

Southwestern University



2019 Benefits Summary

benefits OVERVIEW

Southwestern University is proud to offer a comprehensive benefits package to eligible, full time employees who work 30 hours per week or more. The complete benefit package is briefly summarized in this booklet. Plan booklets, which give you more detailed information about each of these programs, can be obtained by contacting Human Resources.

You share the costs of some benefits, and Southwestern University provides other benefits at no cost to you. In addition, there are voluntary benefits that you can purchase with reasonable group rates through Southwestern University payroll deductions.

when am i ELIGIBLE for benefits?

You and your dependents are eligible for Southwestern University group health benefits immediately, with Medical benefits effective on your date of hire. Dental and Vision benefits begin on the first of the month after your date of hire. Eligible dependents are your spouse or domestic partner, children up to age 26 and disabled dependents of any age.

Elections made now will remain in effect until the next open enrollment period unless you or your family members experience a qualifying event. If you experience a qualifying event or have questions regarding what events are qualified, you must contact HR within 30 days of the event to complete the necessary paperwork.

what BENEFITS are available to me?

- Medical
- Dental
- Vision
- Life Insurance / AD&D
- Dependent Life Insurance
- Long Term Disability
- Flexible Spending Account (FSA)
- 403(b) Retirement
- Health Savings Account (HSA)

additional benefits

- Bookstore
- Check Cashing
- Personal Computer Purchase
- Community-Wide Events
- Library
- Dining Services (Sodexo)
- Sarofim School of Fine Arts
- Pirate Card
- Sports and Recreation
- Tuition Assistance

Important

This document provides an overview of benefits offered by Southwestern University. Please refer to your Summary Plan Description (the "SPD") and the insurance policies governing the benefits for additional information regarding the benefit coverage, exclusions, limitations, and conditions which may apply. To obtain a copy of the SPD, please contact the Human Resources department. This document is intended to provide you with general information and should not be considered as, nor is it intended to provide legal or tax advice. If you have questions regarding plan coverage, please contact the Human Resources department or Compass. If you have questions regarding your individual circumstances, please contact your personal legal and/or tax advisor.

For more information regarding your benefits, please visit the Human Resources website at www.southwestern.edu/hr/benefits.



What are my options for **MEDICAL COVERAGE?**

Administered by BlueCross BlueShield of Texas www.bcbstx.com

Comprehensive and preventive healthcare coverage plays an important part in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way -- especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. By identifying health problems early, you can reduce your risk of more serious illness and reduce out of pocket healthcare expenses.

Southwestern University offers you a choice of three medical plans. All three plan options utilize the same BCBS network and cover your preventive care at 100%. In addition, none of these plans require that you designate a Primary Care Physician (PCP) or for you to seek referrals in order to see a specialist.

- **High Deductible Health Plan (HDHP)** - You choose where you receive your medical services. All services on this plan will be subject to the deductible/coinsurance except preventive care. If you elect the HDHP you may also be eligible to take advantage of a tax-advantaged Health Savings Account (HSA). Out-of-network benefits are available but you will save money by choosing network providers.
- **Base and Buy-Up PPO Plans** - You choose where you receive your medical services. These plans offer co-pays for your office visits and prescription drugs. All other expenses will be subject to the deductible/co-insurance. Out-of-network benefits are available but you will save money by choosing network providers.



Medical Benefits

MEDICAL coverage

	In-Network Benefits*		
	HDHP with HSA**	Base PPO	Buy-Up PPO
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$3,000 Single \$6,000 Family	\$1,500 Single \$3,000 Family	\$500 Single \$1,000 Family
Annual Out-of-Pocket Maximum (Includes deductible and all co-pays)	\$5,000 Single \$10,000 Family	\$5,500 Single \$11,000 Family	\$3,500 Single \$7,000 Family
Co-insurance (you pay)	20%	30%	30%
Doctor's Office			
Primary Care Office Visit	Subject to Deductible and Co-insurance	\$40 co-pay	\$30 co-pay
Specialist Office Visit	Subject to Deductible and Co-insurance	\$50 co-pay	\$40 co-pay
Virtual Visit - through MDLive	Subject to Deductible and Co-insurance (\$44 per visit)	\$10 co-pay	\$10 co-pay
Urgent Care Visit	Subject to Deductible and Co-insurance	\$50 co-pay	\$40 co-pay
Wellness Care (routine exams, immunizations, well baby care and associated lab work)	100% of allowable amount	100% of allowable amount	100% of allowable amount
Physical, Occupational and Manipulative Therapy Services 35 visits per calendar year	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance Airrosti - \$40 co-pay	Subject to Deductible and Co-insurance Airrosti - \$30 co-pay
Prescription Drugs (Administered by Prime Therapeutics & Walgreens Mail Order)			
Generic Drug Retail (30 day supply) Mail Order (90 day supply)	Subject to Deductible and Co-insurance	\$15 co-pay \$30 co-pay	\$15 co-pay \$30 co-pay
Brand Name Drug - Formulary Retail (30 day supply) Mail Order (90 day supply)	Subject to Deductible and Co-insurance	\$35 co-pay \$70 co-pay	\$25 co-pay \$50 co-pay
Brand Name Drug - Non-Formulary Retail (30 day supply) Mail Order (90 day supply)	Subject to Deductible and Co-insurance	\$75 co-pay \$150 co-pay	\$50 co-pay \$100 co-pay
Specialty Medications Retail (30 day supply) Mail Order not available	Subject to Deductible and Co-insurance	25% co-pay up to a maximum of \$500	25% co-pay up to a maximum of \$500

* *Please note:* The benefit charts in this Benefits Summary refer only to in-network benefit levels unless otherwise mentioned. For a comprehensive list of covered services and non-network benefits, please refer to SBCs and the Plan document available from Human Resources.

** *Please note:* Employees electing the HDHP will receive a monthly tax-free contribution to their HSA from the University. Please see page 8 for more details.



In-Network Benefits*			
	HDHP with HSA	Base PPO	Buy-Up PPO
Hospital Services			
Emergency Room Facility	Subject to Deductible and Co-insurance	\$200 co-pay, then Deductible and Co-insurance	\$100 co-pay, then Deductible and Co-insurance
Emergency Room Physician Charges	Subject to Deductible and Co-insurance	30%	30%
Inpatient	Subject to Deductible and Co-insurance	\$250 co-pay, then Deductible and Co-insurance	\$250 co-pay, then Deductible and Co-insurance
Outpatient Surgery	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance
Mental Health Services			
Inpatient Services (Refer to your full policy for a complete outline of this benefit)	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance
Outpatient Services (Refer to your full policy for a complete outline of this benefit)	Subject to Deductible and Co-insurance	\$50 co-pay	\$40 co-pay
Other Services			
Maternity Services	Subject to Deductible and Co-insurance	\$40/\$50 co-pay (initial visit)	\$30/\$40 co-pay (initial visit)
All other maternity hospital/physician services	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance

Bi-Weekly Rates			Monthly, First Year and Visiting Faculty			9-Month Faculty (paid over 9 months)		
HDHP with HSA	Your Cost	SU Cost	HDHP with HSA	Your Cost	SU Cost	HDHP with HSA	Your Cost	SU Cost
Employee	\$0.00	\$278.07	Employee	\$0.00	\$602.49	Employee	\$0.00	\$803.31
Employee + Spouse	\$73.00	\$414.00	Employee + Spouse	\$158.00	\$897.01	Employee + Spouse	\$211.00	\$1,196.01
Employee + Child(ren)	\$21.00	\$396.10	Employee + Child(ren)	\$46.00	\$858.21	Employee + Child(ren)	\$61.00	\$1,144.28
Family	\$126.00	\$505.41	Family	\$273.00	\$1,095.05	Family	\$364.00	\$1,460.07
Base PPO	Your Cost	SU Cost	Base PPO	Your Cost	SU Cost	Base PPO	Your Cost	SU Cost
Employee	\$19.00	\$255.41	Employee	\$41.00	\$553.40	Employee	\$55.00	\$737.86
Employee + Spouse	\$106.00	\$374.60	Employee + Spouse	\$230.00	\$811.64	Employee + Spouse	\$306.00	\$1,082.18
Employee + Child(ren)	\$49.00	\$362.62	Employee + Child(ren)	\$106.00	\$785.68	Employee + Child(ren)	\$142.00	\$1,047.57
Family	\$168.00	\$455.12	Family	\$364.00	\$986.09	Family	\$485.00	\$1,314.79
Buy-Up PPO	Your Cost	SU Cost	Buy-Up PPO	Your Cost	SU Cost	Buy-Up PPO	Your Cost	SU Cost
Employee	\$51.00	\$249.50	Employee	\$111.00	\$540.59	Employee	\$147.00	\$720.78
Employee + Spouse	\$168.00	\$358.29	Employee + Spouse	\$364.00	\$776.29	Employee + Spouse	\$485.00	\$1,035.06
Employee + Child(ren)	\$99.00	\$351.75	Employee + Child(ren)	\$215.00	\$762.13	Employee + Child(ren)	\$286.00	\$1,016.17
Family	\$252.00	\$430.35	Family	\$546.00	\$932.43	Family	\$728.00	\$1,243.24



BlueCross BlueShield of Texas

Powered by
MDLIVE®

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips

**Only a \$10
co-pay!!!**

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.¹

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold/flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Texas. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers.

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Virtual Visits

First Step – Register Now

If you are enrolled in Southwestern's medical plan and would like to participate in this service, please visit www.mdlive.com/bcbstx to register or you can register via phone at 888-680-8646.

We have found that the registration process takes time, so it is a good idea to register early, so you have quick access when you need to take advantage of the service.

- Each member of the family must be registered separately.
- You will need the following information to register: First Name, Last Name, Date of Birth, BCBSTX member ID number (can be found on your medical card.)

How Virtual Visits Work

By Telephone

- Call MDLIVE's toll-free hotline (888-680-8646) any day, any time
- Speak with a health service specialist to confirm a virtual visit is appropriate
- Speak with an available doctor or schedule a future appointment

By Online Video – if available in your state (it is available in Texas)

- Visit MDLIVE's website https://members.mdlive.com/bcbstx/member_login and log in with username and password
- Receive system assistance to confirm a virtual visit is appropriate and view a list of doctors meeting criteria
- Automatically connect with an available doctor via online portal or schedule a future appointment

By Mobile App

- Log in to the Blue Access for Members (BAM) app with username and password



Telephone:

- Call MDLIVE (888-680-8646)
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

² In the event of an emergency, this service should not take place of an emergency room or urgent care center. MDLIVE doctors do not take the place of your primary care doctor. Proper diagnosis should come from your doctor, and medical advice is always between you and your doctor.

³ Internet/Wi-Fi connection is needed for computer access. Data charges may apply when using your tablet or smartphone. Check your phone carrier's plan for details. Video on-demand consultations for behavioral health are available by appointment. Service is limited to interactive-audio consultations (phone only), along with the ability to prescribe, when clinically appropriate, in Texas. Service is limited to interactive-audio/video (video only), along with the ability to prescribe, when clinically appropriate, in Idaho, Montana, New Mexico and Oklahoma. Virtual visits are currently not available in Arkansas. Service availability depends on member's location. Virtual visits may not be available on all plans. MDLIVE is not an insurance product nor a prescription fulfillment service. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

Health Savings Accounts

participants in the Southwestern University **HIGH DEDUCTIBLE HEALTH PLAN (HDHP)** may be eligible to open a **HEALTH SAVINGS ACCOUNT**.

A Health Savings account (HSA) is a tax-advantaged personal savings account that works in conjunction with a high deductible health plan (HDHP). Participants can pay for **qualified** medical expenses with **tax-free** dollars from their HSA. There is no 'use-it-or-lose-it' requirement, the account is **portable** and the balance plus earnings (from interest and/or investments) carries over year after year, all **tax-free**. If HSA monies are used for **non-qualified** medical expenses prior to age 65, a 20% penalty *plus* ordinary income tax must be paid to the IRS.

eligibility REQUIREMENTS:

In order to open a Health Savings Account, you **MUST** meet the following requirements:

- Be covered by the Southwestern University qualified HDHP
- **NOT** covered by another health insurance plan that is not a qualified HDHP including:
 - A spouse's medical plan
 - Medicare
 - Tricare
 - Note: Does not apply to specific injury, accident, disability, dental care, vision care and/or long term care insurance plans.
- **NOT** participating in an employer-sponsored Flexible Spending Account
- **NOT** claimed as a dependent on someone else's tax return
- Your spouse must also **NOT** participate in a Healthcare Flexible Spending Account. The Dependent Care FSA will not disqualify you from opening an HSA.

HSAs ALLOW:

- **Tax-free** contributions by employer, employee or others
- **Tax-free** growth of interest or investment earnings
- **Tax-free** distributions of principal and interest to pay for qualified medical expenses
- **Accumulation** of unused funds and **portability** between employers. No "Use it or Lose it" rules. Portable from employer to employer and across state lines.
- **Flexible use** – You choose whether or when to use the account for health expenses, now or after employment.

in addition to paying for current expenses, **FUNDS CAN BE USED TO PAY FOR:**

- COBRA premiums
- Long-term Care premiums
- Out-of-Pocket expenses for Medicare
- Medical insurance during unemployment
- Services not covered under a future health plan

If you are covered under the qualified High Deductible Health Plan and meet the eligibility requirements you may open a Health Savings Account (HSA). HSA plans are intended to be used to pay for healthcare for the individual and his/her covered dependents. Distributions from an HSA to pay for qualified medical expenses are not taxable.

Qualified health care expenses are expenses which are:

- Incurred for the individual, his/her spouse or a tax dependent;
- Eligible as defined in Internal Revenue Code Section 213(d) – generally defined as expenses for the diagnosis, cure, mitigation, treatment or prevention of disease;
- Not reimbursed by insurance or another health plan; and
- Not deducted on the individual's tax return.

Medical expenses that may be reimbursed through a Health Savings Account under IRS Code Section 213 include (but are not limited to) the following:

- Deductible payments;
- Coinsurance payments;
- Dental care not provided through another health insurance plan;
- Prescription drugs;
- Emergency ambulance service;
- Chiropractic services;
- Eyeglasses and/or contact lenses;
- Hearing devices;
- Psychiatric care;
- Psychologists' fees;
- Acupuncture
- Over the Counter Drugs can be reimbursed from the HSA as long as they meet the criteria set out in Internal Revenue Code Section 213(d) and you have a prescription on file for the medication.

CONTRIBUTING to your HSA

When you participate in an HSA, you set aside money to pay for eligible out-of-pocket expenses. Money can be contributed to your HSA by you, Southwestern University, or anyone else. The IRS 2019 calendar year maximums for these savings accounts are as follows:

2019 Contribution Amounts	IRS Maximum	Southwestern Contribution
Employee Only	\$3,500	\$75 per month (\$900 per year)
Employee+Dependent	\$7,000	\$150 per month (\$1,800 per year)
Catch-Up Contribution (55+)	\$1,000	N/A

Please note that the contribution provided by the University counts towards the IRS Maximum. Make sure you take that into account to ensure you do not over-contribute to your HSA during the year.

A Calendar Year is the 12-month period of January 1st - December 31st.

If you are age 55 or older, you can make an additional contribution amount of \$1,000. The HSA cannot receive contributions after the individual has enrolled in Medicare. For the most current HSA contribution information, please go to the U.S. Dept. of Treasury web site at <http://www.ustreas.gov/offices/public-affairs/hsa>.

Note for Newly-Eligible and Partial Year Participants:

If you become newly eligible to contribute to an HSA during the year, you may contribute the maximum contribution for the year (without incurring taxes or a penalty on the amount of the contribution) provided you continue to remain eligible for a 13 month period beginning December 1 of the year in which you become eligible and ending on December 31st of the following year. If you are eligible to contribute to an HSA for a partial year (less than 12 months between January 1st and December 31st) and do not remain eligible for a 13 month period shown above, your excess contributions will be subject to federal income tax and may be subject to the 6% excise tax. Please contact your tax advisor for assistance determining if your partial year contributions will be subject to taxes and penalties.

USING your HSA

With an HSA, your contributions, earnings and eligible withdrawals are all tax-free. As long as your withdrawals are used to pay for qualified health care expenses, you won't pay taxes. Contributions that Southwestern University makes to your HSA are yours. There are no vesting requirements or forfeiture provisions. Unlike flexible spending accounts, HSAs do not have a "use it or lose it" requirement. Your account balance rolls over from year to year and will earn interest tax-free.

TAX FILING

You will receive a 1099SA and a 5498SA and be required to file Form 8889 with your annual tax return. Please see your tax advisor if you have any questions.

OPENING an HSA

Southwestern University offers an employer-sponsored Health Savings Account through Discovery Benefits. The Discovery Benefits account allows you to have HSA contributions deducted from your paycheck on a pre-tax basis. If you do not wish to open a Discovery Benefits account, you may contact the financial institution of your choice for HSA options. Fees for other accounts will be the responsibility of the employee and pre-tax payroll deductions will not be accommodated. You will need to contribute your money after-tax and take the tax deduction when you file your 1040.

You are responsible for the eligibility of all items and keeping receipts for tax purposes.

Not all expenses that are qualified health care expenses under the HSA count towards the satisfaction of the calendar year deductible.



Compass - Health Services

Health Care Spending and Review Service

Administered by Compass Professional Health Services

COMPASS CAN HELP YOU, every step of the way.

PREPARE

Understand Insurance Benefits
Create Health Summary

PAY

Review of Bills and Charges

CHOOSE

Compare Costs
Select Doctors
Explain Care Options

TREAT

Schedule Appointments
Assist with Communications
Obtain Medical Records

CONTACT YOUR HEALTH PRO, SINDHU REDDY

CALL: 800-513-1667 ext.926

EMAIL: sindhu.reddy@compassphs.com
answers@compassphs.com

HOURS: M - F 8am - 5pm Central

Go online to let your Health Pro know the best way to get connected so you can start receiving insider hints, tips, and savings on healthcare! www.compassphs.com/getconnected



Dental

DENTAL coverage

Administered by Guardian Life

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Southwestern University dental benefit plan. Southwestern University offers two dental plans to meet the needs of both you and your family.

	Standard PPO *		DMO
	NAP Plan See Any Dentist	Value Plan Network Only	
Annual Deductible Applies to Basic and Major Services	\$50 per person \$150 per family	\$50 per person \$150 per family	\$0 per person \$0 per family
Annual Benefit Maximum	\$1,250	\$1,250	N/A
Preventive Dental Services (cleanings, exams, x-rays)	Member responsibility 0%	Member responsibility 0%	\$5 co-pay per office visit, then refer to Patient Charge list for a full listing of the member cost per service performed.
Basic Dental Services (fillings, root canal therapy, oral surgery)	20%	Member responsibility 0%	
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%	40%	
Orthodontia Services (covered to age 19)	50% to \$1,000 Lifetime Maximum	50% to \$1,000 Lifetime Maximum	

* If you are enrolled in the PPO plan, make sure to use your benefits at least once per year to satisfy your **Maximum Rollover Incentive** requirement

If you use your plan once during the calendar year and do not exceed \$600 in paid benefits, Guardian will place a \$300 reward in your Maximum Rollover Account.

This provides additional benefits in years when you need them most. For full details refer to your plan documents.

Bi-Weekly Rates		Monthly and First Year Visiting Faculty Rates		9 - Month Faculty Rates (paid over 9 months)	
Standard PPO		Standard PPO		Standard PPO	
Employee	\$21.53	Employee	\$46.64	Employee	\$62.19
Employee + Spouse	\$37.05	Employee + Spouse	\$80.27	Employee + Spouse	\$107.03
Employee + Child(ren)	\$36.07	Employee + Child(ren)	\$78.16	Employee + Child(ren)	\$104.21
Family	\$56.17	Family	\$121.70	Family	\$162.27

Bi-Weekly Rates		Monthly and First Year Visiting Faculty Rates		9 - Month Faculty Rates (paid over 9 months)	
DMO		DMO		DMO	
Employee	\$4.93	Employee	\$10.68	Employee	\$14.24
Employee + Spouse	\$8.52	Employee + Spouse	\$18.46	Employee + Spouse	\$24.61
Employee + Child(ren)	\$12.84	Employee + Child(ren)	\$27.83	Employee + Child(ren)	\$37.11
Family	\$15.36	Family	\$33.29	Family	\$44.39

Vision

VISION coverage

Administered by Vision Service Plan (VSP)

Regular eye examinations cannot only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone, even if you are not a contact or glasses wearer.

	IN-NETWORK (VSP Choice Network)	OUT-OF-NETWORK (Reimbursement)
Eye Exam - once every calendar year	Covered in full after a \$20 co-pay;	Up to \$45
Prescription Glasses	\$20 co-pay	
Single Vision Lenses Lined Bi-focal Lenses Lined Tri-focal Lenses	Included in Prescription Glasses co-pay	Up to \$30 Up to \$50 Up to \$65
Frames - once every other calendar year	Included in Prescription Glasses co-pay \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on amount over your allowance	Up to \$70
Contact Lenses (in lieu of glasses) once every calendar year	\$130 allowance for contacts Up to \$60 co-pay for the fitting fee	Up to \$105 allowance

Bi-Weekly Rates		Monthly and First Year Visiting Faculty Rates		9 - Month Faculty Rates (paid over 9 months)	
Employee	\$3.17	Employee	\$6.86	Employee	\$9.15
Employee + Spouse	\$5.07	Employee + Spouse	\$10.99	Employee + Spouse	\$14.65
Employee + Child(ren)	\$5.18	Employee + Child(ren)	\$11.22	Employee + Child(ren)	\$14.96
Family	\$8.34	Family	\$18.08	Family	\$24.11



Life & Disability

voluntary **LIFE** and **AD&D INSURANCE**

Administered by The Standard

Life Insurance provides financial security for the people who depend on you. Your benefit is 2 x annual base salary to a maximum of \$1,000,000 at a cost of 0.167 per \$1,000 of coverage. The University covers one-half of the premium up to \$50,000. This voluntary benefit is effective the first of the month following your date of hire.

voluntary **DEPENDENT LIFE** insurance

Administered by The Standard

You may also purchase Life Insurance for your spouse and dependents to age 19, or 25 if full-time student, if you purchase coverage for yourself. Coverage is effective on the first day of the month following date of hire.

Option 1: \$25,000 for spouse, \$10,000 for dependents

Option 2: \$10,000 on spouse, \$5,000 for dependents

Employee pays full cost

Option 1: \$5.80 monthly, \$2.68 biweekly

Option 2: \$2.40 monthly, \$1.11 biweekly

accidental death and dismemberment (**AD&D**) insurance

Administered by The Standard

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident.

LONG TERM disability insurance

Administered by The Standard

Long Term Disability is provided to full-time employees after 90 days of employment. Coverage provides income replacement if you become disabled and are unable to work. This premium is fully paid for by Southwestern University.

Long Term Disability payment is reduced by other income received during your disability, such as Social Security payments and state disability income.

Coverage begins after 90 days of disability and continues until you recover or reach your Social Security Normal Retirement Age, whichever occurs first. You can receive 60% of your base salary (limitations apply).



Flexible Spending Account

FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by Discovery Benefits

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pre-tax basis and use them for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income. When you have an eligible health care or dependent day care expense, you can pay for it with tax-free money. Be sure to plan wisely when making your annual election as unused funds do NOT carry over from year to year. A grace period is included, which allows you additional time to use your funds. You have until March 15th of the following year to incur expenses and use your funds. Those claims must be received by Discovery Benefits by March 31st of that following year in order for you to be reimbursed, or 45 days after your termination date.

	Annual Contribution Maximum	PPO Copay Plans	HDHP Plan
Healthcare FSA - HDHP participants may not elect (per plan year)	\$2,650	✓	✗
Dependent Care FSA (combined family maximum per calendar year)	\$5,000	✓	✓

The Discovery Benefits Debit Card

Participants in the FSA plans will receive a debit card, which gives you direct and immediate access to your FSA funds for approved expenditures. Swipe your debit card instead of filing manual claims when you pay co-pays at the doctor or pharmacy, or when you purchase eligible items. This takes funds directly from your account instead of you waiting to be reimbursed after filing a manual claim. The debit card is only for medical flexible spending expenses. It is not to be used for dependent care expenses.



Employee Assistance Program

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program¹ (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact master's-degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit workhealthlife.com/Standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

With EAP, assistance is immediate, personal and available when you need it.

Contact EAP

888.293.6948

TDD: 800.327.1833

24 hours a day,
seven days a week

workhealthlife.com/Standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

¹ The EAP service is provided through an arrangement with Morneau Shepell, which is not affiliated with The Standard. Morneau Shepell is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

standard.com

Employee Assistance Program-3
SI 17201 (7/17) EE

Additional Benefits

RETIREMENT plan options

Administered by TIAA

Saving isn't always easy, but with the Southwestern University Regular Retirement Plan and the Tax-Deferred Annuity (Supplemental Retirement) Plan, you have a convenient way to start saving for one of the most important goals of your life. With the Regular Retirement Plan, the University contributes 7% of your base salary per pay period, after one year of service (exceptions may apply). The Supplemental Retirement plan offers you the choice of selecting an amount to put into a tax-deferred annuity each pay period. You may choose pre-tax or post-tax options.

VACATION / SICK TIME

Southwestern University offers generous vacation and sick leave benefits for full-time exempt and non-exempt staff members.

Please see the Human Resources website for more details.

HOLIDAY

Southwestern University provides 15 paid holidays per year.



BOOKSTORE BENEFITS

Employees receive a 10% discount on all items in the store except textbooks.

CHECK-CASHING

The Business Office will cash personal checks (including second-and-third-party checks) for University employees up to \$100 between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday.

COMMUNITY-WIDE SOCIALS

Employees are invited to several events throughout the year. These events are advertised through various University communication channels.

DINING SERVICES (Sodexo)

Dining Services at the University are managed by Sodexo Campus Services, who strive to meet all campus dining needs, whether it's a steaming hot cup of coffee with breakfast, a home style dinner, or a formal catered function for hundreds of people. Employees can purchase discounted meals in the Mabee Commons (all-you-care-to-eat buffet) or eat in the Cove (a la carte grill/snack bar). Meal rates, menus and hours of operation are available online at www.southwestern.edu/human-resources/employee-benefits/fringe-benefits/dining-services/

LIBRARY

The A. Frank Smith, Jr. Library is open to all employees with a Pirate Card. Books, DVDs and other items are available for check-out.

PERSONAL COMPUTER PURCHASE

After one year of employment, benefit-eligible employees may request, in writing, a no-interest loan toward the cost of a personal computer purchase. For details contact the Business Office at ext.1932

GOGEO BUS BENEFIT

Pirates, you've just won the use of an eco-friendly vehicle for a year! Each azure-blue, air-conditioned GoGeo bus features 18 comfortable vinyl seats and will transport you to nearly 30 exciting destinations, including Wolf Ranch and the iconic Georgetown Square. And as of August 15, 2018, you can ride for free; just show your Pirate Card!



THE SAROFIM SCHOOL OF FINE ARTS

Employees may receive free admission to all concerts and musical performances throughout the year, as well as, free admission (up to 2 free tickets) to all theatrical plays with reservations. Visit <http://southwestern.edu/sarofim/box-office/> for more information.

SPORTS AND RECREATION

The Corbin J. Robertson Center provides recreation and sports facilities free of charge to campus community members. Facilities include a weight room, aerobics room, indoor walking/jogging track, cardio equipment (bikes, stair steppers, elliptical machines, etc.), racquetball/handball courts, basketball/volleyball courts and an indoor swimming pool. Additional fee based classes and services, such as aerobics, pilates, aqua fitness, yoga and personal training are available. The SU Intramural and Recreational Activities (SIRA) office provides a variety of outdoor and camping gear for checkout at no charge to SU community members. To check out gear, please contact the SIRA office at ext. 1606 or stop by their office in the Robertson Center. Be aware that SIRA requires a refundable deposit in the form of a check for the gear. Detailed lists of gear availability and check-out policies are available online at <http://www.southwestern.edu/life-at-southwestern/intramural-recreational-activities-sira/outdoor-recreation/outdoor-gear/>. Employees can also participate in a variety of team and individual sports through the intramurals program. Sports vary by semester and a detailed schedule is available online at <https://www.southwestern.edu/life-at-southwestern/intramural-recreational-activities-sira/schedules/>

Admission to most SU athletic events is free. Each employee receives 2 free general admission tickets to all home football games. Additional football tickets are available for purchase, as well as, season tickets.



TUITION ASSISTANCE

SU offers tuition assistance to eligible faculty and staff members under the Employee Tuition Assistance Policy. For more information, please refer to the Human Resources website at <https://www.southwestern.edu/human-resources/employee-benefits/fringe-benefits/employee-tuition-assistance-program/>

PIRATE CARD

The Pirate Card includes a campus based debit account, which allows staff and faculty to make purchases while on campus. This is also your University ID, library and copy card. Copy charges are billed to your department. For information on depositing money into your account, go to www.southwestern.edu/offices/piratecard. To activate your Pirate Card for purchases, simply deposit money in your Pirate Buc\$ account. The balance will decline with each purchase you make.

Pirate Buc\$ are for use in on-campus vending machines, in the Cove and in the Mabee Commons. There are participating Georgetown businesses who will accept the Pirate Card as a debit card.

Contact Information

Benefit	Carrier	Group Number/Network	Customer Service	Website
Medical	BlueCross BlueShield	Group # 055863 Network: BlueChoice PPO	800-521-2227	www.bcbstx.com
MDLive	BlueCross BlueShield/MDLive		888-680-8646	www.mdlive.com/bcbstx.com
Mail Order Prescriptions	Alliance Rx Walgreens Prime Home Delivery		877-787-3047	www.alliancerxwp.com
Dental PPO	Guardian Life	Group # 518592 Network: DentalGuard	800-451-7846	www.guardiananytime.com
Dental DHMO	Guardian Life	Group # 518592 Network: Managed DentalGuard	800-451-7846	www.guardiananytime.com
Vision	VSP	Group # 30044668 Network: VSP Choice	800-877-7195	www.vsp.com
Group Term Life and AD&D	The Standard	Group # 755212-A	800-628-8600	www.standard.com
Long-Term Disability	The Standard	Group # 755212-B	800-368-1135	www.standard.com
Health Savings Account (HSA)	Discovery Benefits		866-451-3399	www.discoverybenefits.com
Flexible Spending Account (FSA)	Discovery Benefits		866-451-3399	www.discoverybenefits.com
Professional Health Services	Compass	Contact: Sindhu Reddy sindhu.reddy@compassphs.com	800-513-1667 ext. 926	www.compassphs.com
Employee Assistance Plan	The Standard		888-293-6948	www.workhealthlife.com/ standard3
Retirement	TIAA	Plan # 103470 Contact: Armando Hernandez ahernandez2@tiaa.org	866-842-2952 x257007 one-on-one meetings: 800-732-8353	www.tiaa.org/southwestern
COBRA	Discovery Benefits		866-451-3399	www.discoverybenefits.com

SOUTHWESTERN UNIVERSITY EMPLOYEE BENEFITS PLAN

LEGAL NOTICES

November 2016

Notice of Privacy Practices

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

GENERAL INFORMATION

This Notice describes the practices that the Southwestern University Employee Benefits Plan (the "Plan," "us" or "we") will follow with regard to your "protected health information" ("PHI") with respect to the following Covered Component Plans: the Southwestern University Group Health Plan, the Southwestern University Group Prescription Drug Plan, the Southwestern University Group Dental Plan, the Southwestern University Group Vision Plan and the Southwestern University Flexible Benefits Plan.

PHI is a special term, defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its regulations (the "Privacy Rule"). PHI means individually identifiable health information (including demographic information) that is created or received by a health care provider, a health plan, your employer, or a health care clearinghouse and relates to: (i) your past, present, or future physical or mental health or condition; (ii) the delivery of health care to you; or (iii) the past, present, or future payment for the delivery of health care to you. For purposes of the Plan and this Notice, PHI includes information related to the medical claims that are submitted to the Plan about you, and information about the payment of those claims. It does not include most of the information that is kept in your personnel file. For example, it does not include the doctor's notes that you give to your manager at Southwestern University in order to obtain leave under the Family Medical Leave Act or to obtain a disability accommodation.

This Notice applies to all PHI the Plan maintains. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. The insurance company who provides your insurance may also have different policies or notices.

You may have additional rights under state law. State laws that provide greater privacy protection or broader privacy rights will continue to apply.

OUR RIGHTS AND OBLIGATIONS

- We are required by law to maintain the privacy of your PHI.
- We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI.
- We are required to follow the privacy practices described in this Notice. These privacy practices will remain in effect until we replace or modify them.
- We are required to notify you following a breach of unsecured PHI.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided that the change is permitted by law. We reserve the right to have such a change affect all PHI we maintain, including PHI we received or created before the change. When we make a material change in our privacy practices, we will revise this Notice and post it at southwestern.edu/hr/benefits/, Employee Benefits Plan Legal Notices by the effective date of the material change and we will provide the revised Notice, or information about the material change and how to obtain the revised Notice, in the next annual mailing to participants.

HOW THE PLAN MAY USE AND DISCLOSE YOUR PHI.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

For Treatment. We do not provide treatment. However, we may disclose your PHI to health care providers who require it in connection with your treatment. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated with prior prescriptions.

For Payment. We may use and disclose your PHI for all activities that are included within the definition of "payment" set out in the Privacy Rule. For example, we may use and disclose your PHI to determine eligibility for the Plan's benefits, to facilitate or make payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate the Plan's coverage. The definition of "payment" includes many more items, so please refer to the Privacy Rule for a complete list.

For Health Care Operations. We may use and disclose your PHI for all activities that are included within the definition of "health care operations" set out in the Privacy Rule. For example, we may use and disclose your PHI for purposes of: (a) conducting quality assessment and improvement activities; (b) underwriting; (c) premium rating and other activities relating to the Plan's coverage; (d) submitting claims for stop-loss (or excess loss) coverage; (e) conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; (f) business planning and development such as cost management and business management; and (g) the Plan's general administrative activities. The definition of "health care operation" includes many more items, so please refer to the Privacy Rule for a complete list.

If the Plan uses or discloses PHI for underwriting purposes, the Plan is prohibited from using or disclosing PHI that is genetic information for such purposes.

Uses & Disclosures to Other Entities

Business Associates. We may disclose your PHI to a "business associate." Our business associates are the individuals and entities we engage to perform various duties on behalf of the Plan, or to provide services to the Plan. For example, our business associates might provide claims management services or utilization reviews. Business associates are permitted to receive, create, maintain, use, or disclose PHI, but only as provided in the Privacy Rule, and only after agreeing in writing to appropriately safeguard your PHI.

Other Covered Entities. We may use or disclose your PHI to a HIPAA-covered health care provider, health plan, or health care clearinghouse, in connection with their treatment, payment, or health care operations.

Uses and Disclosures for Which Your Permission May Be Sought.

For purposes of this subsection only, the following conditions apply: If you are present and able to give your verbal permission, we will only use or disclose your PHI with your permission. This verbal permission will only cover a single encounter, and is not a substitute for a written authorization. If you are not present or are unable to give your permission, we will use or disclose your PHI only if we determine (based on our professional judgment) that the use or disclosure is in your best interest.

To Others Involved in Your Care. We may use or disclose your PHI to a relative or other individual who you have identified as being involved in your health care. If you are not present, our disclosure will be limited to the PHI that directly relates to the individual's involvement in your health care.

For Limited Notification Purposes. We may use or disclose your PHI to help notify a relative or other individual who is responsible for your health care, of your location, general condition or death.

To Assist in Disaster Relief We may disclose your PHI to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate uses and disclosures to relatives or other individuals involved in your health care.

Other Permitted Uses and Disclosures

To the Secretary. We will disclose your PHI to the Secretary of the Department of Health and Human Services, when required to do so, to enable the Secretary to investigate or determine our compliance with HIPAA and the Privacy Rule.

As Required By Law. We will disclose your PHI when required to do so by federal, state or local law.

For Public Health Activities. We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI to a public health entity that is authorized by law to collect information for the purpose of reporting diseases, illnesses, births, or deaths.

Disclosures About Abuse, Neglect, and Domestic Violence. We may disclose your PHI, consistent with applicable federal and state laws, if we believe that you have been a victim of abuse, neglect, or domestic violence. Such disclosure will be made to the governmental entity or agency authorized to receive such information.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. The relevant agencies include governmental units that oversee or monitor the health care system, government benefit and regulatory programs, and compliance with civil rights laws. The relevant activities include, for example, audits, investigations, inspections, and licensure.

Legal Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding.

Law Enforcement. Under limited circumstances (such as required reporting laws or in response to a grand jury subpoena), we may disclose your PHI to law enforcement officials.

Coroners, Medical Examiners, and Funeral Directors. We may disclose your PHI to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.

Organ and Tissue Donation. If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research. We may disclose your PHI to researchers when an institutional review board or a privacy board has (a) reviewed the research proposal and established protocols to ensure the privacy of the information; and (b) approved the research.

Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or to the health and safety of others. Any such disclosure will be made to someone who would be able to help prevent the threat.

Specialized Government Functions. We may disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veterans Affairs, or to foreign military authorities if you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities (including for the provision of protective services to the President of the United States) or to the Department of State to make medical suitability determinations. If you are an inmate at a correctional institution, then under certain circumstances we may disclose your PHI to the correctional institution.

Workers' Compensation. We may disclose your PHI to the extent necessary to comply with laws concerning workers' compensation or to comply with similar programs that are established by law and provide benefits for work-related injuries or illness.

Reminders. We may use and disclose your PHI by sending you a reminder for important services, such as annual checkups.

Additional Services. We may use or disclose your PHI to send you information about alternative medical treatments and programs, or about health-related products and services that may be of interest to you, provided the Plan does not receive financial remuneration for making such communications.

Disclosure to Health Plan Sponsor. We may disclose your PHI to designated personnel at Southwestern University so that they may carry out their Plan-related administrative functions. These individuals will protect the privacy of your PHI and will ensure that it is only used as described in this Notice and as permitted by law. Your PHI will not be used by Southwestern University for any employment-related actions or decisions or in connection with any other benefit plan offered by Southwestern University.

Uses and Disclosures with an Authorization

Before we can use or disclose your PHI for a reason that is not listed in this Section III, we are required to obtain your written authorization. In addition, we are required to obtain your authorization under the following circumstances:

Psychotherapy Notes. Most uses and disclosures of psychotherapy notes will require your authorization.

Marketing. Uses and disclosures of PHI which result in the Plan receiving financial payment from a third party whose product or services is being marketed will require your authorization.

Sale of PHI. Disclosures that constitute a sale of PHI will require your authorization.

You may revoke your authorization at any time, but you must do so in writing. You can obtain an authorization form by contacting us at the address or phone number listed at the end of this Notice.

YOUR RIGHTS REGARDING YOUR PHI

Some of your PHI is maintained by our business associates, particularly the ones who handle claims administration. In order to help you exercise the rights discussed below, we may ask you to contact our business associates directly.

Right to Inspect and Copy.

You have the right to inspect and copy your PHI that may be used to make decisions about your benefits. To inspect and copy the PHI that may be used to make decisions about you, you must submit your request in writing to the Contact Office listed at the end of this Notice. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances; if we deny you access to your PHI, you may request that the denial be reviewed.

The Privacy Rule contains a few exceptions to this right. You do not have the right to inspect or copy, among other things, psychotherapy notes or materials that are compiled in anticipation of litigation or similar proceedings.

Right to Request an Amendment.

If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI. You have the right to request an amendment for as long as the PHI is kept by or for the Plan. Your request must be in writing and must include a reason or explanation that supports your request. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice.

If we approve your request, we will include the amendment in any future disclosures of the relevant PHI. If we deny your request for an amendment, you may file a written statement of disagreement, which we may rebut in writing. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant PHI.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that: is not part of the PHI kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. All denials will be made in writing.

Right to an Accounting of Disclosures.

You have the right to request an "accounting" of the instances in which we disclosed your PHI.

If the PHI disclosed is an "electronic health record," the accounting will include disclosures up to three years before the date of your request.

If the PHI disclosed is not an "electronic health record," the accounting will include disclosures up to six years before the date of your request. In this case, the accounting is not required to include all disclosures. For example, the accounting will not include any disclosures made for treatment, payment, or health care operations. The accounting also will not include any disclosures we made before April 14, 2004.

Your request must be in writing. Your request must include the time frame that you would like us to cover (this may be no more than six years before the date of the request). Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. We may charge you for

the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions.

You have the right to request a restriction or limitation on the **PHI** about you that we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the **PHI** about you that we disclose to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request.

Your request must be in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. Again, we are not required to agree to your request.

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request.

Your request must be in writing. In your request, you must tell us how or where you wish to be contacted. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. We will make reasonable efforts to accommodate your request.

Right to a Paper Copy of This Notice.

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may also obtain a paper copy of this Notice from the Contact Office listed at the end of this Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the Department of Health and Human Services. To file a complaint with us, send a written complaint to the Contact Office listed at the end of this Notice. We will not retaliate against you for filing a complaint, and you will not be penalized in any other way for filing a complaint.

CONTACT OFFICE

Human Resources Department
Southwestern University
1001 University Avenue
Georgetown, TX 78626
(512) 863-1807

EFFECTIVE DATE: September 23, 2014

Special Enrollment Rights

HIPAA Special Enrollment Rules

HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in Southwestern's health plans under "special enrollment provisions" briefly described below.

- *Loss of Other Coverage.* If you decline enrollment for yourself or for an eligible dependent because you have other group health plan coverage or other health insurance, you may be able to

enroll yourself and your dependents under Southwestern's health plans if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 31 days after your or your dependents' other coverage ends, or after the other employer stops contributing toward the other coverage.

- *New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.* If you gain a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents under Southwestern's health plans. You must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. In the event you acquire a new dependent by birth, adoption, or placement for adoption, you may also be able to enroll your spouse, if your spouse was not previously covered.
- *Enrollment Due to Medicaid/CHIP Events.* If you or your eligible dependents are not already enrolled in Southwestern's health plan, you may be able to enroll yourself and your eligible dependents if: (i) you or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event. The CHIP Model Notice containing additional information about this right as well as contact information for state assistance is included below. You may also request a copy from the Plan Administrator.

Please contact Southwestern University's Human Resources Department at (512) 863-1807 for details, including the effective dates of coverage applicable to each of these special enrollment provisions. Additional information regarding your rights to enroll in group health coverage is found in the applicable group health plan summary plan description(s) or insurance contract(s).

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this Plan. Therefore, the deductibles and coinsurance shown in the medical section of this guide apply.

If you would like more information on WHCRA benefits, call the Human Resources Department at (512) 863-1807.

Newborns' and Mothers' Health Protection Act of 1996

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

Continuation Coverage Rights Under COBRA

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

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

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

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

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

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

- You become divorced or legally separated from your spouse.

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

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

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage. If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to

get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

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

Are there other coverage options besides COBRA Continuation Coverage?

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

For more information about the Plan and COBRA continuation coverage, contact the Human Resources Department at (512) 863-1807.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **July 31, 2018**. Contact your State for more information on eligibility

Alabama - Medicaid Website: http://myalhipp.com Phone: 1-855-692-5447	Georgia - Medicaid Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
Alaska - Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Indiana - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
Arkansas - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Iowa - Medicaid Website: http://dhs.iowa.gov/hawki Phone: 1-800-257-8563
Colorado - Health First Colorado (Medicaid) & CHIP+ Health First Colorado Website: https://www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHIP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHIP+ Customer Service: 800-359-1991 / State Relay 711	Kansas - Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512 Kentucky - Medicaid Website: http://chfs.ky.gov Phone: 1-800-635-2570
Florida - Medicaid Website: https://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Louisiana - Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447

Maine - Medicaid Website: http://www.maine.gov/dhhs/of/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Oregon - Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
Minnesota - Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Pennsylvania - Medicaid Website: http://www.dhs.pa.gov/provider/medicaidassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
Massachusetts - Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Rhode Island - Medicaid Website: www.eohhs.ri.gov Phone: 855-697-4347
Missouri - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	South Carolina - Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820
Nevada - Medicaid Medicaid Website: http://dhcfp.nv.gov/ Medicaid Phone: 1-800-992-0900	South Dakota - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
Nebraska - Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	West Virginia - Medicaid Website: http://www.mywvhipp.com/ Phone: 855-MyWVHIPP (855-699-8447)
New Hampshire - Medicaid Website: https://www.dhhs.nh.gov/ombp/nhhipp/ Phone: 603-271-5218 NH Medicaid Service Cntr: 888-901-4699	Utah - Medicaid and CHIP Medicaid Website: http://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
New Jersey - Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Virginia - Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
Montana - Medicaid Website: http://dphhs.mt.gov/ MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Vermont - Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
New York - Medicaid Website: http://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Washington - Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program Phone: 1-800-562-3022 ext. 15473
North Carolina - Medicaid Website: http://www.dma.ncdhhs.gov/ Phone: 919-855-4100	Texas - Medicaid Website: https://gethipptexas.com/ Phone: 1-800-440-0493
North Dakota - Medicaid Website: http://www.nd.gov/dhs/services/medicaid/ Phone: 1-844-854-4825	Wisconsin - Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1p10095.pdf Phone: 1-800-362-3002
Oklahoma - Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Wyoming - Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since **July 31, 2018**, or for more information on special enrollment rights, contact either:

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

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

Medicare D Notice

Important Notice from Southwestern University About Your Prescription Drug Coverage and Medicare

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

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Southwestern University, Inc. has determined that the prescription drug coverage offered by the Southwestern University Medical Plan 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 Southwestern University, Inc. coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. Please see the Medical Benefit Plan for specific details about the prescription drug coverage.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits and your coverage will coordinate with Medicare.

If you do decide to join a Medicare drug plan and drop your current Southwestern University coverage, be aware that you and your dependents may not be able to get this coverage back.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Medicare D Notice

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 Southwestern 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 will 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 Southwestern University changes. You also may request a copy of this notice at any time.

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	November 2018
Name of Entity/Sender:	Southwestern University
Contact--Position/Office:	Human Resources
Address:	1001 University Avenue Georgetown, TX 78626
Phone Number:	512-863-1807

CMS Form 10182-CC

Updated April 1, 2011

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Southwestern University