfeited.

How It Works

When you have an out-of-pocket expense (such as copayments and deductibles), you can either use your FSA debit card or pay for these expense at qualified providers or submit an FSA claim form with your receipt.



[What is a Flexible Spending Account](#)

DENTAL INSURANCE

McKendree University offers Dental coverage through MetLife.



Discover dental coverage that keeps you smiling bright

Why Dental Insurance Makes Sense

Dental problems can be unpredictable and expensive. For example, did you know that a crown can cost up to \$1,454?¹ With MetLife Dental Insurance, you can reduce your out-of-pocket expenses and maintain your smile with preventive care.

Dental insurance not only helps you pay for your dental care, it can also help prevent costly problems in the future.

When your preventive care is covered, you're more likely to go for cleanings and checkups —this can help you avoid problems before they become too costly or complicated.

Please see your Plan Summary for more information.

[Enroll in Dental Insurance during annual enrollment.](#)

How it works:

While eating dinner, Kathy bit down and broke her crown. A crown in Kathy's area is about \$1,454.¹ Since Kathy's participating dentist agreed to charge \$895 for covered MetLife enrollees, and her plan covers 50% for this procedure, Kathy's out-of-pocket costs are only \$447.50. That's a savings of \$1006! By using a participating dentist, Kathy maximized her benefits and paid less than a quarter of the typical cost.

\$1,454 Dentists' usual fee¹

\$895 Charge by MetLife participating dentist

\$447.50 Kathy out-of-pocket costs



Why should I enroll?

- Competitive group rates
- Easy payroll deduction
- Value-added services at no additional cost to you
- Choose from 490,000+ in-network dentist locations nationwide³

Dental

Metropolitan Life Insurance Company

Plan Design for: McKendree University

Date Prepared: October 18, 2024

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

| Coverage Type: | In-Network ¹ % of PDP Fee ² | Out-of-Network ¹ % of R&C Fee ⁴ |
|--------------------------------|--|--|
| Type A - Preventive - | 100% | 100% |
| Type B Basic Restorative - | 90% | 80% |
| Type C Major Restorative - | 60% | 50% |
| Type D Orthodontia | 50% | 50% |
| Deductible³ | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Annual Maximum Benefit: | | |
| Per Individual | | |
| Orthodontia Lifetime Maximum - | \$1500 | \$1500 |
| Ortho applies to Child Only | | |
| | Child to age 19 | |
| | \$1000 per Person | \$1000 per Person |

1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist. Utilizing an out-of-network dentist for care may cost you more than using an in-network dentist.
2. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
3. Applies to Type B and C services only.
4. Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
 - the dentist's actual charge (the 'Actual Charge'),
 - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
 - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

Selected Covered Services and Frequency Limitations*

Type A - Preventive

How Many/How Often:

| | |
|--|---|
| Oral Examinations Full Mouth X-rays Bitewing X-rays (Adult/Child) Prophylaxis - Cleanings Topical Fluoride Applications Sealants Space Maintainers | 2 in a year 1 in 60 months 1 in 12 months 2 in a year 1 in a year - Children to age 19 1 in a lifetime- Children to age 16 1 per lifetime per tooth area - Children up to age 14 |
|--|---|

Type B - Basic Restorative

How Many/How Often:

| | |
|--|--|
| Amalgam and Composite Fillings Endodontics Root Canal Periodontal Surgery Periodontal Scaling & Root Planing Periodontal Maintenance Emergency Palliative Treatment | 1 in 24 months. Anterior teeth only 1 per tooth per lifetime 1 in 36 months per quadrant 1 in 24 months per quadrant 4 in 1 year, includes 2 cleanings |
|--|--|

Type C - Major Restorative

How Many/How Often:

| | |
|---|---|
| Crowns/Inlays/Onlays Prefabricated Crowns Repairs Oral Surgery (Simple Extractions) Oral Surgery (Surgical Extractions) Other Oral Surgery Bridges Dentures General Anesthesia Consultations Implant Services | 1 per tooth in 10 years 1 per tooth in 10 years 1 in 12 months 1 in 10 years 1 in 10 years 1 in 12 months 1 service per tooth in 10 years - 1 repair per 10 years |
|---|---|

Type D Orthodontia

| |
|---|
| <ul style="list-style-type: none"> Dependent children up to age 19. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary. Orthodontic benefits end at cancellation of coverage |
|---|

*Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.



[Find a Dental Provider](#)



[MyBenefits Registration Guide](#)



VISION INSURANCE

McKendree University also offers vision coverage through MetLife, which will include access to the large, national VSP Choice Network.



Why is having a good vision plan so important?

Because taking good care of your eyes may help you take better care of your body.

Regular visits to your eye care professional do more than just protect your eyesight. They can help protect your overall health. Through a routine exam, eye doctors may often spot serious health problems like diabetes, high blood pressure, heart disease, certain cancers and other conditions.¹

That's why, even if you have perfect vision, yearly exams are important. Don't let preventable health and vision problems sneak up on you. Vision benefits are there to help you stay on top of your eye care.

Why should I enroll?

- Competitive group rates
- Convenient payroll deduction

Set your sights on better vision with MetLife Vision.

Eye doctor visits can be expensive and out-of-pocket costs can add up fast.

 **11 million**
Americans over the age of
12 need vision correction.²

When it comes to vision care...



For less than your weekly coffee habit,³ you can gain coverage for you and your family.

An example of how Vision Insurance can help.

I never miss my children's games and I chaperone all their dances. One night, as I drove them to the homecoming dance, I noticed they weren't wearing their glasses. I'm happy my vision insurance helps my children feel less self-conscious — and provides a deep discount for contact lenses. Recently, when I had my own eye exam, my doctor caught the early signs of diabetes. Thanks to our vision coverage, I can be there to see my children play every game.*

*This is a fictional example. Vision Service Plan and MetLife do not claim that these are typical results that members will generally achieve. Your costs and savings could vary based on your plan design, where you live, and whether your plan requires a deductible or coinsurance. Please see your Plan Summary for details about your coverage.

VSP Choice Network Plan Summary

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.
- In-network value added features:**
 - Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹
 - Savings on glasses and sunglasses: Get up to 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹
 - Laser vision correction: 2 Potential savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

In-network benefits

There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

| | Frequency |
|--|----------------------|
| Eye exam · Eye health exam, dilation, prescription and refraction for glasses: At no additional cost after a \$10 copay. · Retinal imaging: At no additional cost Up to a \$39 copay on routine retinal screening when performed by a private practice provider. | Once every 12 months |
| Frame · Allowance: \$125 after \$15 eyewear copay. · Costco, Walmart and Sam's Club: \$70 allowance after \$15 eyewear copay. You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club. | Once every 24 months |
| Standard corrective lenses · Single vision, lined bifocal, lined trifocal, lenticular: At no additional cost after \$15 eyewear copay. | Once every 12 months |
| Standard lens enhancements¹ · Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: At no additional cost after \$15 eyewear copay. · Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Photochromic, Anti-reflective, Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits . | Once every 12 months |
| Contact lenses instead of eye glasses · Contact fitting and evaluation: At no additional cost with a maximum copay of \$60. · Elective lenses: \$125 allowance. · Necessary lenses: At no additional cost after eyewear copay. | Once every 12 months |

We're here to help

Find a Vision provider at

www.metlife.com/vision

Download a claim form at

www.metlife.com/mybenefits

For general questions go to

www.metlife.com/mybenefits

or call 1-855-MET-EYE1
(1-855-638-3931)

Out-of-network reimbursement*

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for In-network benefits apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

| | | |
|--|-------------------------------------|----------------------------------|
| · Eye exam: up to \$45 | · Single vision lenses: up to \$30 | · Progressive lenses: up to \$50 |
| · Frames: up to \$70 | · Lined bifocal lenses: up to \$50 | |
| · Contact lenses: | · Lined trifocal lenses: up to \$65 | |
| · Elective up to \$105 | · Lenticular lenses: up to \$100 | |
| · Necessary up to \$210 | | |
| · *If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement. | | |

1. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart or Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.
2. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Vision insurance is provided by Metropolitan Life Insurance Company, New York, NY (MetLife). Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.



Vision Provider Flyer

EMPLOYEE PREMIUMS

The total amount that you pay for your benefits coverage depends on the plans you choose, and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

| | Medical | | | |
|---------------------|----------------|------------------------------|------------------------------|---------------|
| Salary Level | Under \$30,000 | At least \$30K & under \$45k | At least \$45K & under \$65K | \$65K & Above |
| PPO 2000 Plan | | | | |
| Employee | \$171 | \$224 | \$277 | \$330 |
| Employee + Spouse | \$708 | \$761 | \$814 | \$867 |
| Employee + Children | \$585 | \$638 | \$691 | \$744 |
| Family | \$988 | \$1,041 | \$1,094 | \$1,146 |
| PPO 5000 Plan | | | | |
| Employee | \$135 | \$188 | \$241 | \$294 |
| Employee + Spouse | \$614 | \$667 | \$720 | \$773 |
| Employee + Children | \$498 | \$551 | \$604 | \$657 |
| Family | \$853 | \$906 | \$959 | \$1,012 |
| HDHP 3300 Plan | | | | |
| Employee | \$109 | \$162 | \$215 | \$268 |
| Employee + Spouse | \$550 | \$603 | \$656 | \$709 |
| Employee + Children | \$439 | \$492 | \$545 | \$598 |
| Family | \$760 | \$813 | \$866 | \$919 |

| Type of Coverage | Dental |
|------------------|---------|
| Employee Only | \$14.86 |
| Employee + 1 | \$29.48 |
| Family | \$46.94 |

| Type of Coverage | Vision |
|---------------------|---------|
| Employee Only | \$5.32 |
| Employee + Spouse | \$10.11 |
| Employee + Children | \$10.64 |
| Family | \$15.64 |

Costs shown above are monthly amounts.

Bi-weekly/Non-exempt employees deductions are taken 24x a year with two premium holidays on the third payroll of the month.

Monthly/Exempt employees deductions are taken 12x a year.

SUPPLEMENTAL COVERAGES

McKendree University offers additional benefit options to members and families that include Short-Term Disability, Long-Term Disability, Basic Life, Supplemental Life, Accident Insurance, Critical Illness Insurance, and Hospital Indemnity Insurance. These plans are also provided through MetLife and the following pages discuss the benefits in more detail along with some that have employer contributions and some that are 100% employee-paid.

- Basic Life/AD&D (w/ Travel Assist, Grief Counseling, Will Prep, Estate Resolution, etc.)
- Long-Term Disability
- Short-Term Disability
- Supplemental Life Insurance
- Accident
- Critical Illness
- Hospital Indemnity

BASIC LIFE/AD&D INSURANCE

McKendree University sponsors a basic life/AD&D policy for all benefit-eligible employees equal to 1x annual salary up to \$300,000 max.

| | |
|---|--|
| Basic Life | An amount equal to 1 times Your Basic Annual Earnings, rounded to the next higher \$1,000. |
| Accidental Death & Dismemberment | An amount equal to Your Basic Life Insurance. |
| Plan Maximum | \$300,000 |
| Non-Medical Maximum | 1 times Basic Annual Earnings |
| Age Reduction Formula (reduces by) | Reduces by 35% at age 65, and to 50% of the original amount at age 70 |
| Employee Contribution | |
| • Basic Life | 0% |
| • AD&D | 0% |

VOLUNTARY LIFE/AD&D INSURANCE

McKendree University also now offers voluntary life insurance to members, spouses, and dependent children. In the initial eligibility period, members can receive up to \$150,000 of life insurance coverage with no medical questions required.

| | Employee | Spouse & Child | |
|--|---|---|---|
| | | Spouse ¹ | Child |
| Life Coverage: provides a benefit in the event of death Schedules: | Increments of \$10,000 | Increments of \$5,000 | Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000 |
| Non Medical Maximum | \$150,000 | \$50,000 | \$10,000 |
| Overall Benefit Maximum | The lesser of 5 times Your Basic Annual Earnings, or \$500,000 | \$100,000 | \$10,000 |
| AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules: | Yes (benefit amount is same as Supplemental Term Life coverage) | Yes (benefit amount is same as Supplemental Term Life coverage) | Yes (benefit amount is same as Supplemental Term Life coverage) |
| AD&D Maximum | Maximum amount is same as Supplemental Term Life coverage | Maximum amount is same as Supplemental Term Life coverage | Maximum amount is same as Supplemental Term Life coverage |
| Employee Contribution | 100% | 100% | 100% |

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability¹.

SHORT-TERM DISABILITY

McKendree University now offers voluntary short-term disability that can begin on day 8 of an illness or accident. This would provide a weekly benefit for 13 weeks with a max weekly benefit not to exceed \$1,500 based on 60% of salary.

| Short Term Disability | |
|---|---|
| Class Description | All Active Full Time Employees (30 Hours) |
| Weekly Benefit Amount | 60%** |
| Maximum Weekly Benefit | \$1,500 |
| Minimum Weekly Benefit* | Greater of \$25 and 10% |
| Elimination Period | Accident – 7 days |
| | Sickness – 7 days |
| Benefit Duration | 13 weeks |
| Rehabilitation Incentives included in quote (details in limitations and definitions) | Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive |
| * The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives. | |

LONG-TERM DISABILITY

McKendree University will continue to contribute 50% of the premium for a long-term disability policy that would be accessible after a 90-day elimination period. This policy has a maximum monthly benefit of \$5,000 based on 60% of pre-disability earnings.

| Long Term Disability | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------------|-------------------------|--------------|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|-------------|-----------|
| Class Description | All Active Full Time Employees (30 Hours) | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Benefit | 60% of Predisability Earnings | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum Monthly Benefit | \$5,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Minimum Monthly Benefit* | \$100.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Elimination Period | 90 Days or until the end of the STD Maximum Benefit Period. | | | | | | | | | | | | | | | | | | | | | | | | |
| Own Occupation Period | 24 months | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Integration | Family Social Security | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefit Duration | RBD w/ SSNRA | | | | | | | | | | | | | | | | | | | | | | | | |
| | The later of Your Normal Retirement Age as defined by Social Security or the period shown below: | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="0"> <thead> <tr> <th><u>Age on Date of Your Disability</u></th> <th><u>Benefit Duration</u></th> </tr> </thead> <tbody> <tr> <td>less than 60</td> <td>to age 65</td> </tr> <tr> <td>60</td> <td>60 months</td> </tr> <tr> <td>61</td> <td>48 months</td> </tr> <tr> <td>62</td> <td>42 months</td> </tr> <tr> <td>63</td> <td>36 months</td> </tr> <tr> <td>64</td> <td>30 months</td> </tr> <tr> <td>65</td> <td>24 months</td> </tr> <tr> <td>66</td> <td>21 months</td> </tr> <tr> <td>67</td> <td>18 months</td> </tr> <tr> <td>68</td> <td>15 months</td> </tr> <tr> <td>69 and over</td> <td>12 months</td> </tr> </tbody> </table> | <u>Age on Date of Your Disability</u> | <u>Benefit Duration</u> | less than 60 | to age 65 | 60 | 60 months | 61 | 48 months | 62 | 42 months | 63 | 36 months | 64 | 30 months | 65 | 24 months | 66 | 21 months | 67 | 18 months | 68 | 15 months | 69 and over | 12 months |
| <u>Age on Date of Your Disability</u> | <u>Benefit Duration</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| less than 60 | to age 65 | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | 60 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 | 48 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 | 42 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 | 36 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 | 30 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 | 24 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 | 21 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 67 | 18 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 | 15 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 69 and over | 12 months | | | | | | | | | | | | | | | | | | | | | | | | |
| Rehabilitation Incentives included in quote (details in limitations and definitions) | Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Assistance Program | Employee Assistance Program is not included. | | | | | | | | | | | | | | | | | | | | | | | | |
| Survivor Benefit | Included in this quote | | | | | | | | | | | | | | | | | | | | | | | | |
| Cost of Living Adjustment | Cost of Living Adjustment does not apply. | | | | | | | | | | | | | | | | | | | | | | | | |
| *The minimum monthly benefit is subject to overpayment situations and any applicable rehabilitation incentives. | | | | | | | | | | | | | | | | | | | | | | | | | |

CRITICAL ILLNESS

McKendree University offers critical illness coverage through MetLife for yourself and your dependents.

Critical Illness Insurance

- Severe Burn

in this plan summary. **Health Screening Benefit** MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$50,000.

| Illness – Covered Condition | Payment |
|--|--|
| Heart Attack — first verified diagnosis | Initial Benefit payment of \$50,000 or 100% |
| Kidney Failure – first verified diagnosis, two years later | Initial Benefit payment of \$50,000 or 100% |
| Heart Attack — second verified diagnosis, four years later | Recurrence Benefit payment of \$50,000 or 100% |

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

Questions & Answers

- Q. Who is eligible to enroll for this critical illness coverage?**
- A. You are eligible to enroll yourself and your eligible family members!**⁴ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.
- Q. How do I pay for my critical illness coverage?**
- A. Premiums will be paid through payroll deduction,** so you don't have to worry about writing a check or missing a payment.
- Q. What happens if my employment status changes? Can I take my coverage with me?**
- A. Yes, you can take your coverage with you.**⁵ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.
- Q. Who do I call for assistance?** **Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.**

ACCIDENT

McKendree University offers accident insurance through MetLife, a low cost policy that offers financial support so you can focus on getting well.

Accident Insurance

Benefit Payment Example

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

| Covered Event ³ | Benefit Amount |
|---|----------------|
| Ambulance (ground) | \$400 |
| Emergency Care | \$200 |
| Physician Follow-Up (\$100 x 2) | \$200 |
| Medical Testing | \$200 |
| Concussion | \$500 |
| Broken Tooth (repaired by crown) | \$300 |
| Benefits paid by MetLife Group Accident Insurance | \$1,800 |

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

Questions & Answers

- Q. Who is eligible to enroll for this accident coverage?**
- A. You are eligible to enroll yourself and your eligible family members!**⁴ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.
- Q. How do I pay for my accident coverage?**
- A. Premiums will be paid through payroll deduction**, so you don't have to worry about writing a check or missing a payment.
- Q. What happens if my employment status changes? Can I take my coverage with me?**
- A. Yes, you can take your coverage with you.**⁵ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.
- Q. Who do I call for assistance**
- A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.**

HOSPITAL INDEMNITY

Hospital Indemnity insurance can help safeguard your finances by providing you with a lump sum benefit payment when you or your family may need it most.

Benefit Payment Example for High Plan

¹ If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

⁴ If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

⁵ Payable for the period of newborn confinement for a newborn child who is not sick or injured.

Please contact MetLife for detailed definitions and state variations of covered benefits.

| Covered Benefit | High Benefit Amount |
|---|---------------------|
| Regular Hospital Admission (1x) | \$1,000 |
| ICU Supplemental Admission (1x) | \$1,000 |
| Regular Hospital Confinement (3 total days) | \$600 |
| ICU Supplemental Confinement (1 day) | \$200 |

| | |
|--|---------|
| Benefits paid by MetLife Group Hospital Indemnity Insurance | \$2,800 |
|--|---------|

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at Employer website.

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. You are eligible to enroll yourself and your eligible family members. ^c You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. ^d

Q. What is the coverage effective date?

A. The coverage effective date is 01/01/2024

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant

LONG-TERM CARE



McKendree University is pleased to offer long-term care insurance through Unum, designed to provide financial support if you ever need assistance with daily living activities due to illness, injury, or aging. This benefit covers a range of services such as in-home care, assisted living, and nursing home care.

The University covers the cost of the base benefit for all eligible employees.

LTC Facility Monthly Benefit - \$2,000

Benefit Duration - 3 years

Professional Home and Community Care - 100% of the L TC Facility Monthly Benefit

If you would like additional coverage, you have the option to "buy up" and increase your protection. One of the advantages of this benefit is that it's portable—you can take it with you if you leave McKendree University.

If you're interested in learning more or would like to take advantage of the buy-up option, please contact the HR department.

RETIREMENT PLAN BENEFITS

RETIREMENT BENEFITS

403(b) Defined Contribution Retirement Plan

As an employee of McKendree University, you have access to a valuable employee benefit program designed to help you save for retirement while potentially lowering your current tax burden. Eligible employees can begin participating under the plan as early as the date of hire.

Full-time Employees: McKendree will make a matching contribution up to 5% of the employee's base compensation, on a pre- or post-tax basis (Traditional or Roth).

Part-time Employees working more than 20 hours per week can participate in the deferred compensation plan. Matching contributions are not available. Employees are immediately vested at 100%.



Enroll Today and invest in your future.

Enrollment is managed during your new hire orientation with Human Resources. Contribution changes can be accomplished at any time and are typically updated prior to the next scheduled payroll cycle.



Financial Counseling

Schedule a one-on-one consultation with a TIAA financial advisor. Representatives are available weekdays from 7a-8p (CT) at 800-732-8353 or <http://tiaa.org/schedulenow>.

Live Webinar Lounge

Visit the resources offered by TIAA to learn how to save, manage, and protect your money. [Live Webinar Lounge](#)

Retirement calculators and financial tools

Want help creating a budget? Calculating your needs for retirement? Take advantage of the many resources TIAA offers.

[Retirement calculators and financial tools](#)

TIME AWAY FROM WORK

TIME AWAY FROM WORK

Paid time off

McKendree provides employees a number of paid time off benefits to maintain their health and well-being. Your eligibility for and duration of time off will vary depending on the type of position and years of service. Time off includes holidays, vacation, sick, paid leave and administrative time off as designated by the President.

Paid holidays

Employees enjoy 11 paid holidays per year.

- New Year's Day
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve

Vacation Time (Staff Employees):

Generally, 12-month, full-time, employees earn vacation on a fiscal year basis (July through June). A prorated amount is offered based on employment start date and classification.

Exempt Employees: 20 days

Non-Exempt Employees: 10 days; incremental increase between 6-10 years of service up to 20 days.

Sick Time (Staff Employees):

Employees accrue sick time based on position classification. Sick leave may be carried over with a maximum of 480 hours allowed at the end of each fiscal year.

Exempt: 4.67 hours per pay period, 56 hours maximum per fiscal year.

Non-exempt: .027 hours per hour worked, 56 hours maximum per fiscal year.

Paid Leave for All:

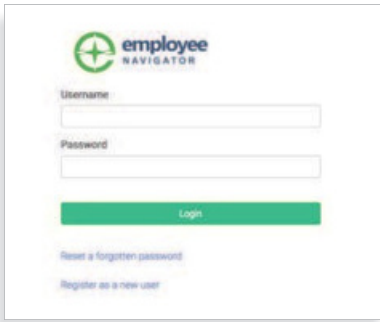
Employees accrue one hour for every forty hours worked with a maximum of 40 hours per fiscal year.

Administrative Time Off

McKendree offers paid administrative time off at the discretion of the President. Historically, administrative time off is offered between December 24th and January 1.

EMPLOYEE NAVIGATOR BENEFIT PORTAL

ENROLL IN YOUR BENEFITS: One step at a time

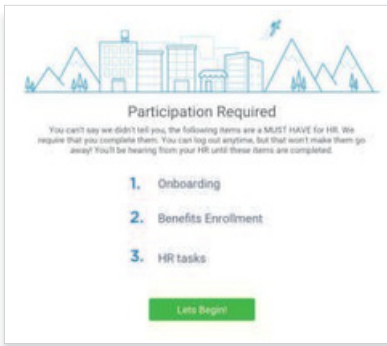


Step 1: Log In

Go to www.employeenavigator.com and click **Login**

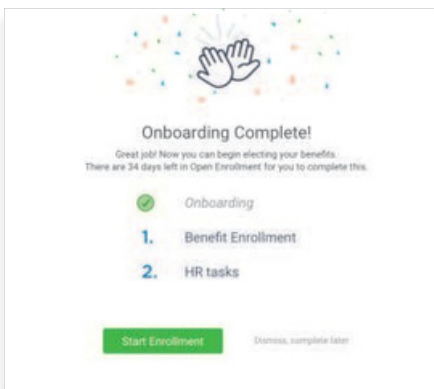
- Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

mckendreeuniv



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

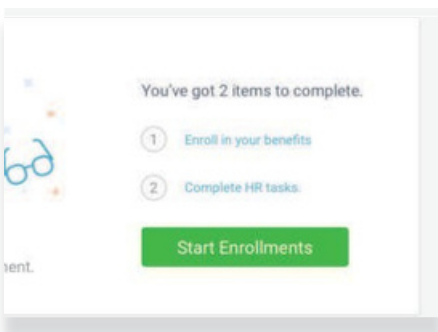


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit **"Dismiss, complete later"** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

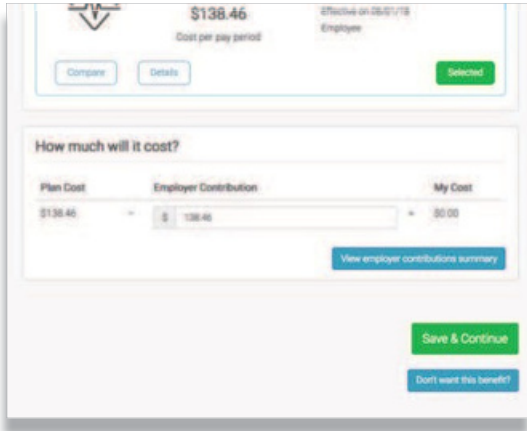
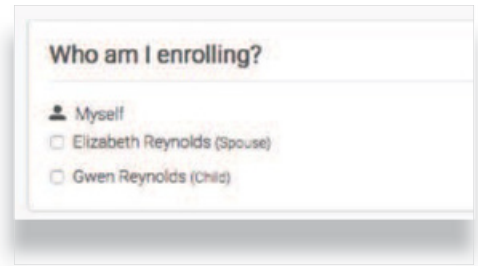
TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

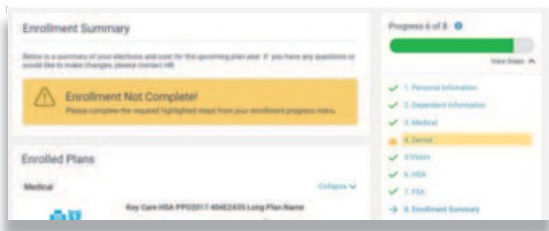


Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

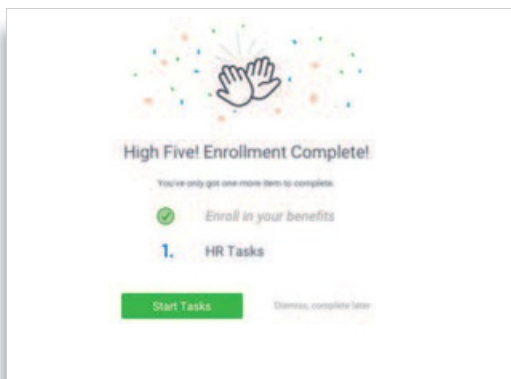


Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

MCKENDREE UNIVERSITY AND PARTNER CONTACTS

CONTACT INFORMATION

If you need assistance or have benefit-related questions, please use the contact information below.

McKendree University

Rick Ortega
618-537-6533
rortega@mckendree.edu

| | |
|--|--|
| Viviana Nava 618-537-6455 vlnava@mckendree.edu | Kristen McCallon 618-537-6414 kmmccallon@mckendree.edu |
|--|--|

Employee Benefits Consultants

Nate Mast
217-493-2397
natem@tedrickgroup.com

Scott Giles
618-444-2592
scottg@tedrickgroup.com

General Questions
618-244-5800
The Tedrick Group help@tedrickgroup.com



1129 Broadway Avenue
P.O. Box 983
Mount Vernon, IL 62864
benefits@tedrickgroup.com
www.tedrickgroup.com
618-244-5800 (o)
618-244-7765 (f)

PARTNER CONTACT INFORMATION

TIER 1 MEDICAL

BJC HealthSolutions
844-217-8004 (Concierge)
myBJCHealthSolutions.com

TIER 2 MEDICAL

Aetna
844-217-8004 (Concierge)
aetna.com/asa

PRESCRIPTION DRUG PLAN

SmithRx
844-454-5201
smithrx.com

TELEMEDICINE

Teladoc

DENTAL INSURANCE

MetLife
1-800-ASK-4MET
mybenefits.metlife.com

VISION INSURANCE

MetLife
1-855-MET-EYE1
mybenefits.metlife.com

LIFE - VOL LIFE - DISABILITY - ACC - CRITICAL - HOSPITAL

MetLife
1-800-ASK-4MET
mybenefits.metlife.com

FLEXIBLE SPENDING

Tri-Star Systems 800-727-0182
<https://www.tri-starsystems.com/>

HEALTH SAVINGS

HSA Bank 800-357-6246
<https://hsabank.com>

INSURANCE TERMS

Coinsurance: The Plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. you pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in network and non- network services.

Copays: A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventative services.

Deductible: The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventative services, as required under the Affordable Care Act.

Network Provider: A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Out-Of-Pocket Maximum: The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out of pocket maximum.

Prior Authorization: A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

MEDICAL TERMS

Prescription Drugs: Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have several separate tiers. The retail pharmacy benefit offers a 30-day supply, mail order prescriptions provide up to a 90-day supply sometimes the deductible must be satisfied before copays are applied.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

Emergency Room: Services you receive from hospital for any services condition requiring immediate care. **Preventative**

Services: All services coded as Preventative must be covered 100% without a deductible, coinsurance or copayments.

Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

ANNUAL DISCLOSURE NOTICES

Medicare Part D Creditable Coverage

Important Notice From Your Employer 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 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:

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.

McKendree University has determined that the prescription drug coverage offered 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, your current coverage may be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the group sponsored medical plan, be aware that you and your dependents may not be able to get this coverage back.

This notice is a summary. For a full description of all of McKendree University's Benefit plans, please refer to the Summary Plan Descriptions,

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 McKendree University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage: Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer changes. You also may request a copy of this notice at any time.

Contact: Department of Human Resources at hr@mckendree.edu.

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 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 socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: January 1, 2025
Name of Entity/Sender: McKendree University
Contact: Department of Human Resources
Address: 701 College Road Lebanon, IL 62254
Contact Info: hr@mckendree.edu

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

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.
- Prosthesis.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact HR.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more full-time employees, we are required to provide 1095-C forms to each employee who was employed as a full-time employee for at least one month during the calendar year, without regard to whether he/she was covered by our group health plan. These employees should expect to receive their Form 1095-C early March 2023. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact HR.

NOTICE OF MATERIAL CHANGE (ALSO MATERIAL REDUCTION IN BENEFITS)

McKendree University has amended the McKendree University Health Benefits Plan. This benefit guide contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage, which is available to you once it has been updated by the carriers. If you would like a copy, please submit your request to the HR department.

NOTICE OF PRIVACY PRACTICES

McKendree University is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting the HR department.

PAPERWORK REDUCTION ACT STATEMENT

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

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

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although McKendree University may use aggregate information it collects to design a program based on identified health risks in the workplace, the health plan will never disclose any of your personal health information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are health professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the HR department.

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. You can call 1-877-KIDS NOW or insuredkidsnow.gov to see if your state qualifies and ask any questions.

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 healthcare.gov.

MARKETPLACE COVERAGE OPTIONS

[FOR NEW HIRES ONLY]

PART A: General Information

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

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

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

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

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

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. ¹

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

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact McKendree University's HR department. 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.

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

MARKETPLACE COVERAGE OPTIONS (CONTINUED)

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.

| | |
|--|--|
| Employer Name: McKendree University | Employer Identification Number (EIN): 37-0661219 |
| Employer Address: 701 College Road Lebanon, IL 62254 | Employer Phone Number: 800.232.7228 |
| Who can we contact about employee health coverage at this job? Rick Ortega | Phone Number: 618.537.6533 Email Address: rortega@mckendree.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:

- Full time employees, working a minimum of 30 hours week on a regular basis.
- Some employees.

•With respect to dependents:

- We do offer coverage. Eligible dependents are defined in the summary plan description.
- 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. Above is 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.



MCKENDREE UNIVERSITY

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