

Benefits Guide

2022-2023

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This brochure summarizes the benefit plans that are available to National University System and its affiliates eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources/Benefits Department. Information provided in this brochure is not a guarantee of benefits or employment.

Benefits for You & Your Family

National University System is pleased to announce our 2022 - 2023 benefits program for our valued employees and their families. We've designed a benefits package with a variety of coverage options because we want to help you stay healthy, feel secure, and maintain a work/life balance. For full details about our plans, please refer to the summary plan descriptions.

Full-Time Eligibility

Active Full-Time Employees working at least 30 hours per week and their eligible dependents may participate in the National University System benefits program. Benefits are effective the first of the month following, or coinciding with, the employee's date of hire.

Part-Time/Variable Hour Eligibility

Active Part-Time Employees working less than 30 hours per week may be eligible to participate if they should work on average 30 or more hours a week during a specified number of consecutive months.

Dependent Eligibility

Dependents are defined as:

- Your legally married spouse (same or opposite sex) under applicable law unless legally separated by court decree; or your domestic partner with whom you have lawfully registered into a domestic partnership in a state or municipality that provides such registration.
- You or your spouse's/domestic partner's natural child, stepchild, legally adopted child.
- Your child(ren) under age 26 regardless of financial dependency, residency with you, marital or student status.
- Your disabled unmarried children, stepchildren, or children of your registered domestic partner of any age if they are incapable of self-care due to a physical or mental disability.
- Any children for whom you are required to provide coverage under a Qualified Medical Support Order (QMSO).
- A child for whom you have court appointed legal guardianship.

Changing Coverage During the Year

You can change your coverage during the year when you experience a Qualified Life Event, such as marriage, divorce, death, birth, adoption, placement for adoption, or gain/loss of coverage. The change must be reported to the Benefits Department within 30 days of the event and must be consistent with the event. For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Special Eligibility Rules

Part-Time, Seasonal and Variable Hour Employees who are hired into positions that are not initially benefit-eligible may become eligible by achieving ACA Full-Time status after averaging 130 or more hours of service per month as tracked by Benefits. Employees who achieve ACA Full-Time status are eligible to cover themselves, their spouse, and their child(ren) under the group medical plan coverage. For more details see the summary plan description.

Automatic Enrollment

You will automatically be enrolled in the following National University System paid benefits on your benefit effective date.

- Basic Life Insurance
- Basic Accidental Death & Dismemberment Insurance
- Long Term Disability Insurance
- Lyra Enhanced EAP

Blue Shield Medical Benefits & Contributions

Nothing is more important than good health, and it is recognized that all employees and their families have different needs when it comes to selecting their medical plan. That's why National University System provides plan choices that help you and your family maintain optimum health care. We offer you the choice of up to three medical plans depending on where you live. Your options include:

- Blue Shield EPO Plan
- Blue Shield PPO Plan
- Blue Shield HDHP with HSA

	EPO	PPO		HDHP with HSA	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible					
Individual	\$0	\$750 individual	\$750 individual	\$2,000 per member	\$4,000 per member
Family	\$0	\$750 individual \$1,500 two or more/ \$2,250 for three or more	\$750 individual \$1,500 for two or more/ \$2,250 for three or more	\$4,000 per member	\$8,000 per member
Coinsurance	100%	80%	60%	100%	100%
Maximum Out-of-Pocket					
Individual	\$3,000	\$3,000	\$6,000	\$3,000	\$8,000
Family	\$3,000 individual \$6,000 two or more \$9,000 family	\$3,000 individual \$6,000 two or more \$9,000 family	\$6,000 individual \$12,000 two or more/ \$18,000 for three or more	\$6,000 family \$3,000 per member	\$16,000 family \$8,000 per member
Physician Office Visit					
Primary Care	\$20 copay	\$20 copay	60% after deductible	100% after deductible	80% after deductible
Specialty Care	\$20 copay	\$20 copay	60% after deductible	100% after deductible	80% after deductible
Preventive Care					
Adult Periodic Exams	100%	100%	Not covered	100% not subject to deductible	Not covered
Well-Child Care	100%	100%	Not covered	100% not subject to deductible	Not covered
Diagnostic Services					
X-ray and Lab Tests	\$0	80%	60%	100% after deductible	80% after deductible
Complex Radiology	\$50	80%	60%	100% after deductible	80% after deductible
Urgent Care Facility	\$20 copay	\$20 copay	60%	100% after deductible	80% after deductible
Emergency Room Facility Charges	\$150 copay/visit waived if admitted	\$100 copay waived if admitted		100% after deductible	

	EPO	PPO		HDHP with HSA	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Services					
Inpatient Facility Charges	\$300 copay/day 3 day/admission	80% after deductible	60% after deductible	100% after deductible	80% after deductible
Mental Health					
Inpatient	\$300 copay/day 3 day/admission	80% after deductible	60% after deductible	100% after deductible	80% after deductible
Outpatient	\$20 copay	\$20 copay	60% after deductible	100% after deductible	80% after deductible
Substance Abuse					
Inpatient	\$300 copay/day 3 day/admission	80% after deductible	60% after deductible	100% after deductible	80% after deductible
Outpatient	\$20 copay	\$20 copay	60% after deductible	100% after deductible	80% after deductible
Other Services					
Chiropractic	\$15 copay 30 visits/calendar year	80% after deductible 30 visits/calendar year	60% after deductible 30 visits/calendar year	100% after deductible limited to 24 visits	60% after deductible limited to 24 visits
Retail Pharmacy (30 Day Supply)					
Generic (Tier 1)	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Preferred (Tier 2)	\$20 copay	\$20 copay	\$20 copay	\$30 copay	\$30 copay
Non-Preferred (Tier 3)	\$40 copay	\$40 copay	\$40 copay	\$50 copay	\$50 copay
Preferred Specialty (Tier 4)	\$40 copay	\$40 copay	NA	\$50 copay	Not Covered
Mail Order Pharmacy (90 Day Supply)					
Generic (Tier 1)	\$20 copay	\$20 copay	Not Covered	\$25 copay	Not covered
Preferred (Tier 2)	\$40 copay	\$40 copay	Not Covered	\$75 copay	Not covered
Non-Preferred (Tier 3)	\$80 copay	\$80 copay	Not Covered	\$125 copay	Not covered
Preferred Specialty (Tier 4)	\$80 copay	\$80 depending on availability	Not covered	Not covered	Not covered
Employee Monthly Contributions					
Employee	\$97.72	\$83.76		\$33.26	
Employee + 1 Dep	\$300.54	\$261.40		\$105.42	
Employee + Family	\$479.60	\$400.00		\$210.92	

Blue Shield Wellness

Wellvolution is Blue Shield's digital platform with a variety of clinical and general well-being programs to prevent, treat and reverse disease. The focus is based on prevention, self-management and/or condition reversal.

The digital apps are designed to help with:

- Better sleep
- Increased physical activity
- Improved diet
- Smoking cessation
- Foster strong social connections

How Do I Enroll in the Program?

You will need access to a computer, tablet, or smart phone.

www.wellvolution.com

- Create an account with a password
- Enter your member ID

Tips/Technical Support

- You can switch programs at any time by choosing a new health goal or selecting a new program or provider.

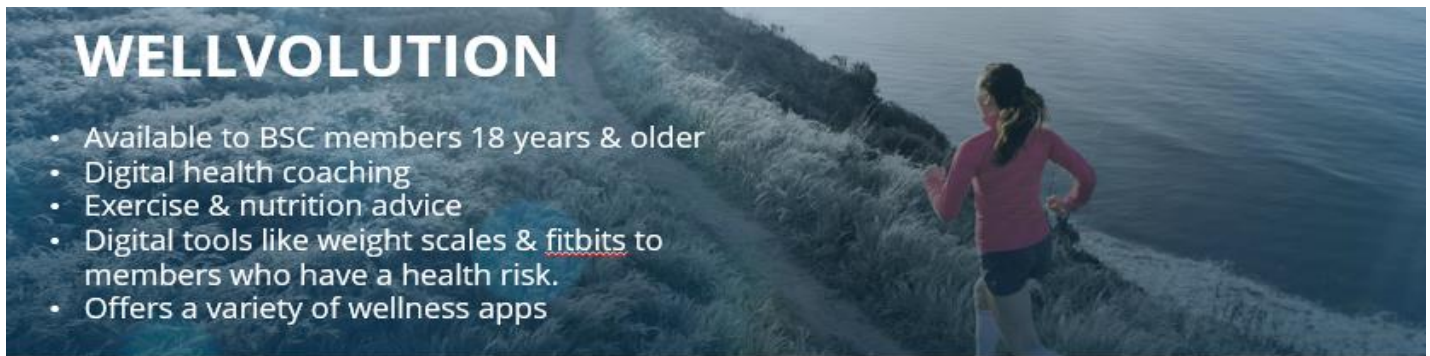
- Technical support- Solera Health (866)671-9644 from 6:00am-6:00pm, Monday through Friday, excluding holiday.

Blue Shield Teladoc

As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc® medical doctors are available 24/7 by phone or video.

You can also speak to licensed therapists, psychiatrists, and mental health professional who can help you manage addiction, depression, stress or anxiety, domestic abuse, grief and more. Mental health appointments are available from 9 a.m. to 7 p.m. local time, 7 days a week.

1-800-Teladoc or visit
www.teladoc.com/bsc
to set up an account



WELLVOLUTION

- Available to BSC members 18 years & older
- Digital health coaching
- Exercise & nutrition advice
- Digital tools like weight scales & fitbits to members who have a health risk.
- Offers a variety of wellness apps

www.Wellvolution.com

betr
DIGITAL HEALTH

Weight management and diabetes prevention

HealthSlate

virta

Yes

Diabetes prevention & management and weight management

restore
HEALTH

Weight management and lifestyle change

MyPulse

digbi health

Weight and diabetes management

headspace

Meditation app for all members

ginger

On demand mental health provider

habitnu

Culturally competent diabetes prevention and weight management



monj
WELL

Monj Health programs are powered by behavioral science to promote new skills building, making little discoveries, and building greater intimacy and connection to those around you.

Delta Dental PPO

Strong teeth and gums are an important part of good health. We offer you a choice of two dental plans to help pay for some of the dental expenses you and your family may have. With either plan, you will not receive a dental ID card as it is not required to receive service.

With the Delta Dental PPO plan, you can visit any in-network or out-of-network dentist. However, in-network dentists have agreed to discount their fees. With out-of-network dentists, the benefit paid is based on Delta Dental's reasonable and customary charge. You will be responsible for any charges above that amount. There is a deductible and calendar year maximum. To verify coverage your dentist will contact Delta Dental directly.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Waiting Period	Basic Services	Major Services	Prosthodontics	Orthodontics
	None	None	None	None
Maximums <i>Calendar Year</i>	Delta Dental PPO dentists: \$2,000 per person Non-Delta Dental PPO dentists: \$1,000 per person			
Deductible <i>Calendar Year</i> Waived for Diagnostic & Preventive and Orthodontics	Delta Dental PPO dentists: \$25 per person/\$75 per family Non-Delta Dental PPO dentists: \$50 per person/\$150 per family			
	IN-NETWORK		OUT-OF-NETWORK	
Diagnostic & Preventive Services <i>Exams, cleanings, and x-rays</i>	Covered 100%		80%	
Basic Services <i>Fillings and sealants</i>	80%		70%	
Endodontics <i>Root canals</i>	80%		70%	
Periodontics <i>Gum treatment</i>	80%		70%	
Oral Surgery	80%		70%	
Major Services Crowns, inlays, onlays and cast restorations	50%		50%	
Prosthodontics Bridges, dentures, and implants	50%		50%	
Orthodontic Adults and dependent children	60% Up to a \$1,000 Lifetime Maximum		50% Up to a \$1,000 Lifetime Maximum	
Employee Monthly Contributions				
Employee	\$11.14			
Employee + 1 Dep	\$34.84			
Employee + Family	\$65.40			

DeltaCare USA Dental HMO

Available in AZ, CA, WA, NV only

Dental benefits made easy

When you enroll in a Delta Care USA plan, you'll choose a primary care dentist from the DeltaCare network of private practice dentists. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare Network. If you do not select a dentist when you enroll, one will be assigned to you. You can change your primary care dentist via phone or online.

Once your enrollment is complete, you will receive welcome materials from DeltaCare USA which will include the contact information on your selected primary care dentist. You must visit your primary care dentist to receive benefits.

With your Delta Care USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums for covered service
- Pay only copayment at the time of treatment
- Low or no copayment for services like cleanings and exams
- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

Convenient Services

There are no claim forms to complete, and a plan ID card is not required to receive treatment. Some services are covered at no cost, while others have a copayment for certain services.

To find out how much a treatment will cost, refer to the Description of Benefits and Copayments found at <http://benefits.nu.edu/dental>.

Employee Monthly Contributions	
Employee	\$10.22
Employee + 1 Dep	\$31.76
Employee + Family	\$59.20



VSP Vision PPO

Value and Savings

As a VSP member, you get personalized care from a VSP network doctor at low out-of-pocket costs. Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

Premier Program Provider Choices

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and savings exclusive to the Premier Program locations. *VSP guarantees coverage from VSP network providers only.*

Vision Care

You will get great care from a VSP network doctor, including a WellVision Exam® - a comprehensive exam designed to detect eye and health conditions.

Employee Monthly Contributions

Employee Monthly Contributions	
Employee	\$5.00
Employee + 1 Dep	\$10.00
Employee + 2 Dep	\$15.00

WellVision Exam	Focus is on your eyes and overall wellness Every 12 months	\$20 copay
Prescription Glasses		\$20 copay
Frames	\$150 allowance for wide selection \$170 allowance for featured brands 20% savings on the amount over your allowance	Included in Prescription Glasses
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months	Included in Prescription Glasses
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses 20-25% savings on other lens enhancements Every 12 months	No copay \$95 copay \$105 copay \$150 copay \$175 copay
Contacts (Instead of Glasses)	\$150 allowance for contacts and contact lens exam 15% savings on a contact lens exam Every 12 months	No copay
Diabetic Eyecare	Services related to diabetic eye disease, glaucoma, and age-related macular degeneration Coordination with medical coverage may apply As needed	\$20 copay
TruHearing	Save up to 60% on a pair of hearing aids Your family members are eligible 3 provider visits for fitting	
Extra Savings	Additional savings on Glasses, Sunglasses, Retinal Screening and Laser Vision Correction For more details visit vsp.com/offers	

Tax Advantaged Plans

Health Savings Account

A Health Savings Account (HSA) is like a 401(k) for healthcare - a tax-advantaged account that you can use for qualified medical expenses today or save for the future.

- **Yours forever** - Your HSA is owned by you
- **100% vested**, and never expires.
- **Use it today** - Use your pre-tax HSA funds to cover health expenses today - it's like getting a discount on every bill.

Eligibility

To be eligible to open and contribute to a Health Savings Account, you must:

- Be enrolled in a High Deductible health Plan (HDHP)
- Not be enrolled in any other non-HDHP insurance, i.e., your spouse's medical plan
- Not be enrolled in Medicare (Medicare beneficiaries cannot contribute – however, funds can be spent at any time)
- Not be claimed as a dependent on someone else's tax return.

HSA Contributions

For the July 1, 2022 – June 30, 2023, Plan Year, National University System will contribute to your HSA in equal amounts per pay period:

Employer Contribution Amounts

Employee Only = \$1,500 or \$62.50/pay period
 Employee + 1 = \$2500 or \$104.17/pay period
 Employee + Family = \$3000 or \$125.00/pay period

Each calendar year the IRS establishes the maximum amount that may be contributed to an HSA. For calendar year 2022, the maximum combined total (EE+ER contributions) is:

- \$3,650 employee only
- \$7,300 employee + 1 or more dependents

Employees who are age 55 and above may contribute an additional \$1,000 as a "catch-up" contribution.

CALCULATION OF HSA CONTRIBUTION PER PAY PERIOD

- A. Start with the IRS Annual maximum
- B. Plus "Catch-Up" if applicable
- C. Less contributions already made
- D. Less employer contributions for the year
- E. This is the balance left to be contributed for the year
- F. Pay periods left in the year
- G. Divide E by F for per paycheck amount

You may change your HSA contribution amount at any time during the year. Change will be effective as soon as administratively feasible.

Special Limits on Spouses

If one or both spouses are enrolled in family HDHP coverage, a special combined family HSA contribution limit applies." Family" HDHP coverage refers to any coverage other than employee-only coverage (i.e., employee +1 or employee +family). Under the special rule, the combined HSA contribution limit for both spouses are the family HSA contribution limit. The HSA contribution limit for both spouses combined cannot exceed the yearly IRS maximum for family coverage.

How Do You Use an HSA?

- **Payment Card** - You will receive a health care payment card to pay for eligible expenses like doctor office visits and prescriptions.
- **Online and Mobile App** - If you do not use your card, you can quickly and easily submit payment requests online or on our mobile app. Check your account balance and payments online or on your mobile device.

Qualified Health Expenses

You can use your HSA funds to cover eligible healthcare expenses for any of your dependents, regardless of whether they are covered under a National University System medical plan and as long as they meet the IRS qualifications for a tax dependent. You cannot use your HSA funds for expenses of domestic partners.

Deposit to Your HSA Account

Depositing to our HSA can save you money and give you more control over your health care expenses. Here is how:

- **Tax Savings** - If eligible, you can deduct HSA contributions from your gross income on your federal tax return, even if you do not itemize deductions. Many states also allow the deduction from state income taxes. Please consult your tax advisor to determine the best strategy for you.
- **Earned Interest** - Funds left to accumulate in your HSA can grow and earn tax-deferred interest.
- **Long -Term Savings** - You can choose to let the funds in your account grow tax-deferred.
- **Choice** - The money in your health savings account is your money. You decide which medical expenses to pay from the account, and which expenses to pay out of your own pocket.

When Must HSA Contributions Stop?

HSA contributions must stop once an individual has met their annual contributions; or once he/she is no longer eligible for the HSA.

It's important to understand how to make the most of your HSA tax advantages. HSA distributions are tax-free if they are used to pay for qualified medical expenses for those under age 65; distributions made for any other purpose are generally subject to income tax and a 10 percent penalty.

HSA and FSA Compatibility

You can maintain an HSA along with your Flexible Spending Account (FSA), but certain restrictions apply. You must enroll in a Limited Purpose FSA. Funds within the Limited Purpose FSA may only be used to pay for dental or vision expenses.



Tax Advantaged Plans

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA. Please plan your FSA contributions carefully as any funds not used by the end of the plan year, are forfeited.

How an FSA works

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period. As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important Rules to Keep in Mind

- If you do not use the full amount in your FSA by the end of the plan year, you will lose the remaining balance.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- Re-enrollment is required each year.

Health Care Flexible Spending Account

The health care flexible spending account may be used for any health, dental, and vision expenses for you or your dependents, not reimbursed by any other benefit plans. These expenses include deductibles, copays, coinsurance,

dental services, eyeglasses, contact lenses, Lasik eye surgery, orthodontics for adults and children, hearing aids, chiropractor, feminine hygiene products, some diabetic supplies, medical equipment, and other out-of-pocket costs not covered by our health, dental, or vision plan. The maximum annual contribution is \$2,750.

Limited Flexible Spending Account

The Limited Flexible Spending account allows members who contribute to a Health Savings Account the ability to contribute up to \$2,750 to cover eligible dental and vision expenses.

Dependent Care Flexible Spending Account

The dependent care account may be used to pay for dependent care expenses for dependents under the age of 13.

- Qualifying expenses include daycare fees, before-school and after-school care, and local day camp.
- If you are married, your spouse must either be employed or a full-time student to use a dependent care flexible spending account.
- The maximum annual contribution is \$5,000. Under IRS guidelines, you can only be reimbursed for dependent care that has already taken place. Also, you can only be reimbursed for the amount you have already contributed to your dependent care FSA.

Pre-tax Contributions

Your employee premium contributions for medical, dental and vision can be withheld pre-tax.

Enrollment in this benefit is automatic. Should you wish not to have your employee contributions withheld on a pre-tax basis, please contact the Benefits department.

Tax Advantaged Plan- What is the Difference?



FSA vs. HSA

	FSA	LIMITED FSA	HSA
Eligibility to contribute	Must be eligible for benefits.	Must be eligible for benefits and enrolled on the HSA.	Must be eligible for benefits and enrolled on the High Deductible Health Plan.
Annual contribution dollar limits	You can contribute up to \$2,750 for the medical FSA and up to \$5,000 for the dependent care FSA for the plan year.	You can contribute up to \$2,750 for dental and vision expenses for the plan year.	You can contribute \$3,600 for individual coverage and \$7,200 for family coverage for the plan year. \$1,000 catch up for ages 55 and older.
Account ownership	Your FSA account is owned by National University System.	Your Limited FSA is owned by National University System.	Your HSA account is owned by you, regardless of where you work.
Access to your money	For the medical FSA you have access to your entire annual election amount any time during the year, even if you have not had all the money deducted from your paycheck. For the dependent care FSA, you have access to the amount you have contributed.	You have access to your entire annual election amount any time during the year, even if you have not had all the money deducted from your paycheck.	You have access to only those amounts already deposited in your HSA account.
Unused Funds	Any unused funds in your account at the end of the year will be forfeited	Any unused funds in your account at the end of the year will be forfeited	Any unused funds in your HSA at the end of the year are yours to keep and will stay in your account indefinitely until you spend it.
Substantiation	Retain all receipts of purchases. You may be asked to prove that the money was spent on an eligible expense.	Retain all receipts of purchases. You may be asked to prove that the money was spent on an eligible expense.	Retain all receipts and documents in the event of a personal IRS audit.
Option to change contributions	Contribution amounts can only be changed mid-year due to a qualifying event.	Contribution amounts can only be changed mid-year due to a qualifying event.	Contribution amounts can be changed every pay period if it remains within the IRS limits.
Fees	National University System will pay.	National University System will pay.	Monthly fees are paid by National University System while you are enrolled in the HDHP plan. Member will pay other bank fees associated with HSA.

Life & Accidental Death & Dismemberment (AD&D)

Basic Life and AD&D Insurance is provided by New York Life at no cost to all eligible Employee. Upon meeting eligibility requirements, you are automatically enrolled. Life insurance can protect your beneficiaries from financial difficulty in the event of your death. AD&D insurance can aid if you suffer accidental dismemberment or death resulting from an accident.

	Full-Time Employee National University System and City University of Seattle
Benefit amount	2x Salary
Benefit Maximum	Lesser of 2 x Salary or \$400,000
Reduction of benefits	
At age 70	65%
At age 75	50%

	Full-Time Employee City University of Seattle Grandfathered Employees
Benefit amount	3x Salary
Benefit Maximum	Lesser of 3 x Salary or \$400,000
Reduction of benefits	
At age 70	65%
At age 75	50%



New York Life Supplemental Term Life Insurance

You may purchase additional life insurance for you and your eligible dependents through New York Life. However, you must purchase coverage for yourself to purchase for your dependents.

Your cost for supplemental life insurance is based on your age and the amount of coverage requested. Your cost for spousal supplemental life insurance is based on your age. The rates for employee and dependent coverage are

outlined below. Payroll deductions for voluntary coverages are deducted on an after-tax basis.

Newly eligible employees may elect supplemental life insurance in amounts up to the Guarantee Issue (GI) as listed in the table below. Any elected amounts exceeding the GI will require Evidence of Insurability (EOI). The EOI is a medical questionnaire which may also include a blood test. If you (and/or your dependents) do not elect supplemental life insurance coverage when first eligible, the entire amount of life insurance elected will require EOI. Coverage will not be effective until the insurance company agrees in writing to cover you.

	Benefit Amount	Maximum	Guarantee Issue Amount
Employee	Units of \$10,000	Lesser of 6x salary or \$500,000	\$150,000
Spouse	Units of \$10,000	\$500,000 not to exceed 100% of the employee's combined basic and supplemental life benefit	\$50,000
Children	Units of \$2,500	6months and older \$10,000 under 14 days old \$500 under 6 months old \$1,000	All amounts

Monthly	Employee Cost Per \$10,000 Unit	Spouse Cost Per \$10,000 Unit
0-19	\$0.74	\$0.74
20-24	\$0.74	\$0.74
25-29	\$0.74	\$0.74
30-34	\$0.84	\$0.84
35-39	\$1.18	\$1.18
40-44	\$1.68	\$1.68
45-49	\$2.52	\$2.52
50-54	\$4.20	\$4.20
55-59	\$7.50	\$7.50
60-64	\$11.90	\$11.90
65-69	\$19.90	\$19.90
70-74	\$30.90	\$30.90
Child Life Rate	\$0.405 Per \$2,500 Unit	

New York Life Long-Term Disability

Long-Term Disability is provided at no cost to eligible employees. An employee may apply for Long-Term Disability if they have been disabled for at least 90 days

	Active Full-Time Employee of National University System and City University of Seattle
Elimination Period	90 days
Benefit Percentage	60%
Maximum Weekly Benefit	\$9,000
Maximum Period of Payment	If 62 or younger at time of disability, then you receive payment to age 65 or the date the 42 nd monthly benefits is payable. Plan materials will provide detailed definitions if over age 62 at time of disability
Definition of Earnings	Your wages not including overtime pay, bonuses, commissions, and other compensation



Lyra Enhanced Employee Assistance Plan (EAP)

Coming July 2022

Find confidential and high-quality care for your emotional and mental health. Whether you're feeling stressed, anxious, or depressed, support from Lyra can get you back on your feet. Through this mental health benefit, you and your dependents will have access to up to 8 free sessions per year paid for by the National University System.

Who is eligible?

- All full-time employees and their dependents

Care for Every Need

Lyra offers support for feeling overwhelmed, stuck, having relationship issues, and other complex concerns

High Quality Providers & Personalized Care

Your care is personalized to your needs and preferences. Lyra's providers have been vetted for their expertise and effectiveness

Meaningful Coverage for You and Your Family

You and your dependents will have access to up to 8 free sessions per year with a Lyra therapist or coach

There are a broad range of services available, including but not limited to:

- Guided self-care with a coach
- In-person & video therapy
- Mental health coaching
- Essentials: tap into self-led wellness tools anytime, anywhere

All calls into the Lyra program are 100% confidential. Participation is not documented and will not be reported to your Employer.

877-209-9439

[Nus.lyrahealth.com](https://nus.lyrahealth.com)

24/7/365



UNUM Whole Life

Unum's Whole Life Insurance is designed to pay a death benefit to your designated beneficiaries, and it can also build cash value which you can use while you are living.

This benefit offers an affordable, guaranteed level of premium that won't increase with age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement.

- Coverage is available to eligible employees aged 15 to 60 who are actively at work.
- You can buy coverage for your spouse and dependent children. This includes a children's term rider, which provides a policy to age 25 for your child. At age 25, your child has the option to purchase adult coverage without a medical exam. Children's term rider is not available in WA.
- Guaranteed at a rate of 4.5 %. The policy can build a cash value, which you may be able to borrow from during your working years. Later in life, you can use this cash value to buy a smaller "paid up" policy with no more premiums due.
- You get affordable rates when you buy this policy through your employer. The premiums do not increase with age and are conveniently deducted from your paycheck.
- You own the policy, so you can keep this coverage if you leave the company or retire. Unum will bill you directly for the same premium amount.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- During enrollment, you can get this insurance up to a specified amount without taking a medical exam. You may be asked a few health questions.
- This policy includes a Living Benefit Option Rider. That means, if you are diagnosed with a medical condition that limits life expectancy to 12 months or less, you can request up to 100% of the benefit amount, to a maximum of \$150,000. Your spouse and dependents also have this option.



UNUM Accident Insurance

Unum's Accident Insurance can pay benefits based on the injury you receive and the treatment you need, including emergency room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and co-pays.

- No card necessary.
- No claim forms.
- Coverage is available to eligible employees aged 17-64 who are actively at work.
- You can buy coverage for your spouse and dependent children.
- No health questions to answer. If you apply, you automatically receive the base plan.
- Base plan is guaranteed renewable for life and covers a wide variety of injuries and accident-related expenses such as hospitalization, physical therapy, emergency room treatment, doctor office visits, fractures and dislocations, transportation, lodging and more.
- Benefits are paid for accidents that occur off-the-job.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly for the same premium amount.
- This policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or contact your Unum representative for specific provisions and details of availability

Employee Monthly Contributions

You	\$14.60
You and your spouse	\$25.16
You and your children	\$35.52
You and your family	\$45.88

UNUM Critical Illness

Unum's Group Critical Illness Insurance can help protect your finances from the expense of a serious health problem. This plan pays a lump-sum benefit directly to you – not to a doctor or health care provider – at the first diagnosis of a covered condition. The following specified critical illnesses are covered under the base plan:

- Heart attack
- Blindness
- Major organ failure
- End-stage renal (kidney) failure
- Coronary artery bypass surgery (pays 25% of lump-sum benefit)
- Benign brain tumor
- Stroke (evidence of persistent neurological deficits confirmed at least 30 days after the event)
- Coma (resulting from severe injury lasting 14 consecutive days or more)
- Permanent paralysis (complete and permanent loss of the use of two or more limbs for a continuous 90 days as a result of a covered accident)
- Wellness Benefit \$100 reimbursement to you for getting a health screening test.

Who Can Get Coverage?

If you didn't get coverage when you were first eligible, you'll have to answer medical questions now. If you're newly eligible, you are guaranteed coverage now with no medical questions. If you already have coverage, you can increase it up to the maximum available, but will be subject to medical questions.

Monthly premium for \$1,000 of coverage			
Age	Employee and Spouse	Age	Employee and Spouse
0-24	\$0.16	55-59	\$2.04
25-29	\$0.24	60-64	\$2.96
30-34	\$0.34	65-69	\$4.32
35-39	\$0.50	70-74	\$6.54
40-44	\$0.72	75-79	\$9.12
45-49	\$1.02	80-84	\$12.12
50-54	\$1.44	85+	\$17.84

UNUM Hospital Insurance

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays, and deductibles.

- \$500 for each covered hospital admission- once per year
- \$100 for each day of your covered hospital stay, up to 60 days- once per year
- \$200 for each day you spend in intensive care, up to 15 days- once a year

Who Can Get Coverage?

You can get coverage and cover your dependents if you are actively at work. Dependent Children are eligible until their 26th birthday regardless of marital or student status.

Monthly Contributions	
You	\$13.16
You and your spouse	\$25.00
You and your child	\$18.04
You and your family	\$29.88



UNUM Short-Term Disability

Individual Short-Term Disability

Unum's Individual Short-Term Disability Insurance replaces a portion of your income if you are unable to work due to a covered injury or illness. This coverage can pay a monthly benefit to provide some income during a time of need. Common reasons people use this coverage include injuries and covered pregnancy.

- Coverage is available to eligible employees aged 17-64 who are actively at work.
- Coverage of up to 30 – 60% of your gross monthly salary may be offered.
- The affordable premium is based on your age when you buy the insurance and will not increase as you get older.
- Your policy is guaranteed renewable, until age 72, if you pay the premiums on time.
- Your plan includes a Waiver of Premium, included at no extra charge for covered injuries and illnesses. This means you don't have to pay your premiums after 90 days of total disability or the elimination period (whichever is longer). They'll be waived if the disability continues, up to the maximum benefit period.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly for the same premium amount. This plan includes convenient payroll deductions, so you don't have to remember to write a check for your premiums.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

California Only	
Elimination Period	7 days
Benefit Percentage	30% of weekly income
Maximum Weekly	\$2,400
Maximum Period of Payment	12 weeks

Monthly premium Per \$10 of covered payroll California	
00-29	\$0.5053
30-34	\$1.3173
35-39	\$1.7640
40-44	\$1.2992
45-49	\$0.0600
50-54	\$0.4833
55-59	\$0.5899
60-64	\$0.6729

Outside of CA except WA, NJ, NY, HI	
Elimination Period	7 days
Benefit Percentage	60% of weekly income
Maximum Weekly	\$2,400
Maximum Period of Payment	12 weeks

Monthly premium Per \$10 of covered payroll Out of state	
00-29	\$0.2598
30-34	\$0.5990
35-39	\$0.8887
40-44	\$0.6289
45-49	\$0.3651
50-54	\$0.3521
55-59	\$0.4560
60-64	\$0.5391

Nationwide Pet Insurance

Discover the greatest pet insurance plans ever offered My Pet Protection through Nationwide is offered exclusively to employees and gives your pet superior protection at an unbeatable price.

PLAN HIGHLIGHTS

- 90% cash back on eligible vet bills
- Exclusive to employees, not available to the general public
- Same price for pets of all ages
- Average savings of 30% over similar plans from other pet insurers
- Wellness plan option that includes spay/neuter, vaccinations and more

HOW TO ENROLL

Sign up multiple pets with individual plans and receive a discount for even more savings.

Get a free, no obligation quote today at www.petsnationwide.com or call 877.738.7874

Easy enrollment

1. Select species (dog or cat) **
2. Provide your zip code
3. Pick your plan

**To enroll your bird, rabbit, reptile, or other exotic pet, please call 888.899.4874.



Legal Shield®

Finding an affordable lawyer to represent you when you have trouble with identity theft, buying or selling your home, or even preparing your will can be a challenge. LegalShield is a smart simple and affordable solution to all your legal needs.

- Consumer Protection Matters
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- Financial Matters
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- Juvenile Matters
- Traffic Offenses
- Personal Property Protection
- Real Estate Matters
- Family Law

USING THE PLAN IS EASY

Simply log into our members' site at benefits.legalshield.com/natuniv to view your plan coverage and find attorneys. If you use a Network Attorney for a covered matter, there are:

- No deductibles
- No co-payments
- No waiting periods
- No claim forms
- No limits on usage

Employee Monthly Premium	
Employee	\$18.50

Retirement Savings Plan 403(b)

National University System provides employees with a 403(b) retirement plan administered by TIAA. A 403(b) plan is a tax-deferred retirement plan designed to help you invest regularly for your retirement. Your contributions are taken directly from your salary before it's taxed and can be invested among a selection of investment options.

We recognize the importance of saving for your future. Enrolling in your retirement plan is a smart decision — and we're here to help you plan ahead, with information for every step along your journey to retirement.

PLAN HIGHLIGHTS

- All employees and staff are eligible to participate
- Includes both pre-tax and Roth post tax options
- Full-time employees will be automatically enrolled upon hire at a deferral rate of 3% base salary

Employee Contribution	NUS Matching Contribution
1%	2%
2%	3%
3%	4%
4%	5%
5%	6%
6% or more	7%

Education Benefits (Tuition Waiver)

NU and NUS provide the opportunity for eligible employees, faculty, and their spouse/domestic partners and dependent children to enroll in programs offered by NU and other Affiliates of the National University System with a full or partial tuition waiver following 6 months of continuous employment.

Eligibility

- Full-time employees – eligible for full tuition waivers for degree and certain non-degree academic courses
- Part-time employees – eligible for 25% tuition waiver for degree and certain non-degree academic courses

Taxation

- The waived portion of tuition fees for education at the graduation level is considered by the IRS to be a taxable fringe benefit to the employee, and therefore, may be subject to withholding. Please consult with your tax advisor to best determine treatment on your tax return.



Available types of Time Off for NU & NUS Staff

The Available Types of Time Off Chart provides a brief overview of each type of Time Off the University provides to employees, based on employment classification. For additional information, please refer to the HR Policies Manual.

Available Types of Time Off		
Time Off with Pay	Description	Eligible Employee Classification
Vacation	Time taken away from work for personal use and enjoyment	<ul style="list-style-type: none"> Full-time Staff
Paid Sick Leave (PSL) All Locations	Time taken away to cover periods of absence due to an employee's or qualified family member's illness, or other reasons protected by applicable sick pay laws	<ul style="list-style-type: none"> Full-time Staff
California Paid Sick Leave (PSL-CA)	Where mandated by CA or other applicable municipal laws, employees accrue PSL in accordance with those requirements, which may differ from the University's standard PSL policy	CA Employees Only <ul style="list-style-type: none"> Part-time Staff Part-time Faculty Temporary Staff Federal Work Study
Holidays	Up to a maximum of 11 days per calendar year, which includes one designated holiday	<ul style="list-style-type: none"> Full-time Staff Part-time Staff Full-time Faculty
Jury/Witness Duty	Up to 5 days of pay each calendar year while absent for jury duty or to serve as a witness	<ul style="list-style-type: none"> Full-time Staff
Bereavement	Up to 3 days may be taken to cover absences related to the death of a family member	<ul style="list-style-type: none"> Full-time Staff
Community Service	Up to 2 days may be taken to cover absences related to Community Service each fiscal year (7/1-6/30)	<ul style="list-style-type: none"> Full-time Staff

HOLIDAY PAY (NU & NUS Staff)

The University provides full and part-time Staff and full-time Faculty with a total of 11 paid holidays per year, which includes 1 holiday designated by the University. The specific holidays and the dates that will be observed are published annually and may vary from year to year at the University's sole discretion.

Holidays that fall on a Saturday or Sunday are usually observed the preceding Friday or the following Monday. Holidays must be taken on the dates they occur each year, are not subject to carryover, and are not paid out when employment terminates.

PAID SICK LEAVE (NU & NUS Staff)

Eligible Full-time Staff accrue PSL on the date of hire, and PSL may be taken on the 90th day of continuous employment. PSL will continue to accrue until an employee reaches the accrual cap, in accordance with the PSL Accrual Rates chart:

PSL Accrual Rates				
Employee Classification	Semi-Monthly Accrual Rate	Bi-Weekly Accrual Rate	Annual Maximum Accrual	Cap
Full-Time Staff	4 hours	3.69 hours	96 hours	Up to 160 Hours/ 20 eight-hour days
Part-Time Staff	Rate of PSL accrual determined by applicable laws and local ordinances			
Faculty				
Part-time Faculty				
Federal Work Study				

VACATION (NU & NUS Staff)

Full-time Staff begin to accrue vacation upon hire and are eligible to take vacation after completing 30 days of continuous employment. The amount of vacation accrued per pay period is based on years of service, in accordance with the Vacation Accrual Rates chart:

Vacation Accrual Rates				
Full-Time Staff accrue vacation time in accordance with the Per Semi-Monthly or Bi-weekly Pay Period Accrual Rate shown in this chart, up to the Annual Maximum and Cap.				
Months of Service*	Semi-Monthly Accrual Rate	Bi-Weekly Accrual Rate	Annual Maximum Accrual	Cap (180% of Annual Accrual)
1– 36	3.34 hours	3.08 hours	10 days (80 hours)	18 days (144 hours)
37 – 120	5.00 hours	4.62 hours	15 days (120 hours)	27 days (216 hours)
121 – 180	6.67 hours	6.16 hours	20 days (160 hours)	36 days (288 hours)
181+	8.34 hours	7.70 hours	25 days (200 hours)	45 days (360 hours)

For additional information, please refer to HR Policy 7.1.3 or contact the Benefits Department at benefits@nu.edu.

Contacts

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

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Pacific Standard Time at 888-336-7463 or via email at BRCCA@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Additional information regarding benefit plans can be found on <http://benefits.nu.edu/>. Please contact benefits@nu.edu to complete any changes to your benefits that are not related to your initial or annual enrollment

	GROUP NUMBER	PHONE NUMBER	WEBSITE
Blue Shield EPO/ PPO/ HDHP	W0051587	855/599-2650	www.bluehshieldca.com
Blue Shield Wellvolution	W0051587	Tech Support 866/671-9644	www.wellvolution.com
Blue Shield NurseHelp 24/7	W0051587	877/304-0504	www.blueshieldca.com
Blue Shield Teladoc	W0051587	800/835-2362	www.teladoc.com/bsc
Delta Dental PPO	15881	888/335-8227	www.deltadentalins.com
Delta Care DHMO	75968	800/422-4234	www.deltadentalins.com
Vision Service Plan	12133836	800/877-7195	www.vsp.com
HealthEquity Flexible Spending Accounts Limited Flexible Spending Accounts Dependent Care Account Health Savings Account	NU	877/857-6810	www.healthequity.com
New York Life Basic Life Basic Accidental Death & Dismemberment Voluntary Employee and Dependent Life Long-Term Disability	Basic Life FLX969489 Basic ADD OK970919 Vol Life FLX969489 LTD LK966282	800/331-9548 800/331-9548 866/607-2360 800/362-4462	www.cigna.com
Lyra Enhanced EAP		877/209-9439	nus.lyrahealth.com
UNUM Short Term Disability Critical Illness Accident Hospital Indemnity	STD 633879 CI R0734996 Acct R0734996 HI R0734996	800/635-5597	www.unum.com
TIAA 403 (b)	334648	800/842-2252	www.tiaa.com
LegalShield	204463		www.legalshield.com
Nationwide Pet Insurance	NU	877/738-7874	www.petsnationwide.com

Important Notices

Special Enrollment Rights Notice

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates their employment. If you notify your employer within **30 days** of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

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

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within **30 days** from the date of your marriage.

Medicaid or CHIP If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP, and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

Women's Health and Cancer Rights Act

This communication is to provide notice as required under the federal Women's Health and Cancer Rights Act, effective October 21, 1998. Please review this information carefully.

As a Plan participant or beneficiary of the National University System Health Plan, if you or a covered dependent elect's breast reconstruction in connection to a mastectomy, coverage will also be provided for:

- reconstruction of the breast on which the mastectomy was performed
- surgery and reconstruction of the other breast to produce symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This coverage will be provided after consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

This notice is provided to you for informational purposes, no action is required on your part.

Please keep this information with your other group health plan documents. If you have any questions regarding this notice, please contact Member Services at the number found on your Medical ID Card

2022 Employer Medicare Part D Notice

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see below for more details and be sure to give this notice to your Medicare-eligible dependents covered under the National University System group health plans.

Important Notice from National University System About Your Prescription Drug Coverage and Medicare - CREDITABLE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with National University System and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. National University System has determined that the prescription drug coverage offered by Blue Shield of California EPO, PPO and HDHP plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current National University System coverage will not be affected. See the Contact listed below for an explanation of your plan benefits including the prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current National University System coverage, be aware that you and your dependents will be able to get this coverage back.

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: April 1, 2022

Sender: National University System

Contact--Position/Office: Human Resources

Phone Number: (858)642-8199

Address: 9388 Lightwave Avenue
San Diego, CA 92123

What is COBRA Continuation

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.” 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.

Qualified Medical Child Support Orders

The Plan may be required to cover your child(ren) due to a Qualified Medical Child Support Order (QMCSO) even if you have not enrolled the child in the Plan. You may obtain a copy of NUS’s procedures governing QMCSO determinations, free of charge, by contacting NUS’s Benefit Department at benefits@nu.edu.

Privacy Rights

The National University Health and Welfare Benefit Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Sandi Best, 1135 North Torrey Pines Road, La Jolla, California 92307, 858.642.8195.

Plan Guidelines/Evidence of Coverage.

The benefit summaries listed on the previous pages are brief summaries only. They do not fully describe the benefits coverage for your Health and Welfare plans. For details on the benefit coverages, please refer to the plan's Evidence of Coverage. The Evidence of Coverage is the binding document between the elected health plan and the member.

A health plan physician must determine that the services and supplies are medically necessary to prevent, diagnose or treat the members' medical condition. These services and supplies must be provided, prescribed, authorized, or directed by the health plan's network physician unless the member enrolls in the PPO plan where the member can use a non-network physician.

The EPO member must receive the services and supplies at a health plan facility or skilled nursing facility inside the Service Area except where specifically noted to the contrary in the Evidence of Coverage.

For details on the benefit and claims review and adjudication procedures for each plan, please refer to the plan's Evidence of Coverage. If there are any discrepancies between benefits included in this summary and the Evidence of Coverage, the Evidence of Coverage will prevail.

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

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

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

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

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

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

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	MONTANA – 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	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – 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: KIHIP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900

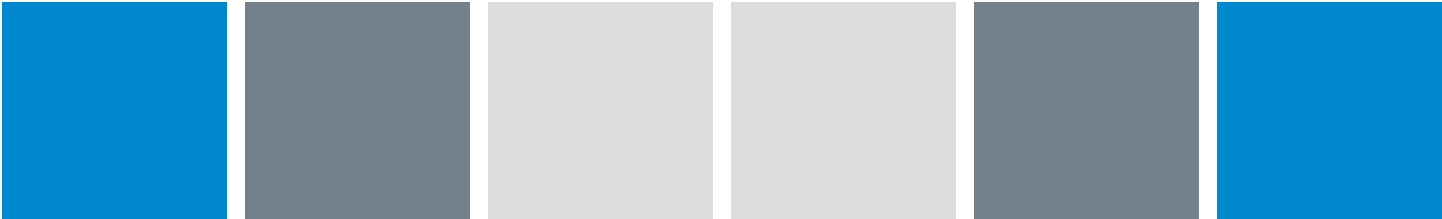
<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 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/ebsa
 1-866-444-EBSA (3272)

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



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