Dear Colleagues,

At Saint Joseph’s University, our success depends on our most vital asset — our people. We also recognize the important role your benefits play in helping you and your family live healthy lives and plan for the future.

We offer a valuable, high-quality benefits package designed to advance your overall physical, financial, and emotional well-being. From medical, dental, and vision insurance to life insurance, disability insurance, and retirement savings, your Saint Joseph’s University benefit options can help you thrive at work, at home, and in your community, today — and tomorrow!

We’re pleased to announce some exciting changes for next year, including a new voluntary Vision Plan, a new Employee Assistance Program (EAP), and a new carrier for our voluntary accident and critical illness coverage.

We also recognize and appreciate the sacrifices everyone is making and will therefore have no increases in medical or dental rates.

To learn more about these changes to your benefits plan, please join us at our Virtual Benefits & Wellness Expo from November 9 through November 13. Details about the Expo and a schedule of events can be found on the Benefits website at https://sites.sju.edu/humanresources/benefit-expo-pathway-to-wellness/. As our annual Open Enrollment period begins, we ask that you and your family look at your current elections and ask yourself:

- Am I in the right medical plan for my family and me?
- Are there opportunities for monthly savings or more desired plan features?
- Am I taking advantage of pretax opportunities to offset medical, dental, and vision expenses?
- Are there additional insurance programs I could take advantage of to protect my family and myself in the case of injury or illness?

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- Are there opportunities for monthly savings or more desired plan features?
- Am I taking advantage of pretax opportunities to offset medical, dental, and vision expenses?
- Are there additional insurance programs I could take advantage of to protect my family and myself in the case of injury or illness?

Thank you for everything you do to help fulfill Saint Joseph’s University’s mission! To your health and wellness in 2021.

Zenobia Hargust
Chief Human Resources Officer

Chris Brutsche
Director, Compensation and Benefits
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CHANGES TO ANTICIPATE IN 2021

Open Enrollment is almost here, and now is the time to review your 2021 benefit options, especially any benefit changes. Saint Joseph’s University is proud to offer benefits that support your total well-being and deliver value to you and your family. We worked hard to keep your overall benefits package highly competitive and strong. We’re also committed to giving you the resources and support you need to make smart, confident choices about your health care.

There are four big changes to your benefits that you should know about, plus a few smaller enhancements. Here’s a highlight of what you can expect in 2021.

Four Key Changes

1. Active Enrollment – There are several important changes to your benefits for 2021, which is why we are requesting that ALL Saint Joseph’s University employees log into the enrollment system to review their current elections and make enrollment decisions for our new plans during the Open Enrollment period – November 9–20.

2. Vision Benefit Changes – Enjoy a more comprehensive Premium Vision benefits program in 2021. However, in exchange for richer benefits, the new plan will be 100% voluntary, which means you pay the entire premium costs. The current vision plan will continue through December 31, 2020.

   Important Note: The HMO vision rider is still available. However, it does not provide the same robust benefits you receive with a full vision plan like with Davis Vision and should not be considered a replacement for a full vision plan.

3. NEW! Voluntary Benefits Vendor – Critical illness insurance and accident insurance are available through Voya in 2021. This switch from Aflac to Voya as your insurance vendor provides you with excellent coverage at a reduced cost. You will continue to pay for these coverages through payroll deduction. Note: You can only enroll in these voluntary benefits during Open Enrollment, and current coverage will not transfer to Voya, you need to re-enroll.

4. NEW! EAP Provider and Enhanced Support – An Employee assistance program support will be provided through Health Advocate in 2021. This move provides a more engaging EAP experience with enhanced outreach, services, and resources. See page 19 to learn more.

OTHER BENEFIT ENHANCEMENTS

• NEW! Telebehavioral Health and Teledermatology – Telehealth capabilities are extending to behavioral health/substance use issues and teledermatology capabilities for 2021. Be sure to check out all of the telehealth services available remotely through MDLIVE. Details are on page 10.

• NEW! 90-Day Retail Prescriptions – We expanded the 90-day supply program to help you save money on maintenance drugs. For ease and convenience, you can now fill 90-day prescriptions at your local retail pharmacy, or you can have them sent right to your home through IBC/ FutureScripts home delivery for the same copay amounts. Previously, the maximum you could obtain via retail was a 30-day supply.

• FSA Contribution Limits – The maximum amount you can contribute to a Health Care Flexible Spending Account and/or a Dependent Care FSA increased slightly for 2021. It’s important to note that the maximum contribution limits are only estimated, as the IRS has not announced final limits yet. See page 14 to learn more.

• HSA Contribution Limits – The maximum amount you can contribute to a Health Savings Account for 2021 also rose. See page 7 for the updated limits and to learn more about HSAs.
YOUR HEALTH

MEDICAL PLANS

Medical and prescription benefits from Saint Joseph’s University help you stay well and get the care you and your family need. You have access to an extensive network of high-quality, lower-cost providers. Your plans also offer many resources and tools to help you maintain a healthy lifestyle.

Your Medical Options

You have a choice of two medical plans through Independence Blue Cross (IBC): a consumer driven health plan (CDHP) (Personal Choice HDHP) that includes a health savings account (HSA), and the Keystone HMO, a health maintenance organization plan. Both offer comprehensive coverage for you and your family. In addition, you pay $0 for in-network preventive care such as annual checkups, cancer screenings, vaccinations, and more. Although the two plans share many features, there are some important differences.

Key Plan Differences

<table>
<thead>
<tr>
<th>CDHP</th>
<th>HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You make lower per-paycheck contributions for coverage in exchange for a higher annual deductible.</td>
<td>• You have a low copayment for most services and no deductible to meet.</td>
</tr>
<tr>
<td>• The deductible applies to all nonpreventive care, including prescriptions.</td>
<td>• The plan only provides benefits for in-network services.</td>
</tr>
<tr>
<td>• You can use a pretax* HSA to pay for current and future eligible medical expenses — with an annual University contribution to your HSA.</td>
<td>• You’re required to choose a primary care physician, and referrals are needed before you can see a specialist.</td>
</tr>
</tbody>
</table>

* Your HSA is free from federal income taxes; however, you may pay state and other taxes, depending on your residence. Talk with your tax advisor for details.

Reasons to Use In-Network Providers

Using an in-network provider can work to your advantage through:

• **Peace of mind** — In-network providers agree to meet IBC’s quality-of-care guidelines, so you know that your providers are accountable for the quality of care they provide.

• **Lower costs** — In-network providers charge agreed-upon rates for their services; you cannot be charged more than these rates. Plus, you receive a higher level of benefits from the plan.

• **Convenience** — In-network providers file claims for you, so you have less paperwork when you need care.

• **Extensive network** — You may choose from hundreds of thousands of nationwide providers.

FIND A NETWORK PROVIDER

ibxpress.com or call 800-ASK-BLUE

Network discounts are based on where you live, not the location of the provider.

Use Health Advocate to answer your health care questions

Health Advocate experts can assist you with finding or coordinating care, answering clinical questions and claims issues, and clarifying plan information. You do not need to enroll in a Saint Joseph’s University medical plan to use this FREE service. Call Health Advocate at 866-695-8622 or visit healthadvocate.com/members to learn more.
A CLOSER LOOK AT THE PERSONAL CHOICE HDHP

The consumer directed health plan, Personal Choice HDHP, offers lower contributions in exchange for a higher deductible. It also offers comprehensive medical coverage, such as free in-network preventive care and protection from catastrophic illness or injury. This coverage is paired with a tax-advantaged HSA you may use, grow, and save for current or future health care expenses. At the beginning of each calendar year, the University contributes $750 to the accounts of those enrolled for Employee Only coverage, and $1,500 for those enrolled in Employee plus Spouse, Employee plus Child(ren), or Family coverage. To learn more about the HSA, see the next page and find definitions for the terms used here at the end of this guide.

How the Plan Works

Free In-Network Preventive Care
To emphasize the importance of wellness, preventive care is covered at 100%, if you receive this care from in-network providers.

Deductible
You pay for your initial medical and prescription costs until you meet your annual deductible. This deductible is higher compared with the $0 deductible HMO option. However, you can use your HSA contribution to help cover the higher deductible.

Coinsurance
Once the deductible is met, you and Saint Joseph’s University share any further health care costs until you meet the out-of-pocket maximum.

Out-of-Pocket Maximum
The plan limits the total amount you pay each year. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible, in-network expenses for the remainder of the plan year, with the exception of prescription drugs, which require a copay.

Why you benefit from a primary care physician
You aren’t required to select a primary care physician (PCP) with a consumer directed health plan, but you may want to. PCPs do more than just give you a checkup. They get to know you and your medical history, and can help guide your overall care — including specialty care.
HEALTH SAVINGS ACCOUNT (HSA)

Saint Joseph’s University provides a convenient way for you to pay and save for health care now — and in the future. When you enroll in the Personal Choice HDHP, you’re eligible to contribute to a tax-free* HSA, which helps you save money on eligible health care expenses for yourself, your spouse, and your tax-dependents. At the beginning of each calendar year, the University contributes $750 to the accounts of those enrolled for Employee Only coverage, and $1,500 for those enrolled in Employee plus Spouse, Employee plus Child(ren), or Family coverage.

The Basics of an HSA

1. **MONEY GOES IN**

The 2021 IRS annual limit on HSA contributions is $3,600 for individual coverage or $7,200 for all other coverage levels. Note: Those limits include any contributions Saint Joseph's University makes to your HSA.

2. **MONEY COMES OUT**

When you have an eligible medical expense, including your plan deductible, you can pay it with the money in your HSA. **Note:** You can only use money that’s already in your account at that time.

You pay the full cost of nonpreventive care, including prescriptions, until you meet the plan’s annual deductible. Think about your typical expenses and consider making pretax* contributions to help cover your deductible if you need it.

3. **MONEY LEFT IN ROLLS OVER**

Any money left in your account will roll over from year to year and is yours to keep. If you leave Saint Joseph’s University, you take the account with you. You can even use the money to pay medical expenses in retirement.

Growing your savings ...

When your account balance reaches $1,000, you have the option to invest in a range of mutual funds. Remember, the HSA has a triple tax advantage: Money goes in, grows, and can be withdrawn for medical expenses tax-free!*

---

* Your HSA is free from federal income taxes; however, you may pay state and other taxes, depending on your residence. Talk with your tax advisor for details.
HSA Eligibility Requirements
To be eligible for an HSA, you must meet the following criteria:

- You must be covered by a qualified consumer directed health plan (CDHP), like the Personal Choice HDHP.
- You can’t be covered by another health plan, including Medicare Parts A or B, or TRICARE.
- You can’t be claimed as a dependent on another individual’s tax return.
- You or your spouse cannot participate in a traditional health care FSA, even under another employer’s plan.
- You cannot have received treatment, other than preventive care, through the U.S. Department of Veterans Affairs within the past three months.

Making Payments with an HSA
Remember, you can only use funds that already have been deposited into your account. Once funds are available, you have three simple ways to pay:

1. **Use the account debit card** – You will receive this card after you open an HSA. When you use the card, your expense is paid automatically from available funds in your account.

2. **Be reimbursed** – You can also pay for eligible expenses out of your own pocket. Then, withdraw funds from your HSA to pay yourself back.

3. **Pay online** – Use the online payment feature to pay your health care provider directly from your account.

Understanding dependent status
Thanks to the Affordable Care Act (ACA), adult children can remain on the family health insurance plan, including a CDHP, until age 26. However, tax law only allows parents to claim children as tax dependents until age 19 — or age 24 if the dependent is a full-time student. You also cannot make HSA distributions for anyone who isn't a tax dependent. Therefore, if you aren't claiming your adult child on your taxes, you can't use your HSA funds to pay for their medical expenses — even though they may still be on your medical plan.
MAKE THE MOST OF YOUR PLAN
Optimize Your Health Care with These Tips

Improving or maintaining your health begins with everyday choices. In addition, the choices you make can affect your health — and your wallet — so keep the following in mind.

Go in-network:
Generally, you pay less when you see an in-network provider. Visit ibxpress.com to find a provider today.

Get preventive care:
Annual checkups, certain vaccinations, and other common services are covered at 100% when you obtain them from in-network providers.

Know where to go for care:
Did you know that the ER might not be the best place to go for simple stitches? Knowing when to visit your primary care doctor, urgent care facility, or the ER can potentially save you time and money.

Save with your HSA:
Saint Joseph’s University funds your HSA — and you can, too! Use it to pay your deductible today, or save it for tomorrow’s unexpected health care costs or expenses in retirement. You get to decide when and how to use it!

Save the ER for True Emergencies
You’ll save a lot of money and time if you seek care through MDLIVE or an urgent care clinic for non-life-threatening conditions. Visit ibxpress.com to find a participating urgent care clinic near you.
RIGHT PLACE, RIGHT TIME

Know Where to Go for Care

One of the best ways to manage your out-of-pocket costs while making the most of your Saint Joseph’s University medical benefits is by knowing the best place to get the care you need. Your choice can affect your wait time and out-of-pocket costs.

<table>
<thead>
<tr>
<th>Medical Care Options</th>
<th>Telemedicine</th>
<th>Primary Care Physician (PCP)</th>
<th>Urgent Care</th>
<th>Emergency Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>When You Might Use It</td>
<td>• Nonemergency issues&lt;br&gt;• Allergies&lt;br&gt;• Asthma&lt;br&gt;• Joint aches&lt;br&gt;• Sinus infections&lt;br&gt;• Cold/flu&lt;br&gt;• Ear infections&lt;br&gt;• Pink eye&lt;br&gt;• Sore throat&lt;br&gt;• Depression&lt;br&gt;• Stress management</td>
<td>• Fever and headache&lt;br&gt;• Sinus infection&lt;br&gt;• Severe sore throat&lt;br&gt;• Bronchitis&lt;br&gt;• Urinary tract infections&lt;br&gt;• Rashes</td>
<td>• Sprains&lt;br&gt;• Fractures&lt;br&gt;• Stitches</td>
<td>Genuine emergencies such as:&lt;br&gt;• Persistent chest pain&lt;br&gt;• Trouble breathing&lt;br&gt;• Life-threatening injury</td>
</tr>
</tbody>
</table>

Take advantage of telemedicine anytime, anywhere

With both medical plans, you have access to virtual care through MDLIVE, including NEW telebehavioral health services and teledermatology. You can use telemedicine to consult with a doctor online, for non-urgent medical issues. Access a board-certified doctor or psychiatrist seven days a week, anytime, from your mobile device. Download the MDLIVE app on your smartphone, visit mdlive.com/ibx, or call 877-764-6605.
### Key Medical Benefits

<table>
<thead>
<tr>
<th></th>
<th>CDHP (Personal Choice HDHP)</th>
<th>Keystone HMO 25</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Deductible (per calendar year)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$1,500/$3,000</td>
<td>$5,000/$10,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (per calendar year)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$5,600/$11,200</td>
<td>$10,000/$20,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>100% after ded.</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Covered Services

<table>
<thead>
<tr>
<th>Service</th>
<th>CDHP In-Network</th>
<th>CDHP Out-of-Network</th>
<th>Keystone In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>Covered 100%</td>
<td>50%</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Office Visits (primary care physician/specialist)</td>
<td>100% after ded./same</td>
<td>50%/same</td>
<td>$25 copay/$35 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% after ded.</td>
<td>100% after in-network ded.</td>
<td>$150 copay, waived if admitted</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>100% after ded.</td>
<td>50%</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Inpatient Hospital Stay</td>
<td>100% after ded.</td>
<td>50%</td>
<td>$100 copay/admin.</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>100% after ded.</td>
<td>50%</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Premium Vision</td>
<td>Freestanding</td>
<td>Freestanding</td>
<td>$100 Davis Vision Rider, once every 2 cal. yrs.</td>
</tr>
<tr>
<td>Most Other Services, including psychiatric and substance use issues</td>
<td>100% after ded.</td>
<td>50%</td>
<td>Varies, see SPD</td>
</tr>
</tbody>
</table>

### Prescription Drugs (generic/preferred/nonpreferred)

<table>
<thead>
<tr>
<th>Description</th>
<th>CDHP (In-Network)</th>
<th>CDHP (Out-of-Network)</th>
<th>Keystone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Pharmacy (30-day supply)</td>
<td>$5/$20/$45 after ded.</td>
<td>50%</td>
<td>$20/$40/$60</td>
</tr>
<tr>
<td>Retail Pharmacy (90-day supply)</td>
<td>$10/$40/$90 after ded.</td>
<td>Not Covered</td>
<td>$40/$80/$120</td>
</tr>
<tr>
<td>Mail Order (90-day supply)</td>
<td>$10/$40/$90 after ded.</td>
<td>Not Covered</td>
<td>$40/$80/$120</td>
</tr>
</tbody>
</table>

### Save on prescription drug costs

- Buy generic over brand-name medications. Generic drugs are generally just as effective and typically cost 30% to 70% less.
- Take advantage of mail order (home delivery) or the new retail 90-day supply to buy maintenance drugs at a discount.
- Register at ibxpress.com to compare prescription prices.

### Please read this important notice

If you (and/or your dependents) have Medicare or will become eligible for Medicare before December 31, 2021, federal law gives you more choices about your prescription drug coverage. Please see the Legal Notices section at the end of this Benefits Guide for more details.
DENTAL PLANS

Saint Joseph's University's dental benefits offer your family and you affordable options for maintaining your overall health. You can choose from two Delta Dental plans:

• Delta Dental PPO
• DeltaCare® USA

The Saint Joseph's University's dental plans are "stand-alone" plans, so you can enroll in dental coverage even if you don't have medical coverage through the university.

Delta Dental PPO

You get to select your provider with these plans. However, the plan pays more of the charge at a lower cost to you when you select a dentist who participates in the Delta Dental network. You also have access to Delta Dental Premier dentists, the largest dental network in the country. Out-of-network coverage also is available, but you will pay more of the cost for services.

DeltaCare USA (DHMO) (Pennsylvania & New Jersey)

This plan features set copayments, no annual deductibles, and no maximums for covered benefits. Check to make sure your dentist is part of the DeltaCare USA network and that they are accepting new DHMO patients before you select this plan. Out-of-network benefits are not provided.

<table>
<thead>
<tr>
<th>Key Dental Benefits</th>
<th>Delta PPO plus Premier</th>
<th>DeltaCare (DHMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible (per calendar year)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td>$0/$0</td>
<td>$0/$0</td>
</tr>
<tr>
<td><strong>Benefit Maximum (per calendar year; preventive, basic, and major services combined)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Individual</td>
<td>$1,500</td>
<td>No annual limit</td>
</tr>
<tr>
<td><strong>Covered Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive Care</td>
<td>Covered 100%</td>
<td>Diagnostic covered 100%; Preventive, see Fee Schedule</td>
</tr>
<tr>
<td>Basic Care</td>
<td>Covered 100%</td>
<td>See Fee Schedule</td>
</tr>
<tr>
<td>Major Care</td>
<td>Covered 50%</td>
<td>See Fee Schedule</td>
</tr>
<tr>
<td>Orthodontia (children to age 19)</td>
<td>Covered 50%, up to $1,500 lifetime maximum</td>
<td>See Fee Schedule</td>
</tr>
</tbody>
</table>

FIND A NETWORK PROVIDER
deltadentalins.com or call 800-932-0783 (PPO) or 800-422-4234 (DHMO)

You can also download the Delta Dental mobile app to your smartphone for on-the-go access to provider information.

Dental health matters

As many as 120 systemic diseases can be visible in your mouth. Regular dental checkups can reveal the signs of disease before other symptoms are noticeable and help lower your risk of stroke and heart disease.
PREMIUM VISION PLAN

Saint Joseph’s University offers you NEW Premium Vision benefits through Davis Vision to ensure that you and your family have access to quality eye care. You have a single vision plan available, which lets you select your provider. Keep in mind, you can maximize your benefits and reduce your out-of-pocket costs when you receive care from a Davis Vision network provider.

**Note:** The Keystone HMO vision rider is still available, but does not provide the level of care and robust benefits available through the new 100% employee-paid Davis Vision Plan.

<table>
<thead>
<tr>
<th>Key Premium Vision Benefits</th>
<th>Davis Vision Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Exam (once every 12 months)</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Materials Copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Lenses (once every 12 months)</td>
<td>$20 copay</td>
</tr>
<tr>
<td>• Single Vision</td>
<td></td>
</tr>
<tr>
<td>• Bifocal</td>
<td></td>
</tr>
<tr>
<td>• Trifocal</td>
<td></td>
</tr>
<tr>
<td>Frames (once every 12 months)</td>
<td>Davis Collection Frames: No charge</td>
</tr>
<tr>
<td></td>
<td>Non-Davis Collection Frames: Up to $270 Allowance (plus a 20% discount on any overage)</td>
</tr>
<tr>
<td>Contact Lenses (once every 12 months; in lieu of glasses)</td>
<td>Davis Collection Contact Lenses: No charge</td>
</tr>
<tr>
<td></td>
<td>Non-Davis Collection Contact Lenses: Up to $250 Allowance (plus a 15% discount on any overage)</td>
</tr>
</tbody>
</table>

**FIND A NETWORK PROVIDER:** [davisvision.com](http://davisvision.com) or call **800-999-5431**

**A view to your overall health**

Even if you have perfect eyesight, you should have your vision checked on a regular basis. That’s because vision care is about more than just eyesight. Eye doctors are often the first health care professionals to detect chronic systemic diseases, such as high blood pressure and diabetes.
FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs are great ways to save because they let you set aside pretax payroll deductions to pay for out-of-pocket health care expenses, such as deductibles, copays, and coinsurance, as well as dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security, and Medicare taxes — giving you more take-home pay.

Saint Joseph’s University offers two different FSAs:

**Health Care FSA**
- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.
- Contribute up to $2,750 (estimated) in 2021.

*Note:* If you are a participant in a health savings account (HSA), you are not eligible for the health care FSA.

**Dependent Care FSA**

This account is available to all benefits-eligible Saint Joseph's University employees, regardless of your medical plan enrollment.
- Pay for eligible dependent care expenses such as preschool, summer day camp, before- and after-care school programs, or child daycare and adult daycare so you and/or your spouse can work, look for work, or attend school full time.
- Contribute up to $5,000* (estimated) in 2021, or $2,500 if you are married and filing separately.

*This is a household maximum, so a couple can elect any amount up to $5,000.

FSA Rules to Keep in Mind

You must enroll each year to participate. Keep in mind, FSAs are "use-it-or-lose-it" accounts. Unused money does not carry over at the end of the year.

**Health Care FSA** — You can incur expenses up to 2.5 months after the plan year ends. Submit claims up to June 30 of the following year. All other funds remaining are forfeited.

**Dependent Care FSA** — Unused funds will NOT be returned to you or carried over.

**New HSA enrollees** — As a new enrollee into the Personal Choice HDHP and HSA, if you have any FSA funds that are carried over from the 2020 plan year, you will not be eligible for HSA contributions until all FSA funds are depleted. For a list of more than 4,000 FSA-eligible items, visit fsastore.com.

What's an eligible expense?

**Health Care FSA** — Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.

**Dependent Care FSA** — Child daycare for children under the age of 13, afterschool programs, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.
## COMPARE ACCOUNTS: HSA VS. FSAs

<table>
<thead>
<tr>
<th></th>
<th>HSA</th>
<th>Health Care FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available with these plans</td>
<td>Personal Choice HDHP</td>
<td>Keystone HMO</td>
<td>Any medical plan (or no Saint Joseph’s University medical plan)</td>
</tr>
<tr>
<td>Debit Card use available</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Change your contribution amount anytime</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Access only funds that have been deposited</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Use the money for</td>
<td>All eligible health care expenses</td>
<td>All eligible health care expenses</td>
<td>Eligible dependent care expenses, including child daycare for children up to age 13 and care for dependent adults</td>
</tr>
<tr>
<td>Access entire elected amount at the beginning of the plan year</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>“Use it or lose it” at year-end</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Documentation required</td>
<td>For tax-filing and IRS audit purposes only</td>
<td>For submission with reimbursement request</td>
<td>For submission with reimbursement request</td>
</tr>
</tbody>
</table>

### Make sure you’re using the right account

**Important!** The dependent care FSA is NOT used for health care expenses for your dependents. It is for dependent child or adult day care only.

Similarly, the health care FSA debit card cannot be used to pay for dependent care FSA expenses.
SUPPLEMENTAL PLANS

We know life doesn't always go as expected, which is why Saint Joseph's University provides you with access to supplemental plans designed to protect you and your family from the financial impact of a covered critical illness, injury, or hospital stay. These plans are provided through Voya for 2021, giving you access to benefits that are more robust at a lower cost than previous years.

Review the chart below to understand the Voya voluntary supplemental benefit choices available to you. Keep in mind, lump-sum cash benefits are paid directly to you and can be used for anything you wish.

<table>
<thead>
<tr>
<th></th>
<th>Accident Insurance</th>
<th>Critical Illness Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>What it is</td>
<td>Hospitalization, injuries, surgical procedures, physical therapy, ambulance, and more</td>
<td>Some cancers, heart attack, stroke, coma, kidney failure, major organ transplant, and more</td>
</tr>
<tr>
<td>What it covers</td>
<td>Pays cash benefits you can use for anything. Ideally, you would use the benefits to offset out-of-pocket medical expenses related to a covered accident.</td>
<td>Pays cash benefits you can use for anything. Ideally, you would use the benefits to offset out-of-pocket medical expenses related to a covered critical illness.</td>
</tr>
<tr>
<td>Benefit amount</td>
<td>Plan pays on a schedule according to the covered injury or occurrence.</td>
<td>You may elect a $15,000 benefit or $30,000 benefit; your spouse may receive up to 50% of your coverage amount (up to $7,500 or $15,000); dependent children may receive up to 50% of your coverage amount (up to $7,500 or $15,000)</td>
</tr>
</tbody>
</table>

* Guidelines dictate benefit payment for each covered illness and circumstances under which it’s paid.

**LEARN MORE**

Visit [https://presents.voya.com/EBRC/SaintJosephsUniversity](https://presents.voya.com/EBRC/SaintJosephsUniversity) or call 877-236-7564

To learn more about the supplemental plans or to review a complete list of covered benefits, visit or call Voya.

Get a financial safety net when it’s most important!

Life is unpredictable, and even the best medical insurance will not cover everything — leaving you with out-of-pocket expenses.

These voluntary benefit options can offer additional peace of mind by ensuring that you have help paying high, unanticipated out-of-pocket expenses.

The lump sum you receive can be used to pay for non-health care expenses: groceries, housing, car payments, utilities, childcare, or whatever you decide!
LIFE AND AD&D INSURANCE

Life and Accidental Death and Dismemberment (AD&D) Insurance are useful solutions to help preserve your family’s quality of life and financial future.

Basic Life/AD&D (SJU-paid)

Saint Joseph's University’s life insurance program through The Standard provides valuable financial protection to your named beneficiary(ies) in the event of your death or accidental injury — at no cost to you. Your coverage is effective on your date of hire or the date you become eligible. You must be actively at work for your life insurance coverage to become effective. Enrollment is automatic — you don’t have to do anything to receive this coverage.

Note: Life insurance above $50,000 will be considered taxable imputed income.

Voluntary Term Life/AD&D (Employee-paid)

You also can purchase additional voluntary term life insurance through The Standard for yourself and your eligible family members. You must be actively at work on the effective date of your coverage.

<table>
<thead>
<tr>
<th>Voluntary Term Life/AD&amp;D</th>
<th>Benefits</th>
<th>Guaranteed Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Up to $300,000 in $10,000 increments</td>
<td>$150,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>Up to $100,000 in $5,000 increments</td>
<td>$25,000</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>Up to $20,000 in $2,000 increments</td>
<td>NA</td>
</tr>
</tbody>
</table>

What is AD&D Insurance?

Should you lose your life, sight, hearing, speech, or use of your limb(s) in a covered accident, AD&D provides additional cash payments. AD&D benefits are paid as a percentage of your coverage amount — usually 50% to 100% — depending on the type of loss.

Name Someone to Receive Benefits?

You should designate a primary and/or secondary beneficiary in the online enrollment system who receives benefits in the event of your death. You can change a beneficiary at any time.

For voluntary term life coverage on a spouse or dependent child, you are the beneficiary.

LEARN MORE — GET ANSWERS

Call The Standard at 800-628-8600.

No health questions at certain enrollment times

If you enroll for voluntary term life within 31 days of employment, no proof of good health is necessary if the coverage amount is within the guaranteed issue amount. If you wait to enroll until after the eligibility period, you will need to complete a Statement of Health form. A physical exam, regardless of the coverage amount you select, also may be required.
DISABILITY INSURANCE

If you have to miss work due to childbirth, injury, or illness, Saint Joseph's University’s disability program through The Standard helps ensure that you still collect a part of your income until you can return to work or you reach retirement age. The key is to remember that you will still have expenses, separate from the medical expenses related to your disability. For example, disability coverage can help ensure you have money to pay for basic needs such as housing (mortgage or rent), utilities, food, transportation, childcare, and more.

<table>
<thead>
<tr>
<th>Short-Term Disability (SJU-paid)</th>
<th>Long-Term Disability (SJU-paid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Percentage</td>
<td>Benefit Percentage</td>
</tr>
<tr>
<td>60% of weekly earnings</td>
<td>60% of monthly earnings</td>
</tr>
<tr>
<td>When Benefits Begin</td>
<td>Monthly Benefit Maximum</td>
</tr>
<tr>
<td>0 days injury/0 days sickness</td>
<td>$10,000*</td>
</tr>
<tr>
<td>Maximum Benefit Duration</td>
<td>When Benefits Begin</td>
</tr>
<tr>
<td>90 days</td>
<td>After 90 days of disability</td>
</tr>
<tr>
<td></td>
<td>Maximum Benefit Duration</td>
</tr>
<tr>
<td></td>
<td>Social Security Normal Retirement Age</td>
</tr>
</tbody>
</table>

* You may be part of a designated class that has a maximum of only $1,500. See your plan summary for details.

LEARN MORE
Call The Standard at 800-628-8600.
NEW! HEALTH ADVOCATE EMPLOYEE
ASSISTANCE PROGRAM (EAP)

Saint Joseph’s University wants you and your family to live well in all aspects of life, whether you’re at home or at work. That means taking care of your total health — physical, financial, and emotional. For that reason, we’re providing a NEW employee assistance program (EAP) through Health Advocate at no cost to you. This service connects you with the best mental health and counseling services. All provided services are confidential, outcomes will not be shared, and the plan includes a total of eight face-to-face or virtual visits with a mental health provider.

Whether you’re interested in work/life resources, mental health assistance, or legal and financial advice, the EAP service can connect you and members of your household with a variety of professionals. With just one phone call, at any hour of the day or night, you can speak with helpful resources.

TURN TO YOUR EAP FOR HELP
Call: 866-799-2728
Online resources: HealthAdvocate.com/members
Email: answers@HealthAdvocate.com

Turn to the EAP When You Need Assistance with:
- Emotional problems, stress, anxiety, depression
- Child care, schooling concerns, elder care services
- Alcohol or drug dependency, tobacco cessation program
- Grief and loss
- Continuing education and college planning
- Marriage or family relationship problems
- Relocation guidance and neighborhood analysis
- Financial or legal advice
- Adoption information, parental leave coaching
- Work relationships
- Travel and expatriate information
- Referrals to local service providers

What’s more, this new benefit includes access to certified financial specialists and even an independent legal attorney, if needed.
PREPAID LEGAL SERVICES

The MetLife Legal Plan provides personal legal services for you and your eligible dependents, covering you for expected and unexpected legal events. There are no hourly rates to pay or claim forms to complete when you use a plan attorney and no limits on how many times you can use the Plan.

You have more than 10,000 plan attorneys from which to choose to represent you on a variety of covered legal matters, including (but not limited to):*

- Estate planning documents
- Consumer protection
- Defense of civil lawsuits
- Immigration assistance
- Financial matters
- Identity theft issues
- Family law
- Document preparation
- Real estate matters
- Traffic matters
- Family matters

* Not all services are available in all states. See the MetLife Legal Plan Description for more information.

IDENTITY THEFT PROTECTION

Identity theft is one of the fastest-growing crimes. AllState Identity Protection (formerly InfoArmor) scours billions of public records to search for signs of potential identity theft. Credit monitoring alerts you to key changes to your credit report and activities to your credit cards that might indicate potential fraud.

If your identity or a covered family member’s identity is stolen, certified specialists fully manage your case until it is resolved. You don’t have to wait for Open Enrollment to sign up for voluntary ID Theft Protection.

Valuable benefits of your plan include the following:

- Dark web monitoring
- Solicitation reduction
- Data breach notification
- High-risk transaction monitoring
- Credit alerts and credit freezing
- Full-service remediation
- Pre-existing condition resolution
- 24/7 US-based customer support
- And more

LEARN MORE

https://info.legalplans.com/ or 800-821-6400
(Monday–Friday, 8 am to 8 pm EST)

LEARN MORE

myaip.com or 800-789-2720

Be prepared: activate your account online

As a reminder, be sure to activate your ID theft protection account on myaip.com as soon as you enroll to ensure your and your family’s information is up-to-date.
EMPLOYEE CONTRIBUTIONS

You and Saint Joseph’s University share the cost of your medical, dental, and vision benefits — Saint Joseph’s University pays a generous portion of the premium cost and you pay the remainder through payroll deductions. Your specific costs are based on the plans and coverage level you select.

MEDICAL – Employee Monthly Premiums (Before-Tax)

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>CDHP (Personal Choice HDHP)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SJU Contributions</td>
<td>Employee Contributions</td>
<td>SJU Contributions</td>
<td>Employee Contributions</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$640.33</td>
<td>$66.25</td>
<td>$675.35</td>
<td>$102.04</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$1,454.33</td>
<td>$218.98</td>
<td>$1,461.28</td>
<td>$379.73</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$1,162.80</td>
<td>$146.91</td>
<td>$1,170.76</td>
<td>$270.20</td>
</tr>
<tr>
<td>Family</td>
<td>$1,782.92</td>
<td>$336.85</td>
<td>$1,678.20</td>
<td>$654.01</td>
</tr>
</tbody>
</table>

DENTAL – Employee Monthly Premiums (Before-Tax)

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Delta Dental PPO Plus Premier</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SJU Contributions</td>
<td>Employee Contributions</td>
<td>SJU Contributions</td>
<td>Employee Contributions</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$20.96</td>
<td>$16.11</td>
<td>$15.38</td>
<td>$0</td>
</tr>
<tr>
<td>Family</td>
<td>$44.78</td>
<td>$53.30</td>
<td>$46.17</td>
<td>$0</td>
</tr>
</tbody>
</table>

PREMIUM VISION – Employee Monthly Premiums (Before-Tax)

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Davis Vision Plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$6.78</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$13.63</td>
<td></td>
</tr>
</tbody>
</table>

ALLSTATE IDENTITY PROTECTION (formerly InfoArmor) – Monthly Rates (After-Tax)

The monthly after-tax payroll deduction is $7.95 for employee-only coverage and $13.95 for family coverage.

ACCIDENT INSURANCE – Employee Monthly Rates (After-Tax)

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Low Plan</th>
<th>High Plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3.88</td>
<td>$7.22</td>
<td></td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$8.05</td>
<td>$14.40</td>
<td></td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$7.92</td>
<td>$14.62</td>
<td></td>
</tr>
<tr>
<td>Employee + Family (spouse and child(ren) up to age 26)</td>
<td>$12.09</td>
<td>$21.80</td>
<td></td>
</tr>
</tbody>
</table>

VOLUNTARY AD&D INSURANCE – Employee Monthly Premiums (After-Tax)

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Sum (Employee Only, Spouse, or Child(ren) Only)</td>
<td>$0.025, $0.045 (child)</td>
</tr>
<tr>
<td>Family Program</td>
<td>$0.025</td>
</tr>
</tbody>
</table>
### VOLUNTARY TERM LIFE INSURANCE – Employee Monthly Premiums (After-Tax)

Rates (cost per $1,000 of coverage per month) are based on the employee’s age as of December 31, 2021, and vary for a tobacco user and non-user.

#### Monthly Rate Per $1,000 of Coverage

<table>
<thead>
<tr>
<th>Employee’s Age</th>
<th>Employee Rates (non-tobacco user)</th>
<th>Spouse Rates (non-tobacco user)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>3.95</td>
<td>6.55</td>
</tr>
<tr>
<td>25-29</td>
<td>4.55</td>
<td>7.45</td>
</tr>
<tr>
<td>30-34</td>
<td>5.00</td>
<td>8.13</td>
</tr>
<tr>
<td>35-39</td>
<td>5.75</td>
<td>9.25</td>
</tr>
<tr>
<td>40-44</td>
<td>10.25</td>
<td>16.00</td>
</tr>
<tr>
<td>45-49</td>
<td>17.45</td>
<td>26.80</td>
</tr>
<tr>
<td>50-54</td>
<td>19.70</td>
<td>30.18</td>
</tr>
<tr>
<td>55-59</td>
<td>24.95</td>
<td>38.05</td>
</tr>
<tr>
<td>60-64</td>
<td>32.15</td>
<td>48.85</td>
</tr>
<tr>
<td>65-69</td>
<td>32.45</td>
<td>49.30</td>
</tr>
<tr>
<td>70+</td>
<td>47.60</td>
<td>72.03</td>
</tr>
</tbody>
</table>

Child(ren) Rates $0.070 no matter how many children are covered

### CRITICAL ILLNESS INSURANCE – Employee Monthly Rates (After-Tax) Non-Tabacco

Employee: $15,000; Spouse: $7,500; Child: $7,500

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>3.95</td>
<td>6.55</td>
<td>5.98</td>
<td>8.58</td>
</tr>
<tr>
<td>25-29</td>
<td>4.55</td>
<td>7.45</td>
<td>6.58</td>
<td>9.48</td>
</tr>
<tr>
<td>30-34</td>
<td>5.00</td>
<td>8.13</td>
<td>7.03</td>
<td>10.16</td>
</tr>
<tr>
<td>35-39</td>
<td>5.75</td>
<td>9.25</td>
<td>7.78</td>
<td>11.28</td>
</tr>
<tr>
<td>40-44</td>
<td>10.25</td>
<td>16.00</td>
<td>12.28</td>
<td>18.03</td>
</tr>
<tr>
<td>45-49</td>
<td>17.45</td>
<td>26.80</td>
<td>19.48</td>
<td>28.83</td>
</tr>
<tr>
<td>50-54</td>
<td>19.70</td>
<td>30.18</td>
<td>21.73</td>
<td>32.21</td>
</tr>
<tr>
<td>55-59</td>
<td>24.95</td>
<td>38.05</td>
<td>26.98</td>
<td>40.08</td>
</tr>
<tr>
<td>60-64</td>
<td>32.15</td>
<td>48.85</td>
<td>34.18</td>
<td>50.88</td>
</tr>
<tr>
<td>65-69</td>
<td>32.45</td>
<td>49.30</td>
<td>34.48</td>
<td>51.33</td>
</tr>
<tr>
<td>70+</td>
<td>47.60</td>
<td>72.03</td>
<td>49.63</td>
<td>74.06</td>
</tr>
</tbody>
</table>

### CRITICAL ILLNESS INSURANCE – Employee Monthly Rates (After-Tax) Tabacco

Employee: $15,000; Spouse: $7,500; Child: $7,500

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>6.76</td>
<td>10.77</td>
<td>8.79</td>
<td>12.80</td>
</tr>
<tr>
<td>25-29</td>
<td>7.87</td>
<td>12.43</td>
<td>9.90</td>
<td>14.46</td>
</tr>
<tr>
<td>30-34</td>
<td>9.76</td>
<td>15.26</td>
<td>11.79</td>
<td>17.29</td>
</tr>
<tr>
<td>35-39</td>
<td>13.06</td>
<td>20.22</td>
<td>15.09</td>
<td>22.25</td>
</tr>
<tr>
<td>40-44</td>
<td>25.19</td>
<td>38.41</td>
<td>27.22</td>
<td>40.44</td>
</tr>
<tr>
<td>45-49</td>
<td>41.26</td>
<td>62.51</td>
<td>43.29</td>
<td>64.54</td>
</tr>
<tr>
<td>50-54</td>
<td>44.09</td>
<td>66.76</td>
<td>48.12</td>
<td>68.79</td>
</tr>
<tr>
<td>55-59</td>
<td>49.45</td>
<td>74.80</td>
<td>51.48</td>
<td>76.83</td>
</tr>
<tr>
<td>60-64</td>
<td>61.10</td>
<td>92.28</td>
<td>63.13</td>
<td>94.31</td>
</tr>
<tr>
<td>65-69</td>
<td>65.67</td>
<td>99.13</td>
<td>67.70</td>
<td>101.16</td>
</tr>
<tr>
<td>70+</td>
<td>89.92</td>
<td>135.51</td>
<td>91.95</td>
<td>137.54</td>
</tr>
</tbody>
</table>

Employee: $30,000; Spouse: $15,000; Child: $15,000

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>6.65</td>
<td>10.60</td>
<td>10.70</td>
<td>14.65</td>
</tr>
<tr>
<td>25-29</td>
<td>7.85</td>
<td>12.40</td>
<td>11.90</td>
<td>16.45</td>
</tr>
<tr>
<td>30-34</td>
<td>8.75</td>
<td>13.75</td>
<td>12.80</td>
<td>17.80</td>
</tr>
<tr>
<td>35-39</td>
<td>10.25</td>
<td>16.00</td>
<td>14.30</td>
<td>20.05</td>
</tr>
<tr>
<td>40-44</td>
<td>19.25</td>
<td>29.50</td>
<td>23.30</td>
<td>33.55</td>
</tr>
<tr>
<td>45-49</td>
<td>33.65</td>
<td>51.10</td>
<td>37.70</td>
<td>55.15</td>
</tr>
<tr>
<td>50-54</td>
<td>38.15</td>
<td>57.85</td>
<td>42.20</td>
<td>61.90</td>
</tr>
<tr>
<td>55-59</td>
<td>48.65</td>
<td>73.60</td>
<td>52.70</td>
<td>77.65</td>
</tr>
<tr>
<td>60-64</td>
<td>63.05</td>
<td>95.20</td>
<td>67.10</td>
<td>99.25</td>
</tr>
<tr>
<td>65-69</td>
<td>63.65</td>
<td>96.10</td>
<td>67.70</td>
<td>100.15</td>
</tr>
<tr>
<td>70+</td>
<td>93.95</td>
<td>141.55</td>
<td>98.00</td>
<td>145.60</td>
</tr>
</tbody>
</table>

Child(ren) Rates $0.070 no matter how many children are covered
YOUR ENROLLMENT

DON'T MISS THE DEADLINE!
Be sure to make your benefit elections by November 20.

ELIGIBILITY
You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:
• Your legally married spouse.
• Your children, including biological children, stepchildren, adopted children, or children for whom you have legal custody or guardianship. Children may be covered until the end of the month in which they turn age 26 (unless the child is disabled). Disabled children may be covered beyond age 26.

WHEN COVERAGE BEGINS
New Hires – You must complete the enrollment process within 30 days of your date of hire. Coverage is effective the first of the month on or after your date of hire.
Open Enrollment – Changes made during Open Enrollment are effective January 1, 2021 – December 31, 2021.

QUALIFYING LIFE EVENTS
When a qualifying life event (QLE) occurs during the benefits plan year, you have 30 days from the date of the event to contact Human Resources to make appropriate changes and provide proof of the event and documentation for dependent verification, if applicable. Allow up to three pay periods for processing a life event change. Without a QLE, you will need to wait until the next annual Open Enrollment to change your benefits.
Your change in coverage must be consistent with your change in status. QLEs include the following:
• Change in your legal marital status (marriage, divorce, or legal separation)
• Change in the number of your dependents (for example, through birth or adoption of a child, or if a child is no longer an eligible dependent)
• Change in your spouse’s employment status, resulting in a loss or gain of coverage
• Employee, spouse, or dependent taking an unpaid leave of absence, which affects benefits eligibility
• Entitlement to Medicare or Medicaid
• Change in your location that affects the plans for which you are eligible

How to prove dependent eligibility
When you enroll a new dependent, you may be asked to provide evidence that your dependent meets the eligibility requirements. Acceptable proof may include any of the following:
• A marriage license
• A birth certificate
• Formal court designation
IMPORTANT REMINDERS

• If you want to keep your current benefits in 2021, we are requesting that ALL Saint Joseph’s University employees log into the enrollment system to review their current elections and make enrollment decisions for our new plans. This includes choosing a new contribution amount for the Flexible Spending Accounts (FSAs) and a Health Savings Account (HSA).

• New employees: Enroll within 30 days from your date of hire. If you don’t enroll within this time period, you will not have benefits coverage, except for plans and programs that are fully paid by Saint Joseph’s University, such as basic life, basic accidental death and dismemberment, short-term and long-term disability, employee assistance program, and Health Advocate.

• After your enrollment opportunity ends, you will not be able to make changes to your benefits until the next Open Enrollment, unless you experience a qualifying life event.

ENROLLMENT CHECKLIST

Your Action Is Required!

☐ Read this guide. It describes your plans, coverage details, and costs for 2021.

☐ Evaluate your current coverage. You may want to make changes if:
  • Your spouse has access to another plan.
  • Your dependents are no longer eligible for Saint Joseph’s University medical coverage.
  • You need more life or disability insurance coverage.
  • You need to update your beneficiaries.

☐ Gather eligibility documentation for new dependents.

☐ Take advantage of FSAs and/or an HSA. FSA enrollment is required each year — elections won’t carry forward.

☐ Get the coverage that fits YOU. Be sure to log in to “The Nest” between November 9 and November 20 and complete your enrollment!

HOW AND WHEN TO ENROLL

Enrolling Is Easy

• Log in to “The Nest”
• Click on the Employee tab
• Under the Employee Resources portlet, Click the green button: 2020 Open Enrollment
• Explore all SJU benefits available on the red bar at the top of the screen
• Click on the blue Enroll Now to enter EasyEnroll and the green Enroll Now to start enrollment
• You will now be logged in using single sign on

Make Your Elections

You will be guided through several screens where you will elect the benefits in which you wish to enroll or change. Your elections will not be recorded and saved until you confirm them. Be sure to double check your confirmation statement after you enter your elections to be sure all family members are covered as needed.

When to Enroll

Open Enrollment for your 2021 benefits is November 9–November 20, 2020. After this enrollment period ends, you’ll only be able to make changes to your 2021 benefits if you experience a qualifying life event.
YOUR RESOURCES

TERMS TO KNOW

Beneficiary – The person you designate to receive your life insurance proceeds in the event of your death. Please make sure to complete your beneficiary designation during Open Enrollment.

COBRA – A federal law that allows workers and dependents who lose their medical, vision, dental, or flexible spending account coverage to continue any group coverage for a specified length of time.

Coinsurance – Your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service, typically after you meet your deductible.

Copayment – The fixed amount, as determined by your insurance plan, you pay for health care services received.

Deductible – The amount you must pay out of your own pocket before the plan begins to pay benefits and share the cost of care with you.

Employee Contribution – The amount you pay for your insurance coverage.

Evidence of Insurability – An application process in which you provide information on the condition of your health or your dependent’s health in order to be considered for certain types of insurance coverage.

Network – A group of doctors and hospitals that offer discounts on services based on their relationship with a particular medical carrier.

Out-of-Pocket Maximum – The most you will pay out of your own pocket for services during the year. Once you reach your out-of-pocket maximum, the plan pays 100% of the cost for eligible services for the rest of the plan year.

Review your Summary Plan Description (SPD)

Looking for specific details about your benefit plans? Check the SPD on the online enrollment system when you log in. This document explains the fundamental features of an employer’s sponsored benefit plan, including eligibility requirements, contribution formulas, vesting schedules, benefit calculations, and distribution options.
## CONTACTS

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Provider</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Independence Blue Cross</td>
<td>800-ASK-BLUE</td>
<td>ibxpress.com</td>
</tr>
<tr>
<td>Teledicine</td>
<td>MDLIVE</td>
<td>877-764-6605</td>
<td>mdlive.com/ibx</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>IBC/FutureScripts</td>
<td>888-678-7012</td>
<td>ibxpress.com</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>PNC Bank</td>
<td>833-283-7694 or 800-ASK-BLUE</td>
<td>ibxpress.com</td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental</td>
<td>800-932-0783 (PPO) or 800-422-4234 (DHMO)</td>
<td>deltadentalins.com</td>
</tr>
<tr>
<td>Premium Vision</td>
<td>Davis Vision</td>
<td>800-999-5431</td>
<td>davisvision.com</td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSAs)</td>
<td>Health Hub</td>
<td>800-284-4885</td>
<td>healthhub.com</td>
</tr>
<tr>
<td>Supplemental (Critical Illness, Accident)</td>
<td>Voya</td>
<td>877-236-7564</td>
<td>voya.com</td>
</tr>
<tr>
<td>Life and AD&amp;D</td>
<td>The Standard</td>
<td>800-628-8600</td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
</tr>
<tr>
<td>Disability</td>
<td>The Standard</td>
<td>800-368-2859 (STD) 800-368-1135 (LTD)</td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Health Advocate</td>
<td>866-799-2728</td>
<td>Online resources: HealthAdvocate.com/members Email: <a href="mailto:answers@HealthAdvocate.com">answers@HealthAdvocate.com</a></td>
</tr>
<tr>
<td>Prepaid Legal Services</td>
<td>MetLife Legal Plan</td>
<td>800-821-6400</td>
<td><a href="https://info.legalplans.com/">https://info.legalplans.com/</a></td>
</tr>
<tr>
<td>ID Theft Protection Services</td>
<td>Allstate Identity Protection (formerly InfoArmor)</td>
<td>800-789-2720</td>
<td>myaip.com</td>
</tr>
</tbody>
</table>

### QUESTIONS?

If you have additional questions about your benefits, you may also email SJU’s Benefits Team at benefits@sju.edu.

Check online resources at [http://www.sju.edu/int/resources/humanresources/benefits.html](http://www.sju.edu/int/resources/humanresources/benefits.html).
Important Notice to Employees from SAINT JOSEPH’S UNIVERSITY About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the SAINT JOSEPH’S UNIVERSITY medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2021. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2021 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with SAINT JOSEPH’S UNIVERSITY and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage
You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the SAINT JOSEPH’S UNIVERSITY prescription drug plans, you’ll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2021. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your SAINT JOSEPH’S UNIVERSITY coverage. In this case, the SAINT JOSEPH’S UNIVERSITY plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop SAINT JOSEPH’S UNIVERSITY coverage, Medicare will be your only payer. You can re-enroll in the SAINT JOSEPH’S UNIVERSITY plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the SAINT JOSEPH’S UNIVERSITY plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with SAINT JOSEPH’S UNIVERSITY and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You’ll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this SAINT JOSEPH’S UNIVERSITY coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here’s how to get more information about Medicare prescription drug plans:

• Visit www.medicare.gov for personalized help.
• Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at https://www.shiptacenter.org/.
• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Notice of Special Enrollment Rights for Health Plan Coverage
As you know, if you have declined enrollment in SAINT JOSEPH’S UNIVERSITY’s health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

SAINT JOSEPH’S UNIVERSITY will also allow a special enrollment opportunity if you or your eligible dependents either:

• Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible, or
• Become eligible for a state’s premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the SAINT JOSEPH’S UNIVERSITY group health plan. Note that this new 60-day extension doesn’t apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.
Women’s Health and Cancer Rights Act Notice
If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Deductible</th>
<th>Coinsurance</th>
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</thead>
<tbody>
<tr>
<td>CDHP</td>
<td>$1,500</td>
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<tr>
<td>HMO</td>
<td>$100</td>
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</table>

For more information on eligibility, contact your State Medicaid or CHIP office or dial 1-877-438-4479.

CHIP/MEDICAID NOTICE
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

- ALABAMA – Medicaid
  Website: http://myalhipp.com/
  Phone: 1-855-692-5447
- ALASKA – Medicaid
  The AK Health Insurance Premium Payment Program
  Website: http://myakhipp.com/
  Phone: 1-866-251-4861
  Email: CustomerService@MyAKHIPPCorp
  Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
- ARKANSAS – Medicaid
  Website: http://myarhipp.com/
  Phone: 1-855-MyARHIPP (855-692-7447)
- CALIFORNIA – Medicaid
  Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
  Phone: 916-440-5676
- COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
  Health First Colorado Website: https://www.healthfirstcolorado.com/
  Health First Colorado Member Contact Center:
  1-800-221-3943/ State Relay 711
  CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
  Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
  HIBI Customer Service: 1-855-692-6442
- FLORIDA – Medicaid
  Website: https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html
  Phone: 1-877-357-3268
- GEORGIA – Medicaid
  Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
  Phone: 678-564-1162 ext 2131
- 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: https://www.in.gov/medicaid/
  Phone: 1-800-457-4584
- IOWA – Medicaid
  Medicaid Website: https://dhs.iowa.gov/ime/members
  Medicaid Phone: 1-800-338-8366
  Hawki Website: http://dhs.iowa.gov/Hawki
  Hawki Phone: 1-800-257-8563
- KANSAS – Medicaid
  Website: http://www.kdheks.gov/hcf/default.htm
  Phone: 1-800-792-4884
- KENTUCKY – Medicaid
  Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
  Website: https://chfs.ky.gov/agencies/dms/member/Pages/KIHIPP.aspx
  Phone: 1-855-459-6328
  Email: KIHIPP.PROGRAM@ky.gov
  KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
  Phone: 1-877-524-4718
  Kentucky Medicaid Website: https://chfs.ky.gov
- LOUISIANA – Medicaid
  Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LahIPP)
- MAINE – Medicaid
  Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
  Phone: 1-800-442-6003 TTY: Maine relay 711
  Private Health Insurance Premium Webpage:
  https://www.maine.gov/dhhs/ofi/applications-forms
  Phone: 1-800-977-6740 TTY: Maine relay 711
- MASSACHUSETTS – Medicaid and CHIP
  Website: http://www.mass.gov/eohhs/departments/masshealth/
  Phone: 1-800-862-4840
- MINNESOTA – Medicaid
  Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
  Phone: 1-800-657-3739
- MISSOURI – Medicaid
  Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
  Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dhps.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: https://www.ACCESSNebraska.ne.gov

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oiii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humservices/dmhs/clients/medicaid/
CHIP Website: http://www.njfamilycare.org/index.html
Medicaid Phone: 609-631-2392
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/hipp/
Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 1-855-MYWVHIP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:
U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebssa
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

SAINT JOSEPH’S UNIVERSITY HIPAA Privacy Notice
Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by SAINT JOSEPH’S UNIVERSITY health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: SJU health plans. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan’s duties with respect to health information about you
The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It’s important to note that these rules apply to the Plan, not SAINT JOSEPH’S UNIVERSITY as an employer — that’s the way the HIPAA rules work. Different policies may apply to other SAINT JOSEPH’S UNIVERSITY programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information
The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

• Treatment includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.

• Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have inured with another health plan to coordinate payment of benefits.

• Health care operations include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.
How the Plan may share your health information with SAINT JOSEPH’S UNIVERSITY
The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to SAINT JOSEPH’S UNIVERSITY for plan administration purposes. SAINT JOSEPH’S UNIVERSITY may need your health information to administer benefits under the Plan. SAINT JOSEPH’S UNIVERSITY agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law.

Here’s how additional information may be shared between the Plan and SAINT JOSEPH’S UNIVERSITY, as allowed under the HIPAA rules:

• The Plan, or its insurer or HMO, may disclose “summary health information” to SAINT JOSEPH’S UNIVERSITY, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.

• The Plan, or its insurer or HMO, may disclose to SAINT JOSEPH’S UNIVERSITY information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that SAINT JOSEPH’S UNIVERSITY cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by SAINT JOSEPH’S UNIVERSITY from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information
In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you’re not present or if you’re incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

### Necessary to prevent serious threat to health or safety
Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody.

### Public health activities
Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects.

### Victims of abuse, neglect, or domestic violence
Disclosures to government authorities, including social services or protective services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you’ll be notified of the Plan’s disclosure if informing you won’t put you at further risk).

### Judicial and administrative proceedings
Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information).

### Law enforcement purposes
Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan’s premises.

### Decedents
Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties.

### Organ, eye, or tissue donation
Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death.

### Research purposes
Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project.

### Health oversight activities
Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws.

### Specialized government functions
Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates.

### HHS investigations
Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan’s compliance with the HIPAA privacy rule.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can’t revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

### Your individual rights
You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

### How to submit requests
You can exercise your rights by submitting a written request to the Plan. The Plan will provide you with a current list of the rights you may exercise.

<table>
<thead>
<tr>
<th>Rights</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>You have the right to access your health information.</td>
</tr>
<tr>
<td>Amendment</td>
<td>You have the right to request that the Plan correct or change your health information. If we maintain a record of your request, we will include an explanation of your request with your health information.</td>
</tr>
<tr>
<td>Restrictions</td>
<td>You may request that we restrict the use and disclosure of your health information for treatment, payment, or health care operations. We will honor these restrictions, to the extent permitted by law.</td>
</tr>
<tr>
<td>Authorization</td>
<td>You have the right to agree to the use and disclosure of your health information for marketing purposes.</td>
</tr>
<tr>
<td>Notice</td>
<td>You have the right to receive this notice, and to receive future notices of changes to this notice.</td>
</tr>
</tbody>
</table>

### How to contact the Plan
If you have any questions about this notice, please contact the Plan at...

### How to file a complaint
If you believe your privacy rights have been violated, you may file a complaint with the Department of Health and Human Services or with the Plan. You may file a complaint with the Plan by contacting...
Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse
You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you’re notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information
If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information
With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

• The access or copies you requested

• A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint

• A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan’s cost.

Right to amend your health information that is inaccurate or incomplete
With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings). If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

• Make the amendment as requested

• Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint

• Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

Right to receive an accounting of disclosures of your health information
You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

• For treatment, payment, or health care operations

• To you about your own health information

• Incidental to other permitted or required disclosures

• Where authorization was provided

• To family members or friends involved in your care (where disclosure is permitted without authorization)

• For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances

• As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request
You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice
The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on 1/1/2021. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan’s privacy policies described in this notice, you will be provided with a revised privacy notice via a combination of mail, electronic mail and organization wide notification.
Complaints
If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won’t be retaliated against for filing a complaint. To file a complaint, please contact the Director, Employee Relations and Engagement.

For more information on the Plan’s privacy policies or your rights under HIPAA, contact the Director, Compensation and Benefits at 610-660-3390.

HIPAA Privacy Notice reminder
The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the SJU Benefit Plans (the “Plan”) to periodically send a reminder to participants about the availability of the Plan’s Privacy Notice and how to obtain that notice. The Privacy Notice explains participants’ rights and the Plan’s legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact the Director, Compensation, Benefits, & HRIS at 610-660-3390.

Provider-Choice Rights Notice
The SJU Benefit Plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Independence Blue Cross at 800-ASK-BLUE. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan at www.ibx.com or call at 800-ASK-BLUE.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information
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.

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 9.83% 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.

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 percent of such costs.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact the Office of Human Resources.

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

PART B: Information About Health Coverage Offered by Your Employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: Saint Joseph's University
4. Employer Identification Number (EIN): 23-1352674
5. Employer address: 5600 City Ave
6. Employer phone number: 610-660-3369
7. City: Philadelphia
8. State: PA
9. Zip code: 19131
10. Who can we contact about employee health coverage at this job? Office of Human Resources
11. Phone number (if different from above)
12. Email address:

Here is some basic information about health coverage offered by this employer:
As your employer, we offer a health plan to:
☐ All employees. Eligible employees are:
☐ Some employees. Eligible employees are:
  a) Full-Time Employee Working 12 Months: An Employee who is working at least 28 hours per week and working all 12 Months in a calendar year.
  b) Full-Time Employee Working 9, 10, or 11 Months: An Employee who is working at least 35 hours per week and working either 9, 10, or 11 Months in a calendar year.
  c) Temporary Employee: An Employee classified as a “temporary employee” who has worked at least 6 months on a full-time basis (i.e., working at least 35 hours per week) will be eligible to participate in the medical, dental, vision and short-term disability Benefit Programs.

With respect to dependents:
☐ We do offer coverage. Eligible dependents are: Participant’s Spouse, Tax Code Dependent, or any other individual who meets the definition of an eligible dependent set forth in the Program Document for a particular Benefit Program or, if applicable, an individual who is determined to be an alternate recipient of a Participant under a qualified medical child support order (“QMCSO”).
☐ We do not offer coverage.
☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.
If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Wellness Program Notices

HHS Notice of Reasonable Alternative Standards (for Health-Contingent Wellness Programs)

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at the Office of Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC Notice (for Wellness Plans that include Disability-Related Inquiries or Medical Examinations)

NOTICE REGARDING WELLNESS PROGRAM

SJU|Be Well is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a health risk assessment (HRA) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test or other medical examinations. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Protection from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and SAINT JOSEPH’S UNIVERSITY may use aggregate information it collects to design a program based on identified health risks in the workplace, SJU|Be Well will never disclose any of your personal 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.

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 SJU’s Director, Employee Relations and Engagement.

ACA Section 1557 Notice, Statement and Taglines

For translated versions of the following ACA Section 1557 notices, please see the HHS website, here: https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html

MODEL NOTICE

Discrimination is Against the Law

SJU complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability or sex. SJU does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

SJU
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  – Qualified sign language interpreters
  – Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is no English, such as:
  – Qualified interpreters
  – Information written in other languages

If you need these services, contact SJU’s Director, Employee Relations and Engagement.

If you believe that SJU has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with SJU’s Director, Employee Relations and Engagement, 5600 City Ave, Philadelphia, PA 19131, 610-660-3313. You can file a grievance in person or by mail, fax or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Rom 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Nondiscrimination Statement

SJU complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Model COBRA Continuation Coverage General Notice

Model General Notice of COBRA Continuation Coverage Rights

**Continuation Coverage Rights Under COBRA**

Introduction

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

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and 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 Office of Human Resources. 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, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), 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.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?
In general, if you don’t enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period2 to sign up for Medicare Part A or B, beginning on the earlier of:
- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don’t enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

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
Saint Joseph’s University
Office of Human Resources
5600 City Ave, Philadelphia, PA 19131

While every effort has been made to ensure accuracy of this benefits guide, the plan documents and contracts will prevail in case of discrepancy between this guide and the plan documents and contracts. In addition, Saint Joseph's University reserves the right to modify or terminate any benefit plans at any time.