

Augustana College

2018-2019 BENEFITS SUMMARY



SEPTEMBER 1 2018 – AUGUST 31 2019

DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the benefits offered by Augustana College. If this benefit summary does not address your specific benefit questions, please refer to the Customer Service Contact page of this booklet. This page will provide you with the information you need to contact the specific insurance carriers and/or your Human Resources Department for additional assistance.

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract. The information in this booklet is proprietary. Please do not copy or distribute to others.

This booklet serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

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

AUGUSTANA COLLEGE BENEFITS OVERVIEW

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work full-time (working 30 or more hours per week) You may also enroll your eligible family members under certain plans you choose for yourself. Please refer to your Summary Plan Descriptions for a definition of eligible dependents.

You may be required to show proof of eligibility for your dependents. Acceptable proof could include a marriage certificate, affidavit, birth certificate, legal adoption paperwork, qualified medical child support order, etc.

Contained within this document is your Annual Medicare Part D Notices as required by the Centers for Medicare & Medicaid.



AVAILABLE BENEFITS

Health & Pharmacy Benefits

Critical Illness Benefits

Accident Benefits

Universal Life Benefits

Dental Benefits

Vision Benefits

Flexible Spending Accounts

Basic & Supplemental Life Benefits

Long-Term Disability Benefits

Employee Education/Tuition Benefits

Employee Assistance Program

Time Off

Retirement Savings Plan

AUGUSTANA COLLEGE BENEFITS OVERVIEW

When Coverage Begins for New Hires

- Coverage begins the first of the month following your date of hire.

When Coverage Begins after Open Enrollment

- Changes during open enrollment are effective September 1 to August 31 of the following year.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual open enrollment period, unless you have a qualified life event during the year. You have a limited window of time to make your changes (30 days). The following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Dependent reaching the maximum age
- Death of a spouse or dependent
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's open enrollment period
- The termination of employment (or the commencement of employment) of your spouse

Please note: Some (not all) qualifying events may require you to show proof that the event occurred.

Please direct questions regarding specific life events and your ability to make changes to your benefit elections as the result of a life event, to the Augustana College Human Resources Benefits & Leave Specialist at 309-794-7740.

When Coverage Ends

Your coverage will end on the date of your termination of employment with Augustana College.

Additional benefit information can be found on our website at www.augustana.edu under the Human Resources page.

Detailed Plan Benefit Summaries, Coverage Manuals (SPDs), Critical Illness & Accident Summaries & costs, Voluntary Life Summaries, & costs and MORE can be found on <https://www.augustana.edu/about-us/offices/hr/benefits>

AUGUSTANA COLLEGE BENEFITS OVERVIEW

Things to Consider

Take the following situations into account before you enroll to make sure you have the right coverage.

- Does your spouse have benefit coverage available through another employer?
- Did you get married, divorced or have a baby recently? If so, do you need to add or remove any dependent(s) and/or update your beneficiary designation?
- Did any of your covered children reach their 26th birthday this year? If so, they are no longer eligible for benefits unless they meet specific criteria. Additional details can be found in your Summary Plan Description (SPD) found at: <https://www.augustana.edu/about-us/offices/hr/benefits>

Preparing to Enroll

You may select any combination of health & pharmacy, dental, vision etc. coverage categories. For example, you could select health & pharmacy coverage for you and your entire family, but select dental and vision coverage only for yourself.

The only requirement is that you, as an eligible employee of Augustana College, must elect coverage for yourself in order to elect any dependent coverage. Be sure to have the Social Security numbers and birthdates for any eligible dependent(s) that you plan to enroll. This information will allow claims to be filed and processed correctly.

Social security numbers are required by Federal legislation for reporting on group health plans and in the case a dependent utilizes Medicare, Medicaid and/or SCHIP programs.

HOW TO ENROLL

1. Understand Your Choices

This guide contains very useful reference materials to help you make your decisions. Keep it handy so you can refer to it throughout the year. Additional information is available at: <https://www.augustana.edu/about-us/offices/hr/benefits>

2. Review Your Options with Your Family

Make sure you include any other individuals who will be affected by your elections in the decision-making process.

BENEFITS CONTACT INFORMATION

Got Questions? We've Got Answers!

Please refer to this list if you have questions about your benefits and you need to contact one of your benefit providers or Human Resources at Augustana College.

AUGUSTANA COLLEGE HUMAN RESOURCES CONTACTS

Benefits & Leave Specialist

Lisa Sears
309-794-7740
lisasears@augustana.edu

Human Resources Assistant

Ashley Kilker
309-794-7352
ashleykilker@augustana.edu

Health & Pharmacy Benefits

Blue Cross Blue Shield of Illinois
Refer the toll-free number on the back of your ID Card.
www.bcbsil.com

Dental Benefits

Blue Cross Blue Shield of Illinois
Refer the toll-free number on the back of your ID Card.
www.bcbsil.com

Vision Benefits

Metlife
1-855-MET-EYE1 (1-855-638-3931)
Reference Group Number: 5919758
www.metlife.com/mybenefits

Health Savings Account (HSA)

Quad City Bank & Trust
Contact Name: Marcy Devlin
563-468-5689
www.qcbt.com

Flexible Spending Account (FSA)

TRISTAR
800-456-4584
www.myRSC.com

Life/Long-Term Disability/Supplemental Life

Symetra
Lisa V. Sears, Human Resources Benefits & Leave Specialist
309-794-7740

Voluntary: Critical Illness/Accident/Universal Life

Trustmark
Customer Care
800-918-8877
www.trustmarksolutions.com

Employee Assistance Program

Genesis
800-475-1641 or 309-786-0492
www.genesishealth.com/eap

Retirement

TIAA-CREF
800-842-2252
www.tiaa-cref.org/augustana

Paid Time Off

Lisa V. Sears, Human Resources Benefits & Leave Specialist
309-794-7740



DID YOU LOSE YOUR ID CARD?

You can visit the carrier websites or apps (if applicable) to request a new ID card if you misplace yours.

MEDICAL INSURANCE PLAN-1

ADMINISTERED BY BLUE CROSS BLUE SHIELD OF ILLINOIS—PPO NETWORK

Plan Feature	In-Network	Out-of-Network
Deductible (Calendar Year)	\$1,250 Single \$2,500 Family (any combination of two or more)	\$2,500 Single \$5,000 Family (any combination of two or more)
Coinsurance	You pay 20%	You pay 50%
Out-of-Pocket Maximum (OPM)	\$3,000 Single \$6,000 Family (any combination of two or more)	\$5,500 Single \$11,000 Family (any combination of two or more)
Preventative care If you have questions about what services are considered preventative care, please contact Blue Cross Blue Shield of Illinois.	No Charge	You pay 50%, after Deductible
Office Visit	\$30 PCP copayment \$50 Specialist copayment	You pay 50%, after Deductible
Virtual Visits thru MDLive	\$10 copayment	Not Covered
Physician Services	You pay 20%	You pay 50%, after Deductible
Emergency Room	\$150 copayment, deductible waived	\$150 copayment, deductible waived
Facility Services	You pay 20%, after Deductible	You pay 50%, after Deductible
Outpatient Services	You pay 20%, after Deductible	You pay 50%, after Deductible
Chiropractic Services (25 visit max per year)	You pay 20%, after Deductible	You pay 50%, after Deductible
Mental Health & Substance Abuse Services	Office Visit: \$30 copayment Inpatient/Outpatient : You pay 20%, after Deductible	You pay 50%, after Deductible
Retail Prescription Drug Coverage (30 Day Supply) The calendar year OPM applies to pharmacy and medical claims. Once met, your covered prescriptions are paid at 100%.	Tier 1 : \$10 Copay minimum, 20% to \$25 maximum Tier 2 : \$30 Copay minimum, 30% to \$75maximum Tier 3: \$50 Copay minimum, 50% to \$125 maximum Specialty: 30% to \$150 maximum	Tier 1 : \$10 Copay minimum, 20% to \$25 maximum Tier 2 : \$30 Copay minimum, 30% to \$75maximum Tier 3: \$50 Copay minimum, 50% to \$125 maximum Specialty: Not Covered

*** For Out-of-Network drug provider, you are responsible for 25% of the eligible amount after the copay or coinsurance.**

For retail pharmacies, you will be responsible for (1) copayment for each 30 day supply prescription fill or refill, not to exceed a 90 day supply. For mail order pharmacy, you will be responsible for 2 copayments for each 90 day supply prescription fill or refill. Please refer to the summary plan description in regard to more detail about your benefit plans.

MEDICAL INSURANCE PLAN-2

ADMINISTERED BY BLUE CROSS BLUE SHIELD OF ILLINOIS—High Deductible Health Plan

Plan Feature	In-Network	Out-of-Network
Deductible (Calendar Year)	\$3,500 Single \$7,000 Family (any combination of two or more)	\$7,000 Single \$14,000 Family (any combination of two or more)
Coinsurance	You pay 0%	You pay 20%
Out-of-Pocket Maximum	\$3,500 Single \$7,000 Family (any combination of two or more)	\$7,000 Single \$14,000 Family (any combination of two or more)
Preventative care If you have questions about what services are considered preventative care, please contact Blue Cross Blue Shield of Illinois.	No Charge	You pay 20%, after Deductible
Office Visit	You pay 0%, after Deductible	You pay 20%, after Deductible
Virtual Visits thru MDLive	You pay 0%, after Deductible	Not Covered
Physician Services	You pay 0%, after Deductible	You pay 20%, after Deductible
Emergency Room	You pay 0%, after Deductible	You pay 0%, after Deductible
Facility Services	You pay 0%, after Deductible	You pay 20%, after Deductible
Outpatient Services	You pay 0%, after Deductible	You pay 20%, after Deductible
Chiropractic Services (25 visit max per year)	You pay 0%, after Deductible	You pay 20%, after Deductible
Mental Health & Substance Abuse Services	You pay 0%, after Deductible	You pay 20%, after Deductible
Retail Prescription Drug Coverage (30 Day Supply) The calendar year deductible and OPM applies to pharmacy and medical claims. You will be responsible for the full cost of Rx until your deductible and OPM are met.	Tier 1 : You pay 0%, after Deductible Tier 2 : You pay 0%, after Deductible Tier 3: You pay 0%, after Deductible Specialty: You pay 0%, after Deductible	Tier 1 : You pay 20%, after Deductible Tier 2 : You pay 20%, after Deductible Tier 3: You pay 20%, after Deductible Specialty: Not Covered

*** For Out-of-Network drug provider, you are responsible for 25% of the eligible amount after the copay or coinsurance.**

For retail pharmacies, you will be responsible for (1) copayment for each 30 day supply prescription fill or refill, not to exceed a 90 day supply. For mail order pharmacy, you will be responsible for 2 copayments for each 90 day supply prescription fill or refill. Please refer to the summary plan description in regard to more detail about your benefit plans.

Do You Need Specialty Medications?



Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged for AllianceRx Walgreens Prime* to support members who need self-administered specialty medication and help them manage their therapy.

Specialty drugs are often prescribed to treat chronic, complex or rare conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These drugs may be given by infusion (intravenously), injection, taken by mouth or some other way.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may not be stocked by retail pharmacies. They often cost more than non-specialty prescriptions.

Some specialty drugs must be given by a health care professional, while others are approved by the U.S. Food and Drug Administration (FDA) for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan may require you to get your self-administered specialty drugs through AllianceRx Walgreens Prime or another in-network specialty pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.**

Examples of Self-administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit bcbsil.com to see the up-to-date list of specialty drugs.

Condition	Sample Medications***
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Increlex, Omnitrope
Hepatitis C	Epclusa, Harvoni, Mavyret and Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif
Rheumatoid Arthritis/Psoriasis	Enbrel, Humira, Stelara

Support in Managing Your Condition: AllianceRx Walgreens Prime

Through AllianceRx Walgreens Prime, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through AllianceRx Walgreens Prime, you get one-on-one support in managing your therapy – at no additional charge – including:

- Convenient delivery of drugs to you or your doctor's office
- Information to help you stay on track with your therapy and help you manage any side effects you may feel
- Syringes, sharps containers and other supplies with each shipment for self-injectable drugs
- 24/7/365 specialty pharmacy access

Ordering Through AllianceRx Walgreens Prime

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to AllianceRx Walgreens Prime. **To start using AllianceRx Walgreens Prime, call 877-627-6337, Monday-Friday, 8 a.m. - 8 p.m. ET.**

Certain coverage exclusions and limitations may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the number on the back of your ID card with questions.

When switching pharmacies, have your ID card and be ready with your:

- Name, address, phone number
- Name of medication
- Current pharmacy's name and phone number (for existing prescriptions), and the prescription number
- Doctor's name, phone and fax numbers

Your doctor may also order select specialty drugs that must be given to you by a health professional through AllianceRx Walgreens Prime.

Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through AllianceRx Walgreens Prime. Medications are shipped in plain, secure, tamper-resistant packaging.

Before your scheduled refill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered****
- Discuss any changes in your condition or answer any questions about your health****

You can reach AllianceRx Walgreens Prime at 877-627-6337.



bcbsil.com

*Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery company.

**The BCBSIL specialty pharmacy network includes AllianceRx Walgreens Prime as well as other in-network specialty pharmacies for select specialty drugs. BCBSIL HMO members have a separate specialty pharmacy network. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for Members (BAM) account to find an in-network specialty pharmacy near you.

***Third-party brand names are the property of their respective owners.

****Treatment decisions are between you and your doctor.

HEALTH SAVINGS ACCOUNTS (HSAs)

ADMINISTERED BY QUAD CITY BANK & TRUST

A health savings account (HSA) is a tax-exempt savings account established for the purpose of paying for the qualified medical expenses of an individual and/or his or her spouse and tax dependents. HSAs are designed to provide eligible individuals with the following Federal tax benefits:

- HSA contributions are tax-free.
- Interest and other earnings on HSA contributions accumulate tax-free.
- Amounts distributed from an HSA for qualified medical expenses are tax-free.



HSA Eligibility

HSAs are offered in combination with high deductible health plans (HDHPs). To be HSA-eligible, you must be covered under a qualified HDHP and not also covered by another health plan that is not a HDHP, including Medicare (with a few exceptions, including disability, dental care, vision care and long-term care insurance). Coverage under a full FSA is not allowed either.

Yearly Contribution Limits

- \$3,450 Single Coverage (2018) \$3,500 Single Coverage (2019)
- \$6,900 Family Coverage (2018) \$7,000 Family Coverage (2019)
- If you are 55 years old and older, you can contribute an extra \$1,000 per year to your HSA to help save for retirement

You may participate in a Health Savings Account if you are enrolled under the following plans through Augustana College:

- Medical Plan 2-Qualified High Deductible Health Plan

Additional HSA Information

- HSA funds rollover year over year. HSAs can increase savings for future health care needs, even into retirement
- HSAs are controlled and owned by the you. Therefore, HSA owners are responsible for annually reporting HSA contributions and distributions to the IRS as an attachment to their IRS Form 1040
- HSAs are portable, meaning you keep your HSA even if you change jobs or change medical coverage
- Even if you are no longer HSA eligible (example: no longer covered under a HDHP), you can still use accumulated HSA funds to pay for qualified medical expenses on a tax-free basis
- For individuals who delay enrolling Medicare, Part A coverage may retroactively begin 6 months prior to their application date. To avoid making excess HSA contributions (and incurring a tax penalty), CMS recommends that individuals stop contributing to their HSAs 6 months before applying to Medicare.
- Any HSA withdrawal used for a purpose other than to pay for qualified expenses are taxable as income and subject to an additional 20% penalty. However, after 65 the penalty does not apply.

Regulatory information regarding the use of the Rock Island Wellness Clinic while Contributing to an H.S.A.

All employees with a Health Savings Account are only permitted to use the Rock Island City Hall Wellness Clinic for the following scenarios:

- You utilize the clinic for "preventative services only" as outlined in your Qualified High Deductible Health Plan ; **or**
- If you have met you Annual Deductible for the year.

The use of the wellness clinic while having an H.S.A account under any circumstances than listed above will negatively impact your eligibility to make contributions to your H.S.A and thus be subject to tax consequences. Please note-H.S.A eligibility and contribution rules are outlined and governed by the IRS and not Augustana College.

Examples of HSA Eligible Expenses

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• Medical expenses not paid for by insurance such as deductibles, co-payments and coinsurance amounts• Dental and vision services• Transportation expenses to visit your doctor• Prescription drugs• Medical devices• Home care expenses | <ul style="list-style-type: none">• Hearing aids and batteries• Birth control• Band aids• Diagnostic tests and monitors• Podiatrists• Nutritionists• Physical therapy• Acupuncture | <ul style="list-style-type: none">• Laser eye surgery• Psychiatric care• Speech therapy <p><i>This is not an exhaustive list. Go to www.irs.gov for more information.</i></p> |
|---|---|--|

MEDICARE PART D NOTICE - PLAN 1

IMPORTANT NOTICE FROM AUGUSTANA COLLEGE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE-MEDICAL PLAN 1

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Augustana College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. 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. Augustana College has determined that the prescription drug coverage offered by Augustana College's Traditional PPO Plan (**Medical Plan 1**) 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?

Your current coverage pays for other health expenses in addition to prescription drug. If you decide to join a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Augustana College Medical/Rx coverage, you may enroll back into the Augustana College Medical/Rx coverage during an open enrollment period. If you decide to join a Medicare drug plan, your current Augustana College coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Augustana College coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should know that if you drop or lose your current coverage with Augustana College 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 Augustana College 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).

Date:	9/1/18
Name of Entity/Sender:	Augustana College
Contact--Position/Office:	Lisa Sears, Human Resources
Address:	639 38th Street Rock Island, IL 61201
Phone:	309-794-7740

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

MEDICARE PART D NOTICE - PLAN 2

IMPORTANT NOTICE FROM AUGUSTANA COLLEGE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE-MEDICAL PLAN 2

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Augustana College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. Augustana College has determined that the prescription drug coverage offered by [Qualified High Deductible Health Plan](#) is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more coverage from the Alliance Select PPO/HSA Bronze Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from Augustana College. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.

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 decide to drop your current coverage with Augustana College since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the **Qualified High Deductible Health Plan**

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

Since the coverage under the **High Deductible Health Plan** is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, 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 November to join.

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 Augustana College coverage may be affected.

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

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 Augustana College 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 "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).

Date:	9/1/18
Name of Entity/Sender:	Augustana College
Contact--Position/Office:	Lisa Sears, Human Resources
Address:	639 38th Street Rock Island, IL 61201
Phone:	309-794-7740

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

NOTICE REGARDING WELLNESS PROGRAM

AUGUSTANA COLLEGE WELLNESS PROGRAM

Bebetter Health 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 voluntary health risk assessment or "HRA" (annually), 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 (bi-annually), which will include a blood test for cholesterol, high-density lipoprotein (HDL), low-density lipoprotein (LDL), and triglycerides. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees and covered spouses who choose to participate in the wellness program will receive a monthly premium reduction for meeting and or exceeding the minimum point threshold of 850 points. Spouses are responsible for earning their own 850 points independent of the employee. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive additional wellness points.

Additional incentives including a Travel Blanket, and a \$30 Amazon gift card may be available for employees who reach 1100 points to 1350 points. If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Brandon Tidwell at 309-794-7141.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS 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 Augustana College may use aggregate information it collects to design a program based on identified health risks in the workplace, Bebetter Health 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 decisions. 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 Lisa Sears at 309-794-7740.

MDLIVE - VIRTUAL VISITS



BlueCross BlueShield of Illinois

Powered by
MDLIVE[®]

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips



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

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

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

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

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

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

229616.1117

MDLIVE - VIRTUAL VISITS



Connect

Computer, smartphone, tablet or telephone



Interact

Real-time consultation with a board-certified doctor or therapist



Diagnose

Prescriptions sent electronically to a pharmacy of your choice (when appropriate)



Website:

Visit the website

MDLIVE.com/bcbsil

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for Members™



Mobile app:

- Download the MDLIVE app from the Apple App Store™ or Google Play™ Store
- Open the app and choose an MDLIVE doctor
- Chat with the doctor from your mobile device



Telephone:

- Call MDLIVE (888-676-4204)
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

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

Internet/Wi-Fi connection is needed for computer access. Data charges may apply. Check your cellular data or internet service provider's plan for details. Non-emergency medical services in Idaho, Montana and New Mexico is limited to interactive audio/video (video only), along with the ability to prescribe. Non-emergency medical services in Arkansas is limited to interactive audio/video (video only) for initial consultation, along with the ability to prescribe. Behavioral health services is limited to interactive audio/video (video only), along with the ability to prescribe in all states. Service availability depends on location at the time of consultation.

Virtual visits, powered by MDLIVE, may not be available on all plans. Virtual visits are subject to the terms and conditions of your benefit plan, including benefits, limitations, and exclusions. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

MDLIVE, an independent company, operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

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

App Store is a service mark of Apple Inc.

Google Play Store is a trademark of Google Inc. ("Google").

Windows is a registered mark of Microsoft®



Wellness Center at City Hall

Providing access to free
health care services to all
Augustana employees
(full-time and part-time)

A partnership between
Genesis At Work and the
City of Rock Island

WELLNESS CENTER

lower level of City Hall
1528 3rd Avenue, Rock Island

HOURS

Monday - Friday 7am - 4:30pm

Call to schedule an appointment:
(309) 732-2990

SERVICES INCLUDE:

- Primary care services for adults and children such as ear infections, strep throat, colds/flu, etc.
- Diagnosing, evaluation, treatment, and management of acute illness, disease or injury
- Physical examinations such as school physicals
- Diagnostic tests such as routine labs
- Prescribing physical therapy and other rehabilitation treatments
- Counseling and educating patients on health behaviors, self-care skills, and treatment options

Augustana



DENTAL BENEFITS

DENTAL BENEFITS—ADMINISTERED BY BLUE CROSS BLUE SHIELD OF ILLINOIS

BlueCare® Dental

Augustana College Passive
Dental Network



BlueCross BlueShield
of Illinois

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider. This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

BENEFIT HIGHLIGHTS

Program Basics

Benefit Period Maximum

Contracting
Provider*

\$1,000 per benefit period

Non-Contracting
Provider**

\$1,000 per benefit period

Deductible

\$50 per person per benefit period
\$150 maximum per family

\$50 per person per benefit period
\$150 maximum per family

Services

Diagnostic & Preventive Services

Dental exams
Cleanings
X-rays
Fluoride treatment

100% of Maximum Allowance

100% of Usual and Customary

Miscellaneous Services

Sealers
Space maintainers
Labs & tests
Emergency Care
Treatment for the relief of pain

100% of Maximum Allowance

100% of Usual and Customary

Restorative Services

Routine fillings (amalgams and resins)
Pin retention
Simple extractions

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

General Services

Intravenous sedation
General anesthesia
Stainless steel crowns

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Endodontic Services

Root canals
Pulp caps
Apicoectomy / apification

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Periodontic Services

Scaling & root planing
Gingivectomy / gingivoplasty
Osseous surgery

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Oral Surgery Services

Surgical extractions
Alveoplasty
Vestibuloplasty

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Crowns, Inlays / Onlays Services

Crowns
Inlays / onlays
Prefabricated posts and cores
Repair and replacement of crown, inlays / onlays

50% of Maximum Allowance
after deductible

50% of Usual and Customary
after deductible

Prosthodontic Services

Bridges and dentures
Reline / rebase of dentures
Addition of tooth or clasp
Repair of bridges and dentures

50% of Maximum Allowance
after deductible

50% of Usual and Customary
after deductible

Orthodontics

Coverage for dependent children to age 19

\$1,000 Lifetime maximum

\$1,000 Lifetime maximum

* Schedule of Maximum Allowances

Contracting Providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. **Services from Non-Contracting Providers will be subject to usual and customary allowances as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.

Effective
09/1/2018

VISION BENEFITS

VISION BENEFITS—ADMINISTERED BY METLIFE

In-Network Plan Overview

Eye Exam (once every 12 months)

Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$10 copay.

Retinal imaging:¹ Up to a \$39 copay on a routine retinal screening performed by a private practice.

Frame (once every 12 months)

Allowance: \$130 after \$25 eyewear copay

Costco: \$70 allowance after \$25 eyewear copay

You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.¹

Standard Corrective Lenses (once every 12 months)

Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$25 eyewear copay.

Standard Lens Enhancements¹

Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: Covered in full after \$25 eyewear copay.

Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.

Contact Lenses (instead of glasses; once every 12 months)

Contact fitting and evaluation:¹ Covered in full with maximum copay of \$60

Elective lenses: \$130 allowance

Necessary lenses: Covered in full.

In-Network Value Added Features:

Additional lens enhancements:¹ Average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses:¹ Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser vision correction:² Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK. This offer is only available at MetLife participating locations.

Out-of-Network Plan Overview

Eye exam: up to \$45	Single vision lenses: up to \$30	Lined trifocal lenses: up to \$65
Frames: up to \$70	Lined bifocal lenses: up to \$50	Progressive lenses: up to \$50
Contact lenses: Elective lenses: up to \$105 Necessary lenses: up to \$210	Lenticular lenses: up to \$100	

All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

***Please refer to summary plan description in regard to more detail about your benefit plans.**

FLEXIBLE SPENDING ACCOUNTS (FSAs)

ADMINISTERED BY TRISTAR

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually save money in taxes.

Health Care Reimbursement FSA (Full Flex)

This program lets Augustana College employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. You cannot enroll in a full health care reimbursement FSA if you elect the HDHP/H.S.A. plan option. Some examples of eligible FSA expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Acupuncture
- Deductible, coinsurance and copayments
- **Annual maximum contribution per calendar year is \$2,650**



Use It or Lose It!

Dependent Care FSA

The Dependent Care FSA lets Augustana College employees use pre-tax dollars towards qualified dependent care such as caring for children under age 13 or caring for elders. **The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:**

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your home
- Nursery schools and preschools (excluding Kindergarten)

Flex Debit Card

The debit card gives Augustana College employees the luxury of paying for qualified medical expenses without the hassle of submitting a paper claim. When you use your card for qualified purchases, the money is deducted from your flex benefit account. This reduces the wait for a reimbursement. Per the IRS, please remember to save all itemized merchant receipts.

Please Provisions

Please Note: Your election in the Augustana College Section 125 Flexible Spending Plan is irrevocable for the entire plan year (September 1st through August 31st) without a qualifying change in status (i.e. birth, adoption, divorce, job status change, etc.) Please be advised that any unused FSA monies will be forfeited back to the Plan at the end of the plan year.

Your FSA plan has a 2.5 month extension of time (at the end of the 12 month flex plan year), in which you may incur eligible flex expenses.

***Please refer to summary plan description in regard to more detail about your benefit plans.**

FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSA TAX SAVINGS WORKSHEETS

What will you do with the money you save by participating in the Flex Plan?

FSA Reimbursement Account Expenses							
Medical		Vision		Dental		Dependent Care	
Deductibles	\$	Exams	\$	Routine Exam	\$	Children	\$
Copays	\$	Eye Surgery	\$	Fillings/ Crowns	\$	Adults	\$
Prescriptions	\$	Lenses/ Frames	\$	Orthodontics	\$		
Other	\$	Contacts	\$	Other			
Total	\$	Total	\$	Total	\$	Total	\$

Estimated Annual Expenses & Tax Savings		
Total Medical + Vision + Dental Expenses		\$
Total Dependent Care Expenses	+	\$
Total Expenses		\$
Tax Bracket Percentage (see below)	X	
Annual Tax Savings		\$
Number of Pay Periods	/	
Estimated Savings Per Pay Check		\$
Tax Estimate Table		
Annual Household Earnings	Estimated Tax Rate	
< \$30,000	25%	
\$30,000 - \$40,000	29%	
\$40,000 - \$70,000	31%	
> \$70,000	33%	



TRISTAR BENEFIT ADMINISTRATORS is excited to introduce you to the **FSAstore.com**

The thousands of products that are available at FSA Store, Inc. are all FSA/HSA eligible or FSA/HSA eligible with a prescription, and can be purchased with your FSA/HSA debit card or any major credit card. FSA Store offers free shipping on orders \$50+, and their prices on brand name products are very competitive. When you take into account that you are using pre-tax dollars, you generally save up to 40 percent.



FSA Store, inc. is the one-stop destination for Flexible Spending Accounts

FSA Store helps make purchasing FSA/HSA eligible products, finding local FSA eligible services, and answering the many questions about Flexible Spending Accounts simple.

FSA Store makes spending your FSA funds easy.

To access your FSA/HSA account login: www.myrsc.com

One-stop shopping for all my OTC needs.

Awesome!
That's exactly what I need.

The FSA Store, Inc. services channel allows you to search for nearby eligible services, such as acupuncture and chiropractic care. You can browse through a database of more than 300,000 health care providers by zip code.

FSA Store offers instant access to common questions and answers about FSAs/HSAs via their learning center, and is focused on keeping you informed about ongoing changes to FSA/HSA benefits.

FSA Store, Inc. now accepts over-the-counter prescriptions!

You can easily shop for FSA eligible with prescription products using your FSA/HSA debit card. You can choose to have your physician submit prescriptions to FSAStore, have FSA Store call your physician to obtain the prescription or you may mail the prescription directly to FSAStore to enjoy the tax free benefit of over-the-counter products that require a prescription in order to be reimbursed.

Should you have any questions, comments, or concerns please contact us and visit FSAstore.com banner after logging into the myrsc portal.



See how easy it is to shop by clicking on the FSA Store, Inc. banner link at www.myrsc.com

BASIC LIFE BENEFITS

ADMINISTERED BY SYMETRA

Plan Overview

Basic Benefit Amount
1.5 times your Annual Compensation
Extended Death Benefit
If you become Disabled and are less than age 60, the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates: The date you are no longer Disabled. The date you fail to qualify for Waiver of Premium or fail to provide proof of Disability as indicated under <i>Waiver of Premium</i> .
Waiver of Premium
If you submit satisfactory proof that you have been continuously Disabled for 6 months, coverage will be extended up to age 70. Such proof must be submitted to us no later than 3 months after the date the Waiver Waiting Period ends. Premiums will be waived from the date we agree in writing to waive premiums for you. After premiums have been waived for 12 months, they will be waived for future periods of 12 months, if you remain Disabled and submit satisfactory proof that Disability continues. Satisfactory proof must be submitted to us 3 months before the end of the 12-month proof.
Accelerated Benefits
Any benefits payable under this Accelerated Benefits provision will reduce the Death Benefit payable for Life Insurance. Any automatic increases in Life Insurance Benefits will end when benefits are payable under this provision.
Terminal Illness Benefit
We will pay a Terminal Illness Benefit if we determine you or your Spouse are Terminally Ill. The amount of this benefit is 75% of the Life Insurance Benefit in effect for you or your Spouse on the date we determine you are Terminally Ill up to the Maximum Benefit Amount shown in your Schedule of Benefits for this option. The Terminal Illness Benefit is payable only once in an Insured's lifetime.
Conversion Privilege for Life Insurance
Available. Please see Summary Plan Description for further information.
Age Reduction Schedule
Coverage reduces to 35% at age 65 Coverage reduces to 50% at age 70



You must designate a beneficiary for life insurance benefits when you enroll. Your "beneficiary" is the person(s) who will receive the benefits from your life coverage in the event of your death. **You can change your beneficiaries at any time during the year.** If you do not name a beneficiary, or if your beneficiary dies before you, your life benefit will be paid to your estate.

*Please refer to summary plan description in regard to more detail about your benefit plans.

VOLUNTARY TERM LIFE BENEFITS

ADMINISTERED BY SYMETRA



Group Life Insurance

Supplemental Life

SUMMARY OF BENEFITS

All Active Full-Time and Part-Time Employees

Sponsored By: Augustana College
Effective Date: September 1, 2018
Policy Number: 01-017809-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

Eligibility

All Active Full-Time and Part-Time Employees working a minimum of 20 hours per week and their eligible dependents.

Employee Life Benefit

Amount: Increments of \$10,000
Maximum Amount: Lesser of \$500,000 or 5 x Earnings (Round to the next higher \$10,000)
Guarantee Issue: \$150,000

Spouse Life Benefit

Spouse Amount: Increments of \$5,000
Maximum Amount: \$250,000 not to exceed 50% of Supplemental Employee Coverage
Guarantee Issue: \$30,000

Child Life Benefit

Child Amount: 14 day(s) to 6 month(s): \$250
 6 month(s) to 19 year(s): \$10,000
 Students Covered up to Age 25

Benefit Reduction Employee

Original Benefit: 35% at age 65
Amount Reduced By: 50% at age 70

Benefit Reduction Spouse

Original Benefit: 35% at age 65
Amount Reduced By: 50% at age 70

Symetra® is a registered service mark of Symetra Life Insurance Company.

VOLUNTARY TERM LIFE BENEFITS

ADMINISTERED BY SYMETRA

Evidence of Insurability

Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period and for any amount in excess of the Guarantee Issue amount.

Additional Benefit Details

Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Please refer to your employee certificate for additional information.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to your employee certificate for additional information.
Portability	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Please refer to your employee certificate for additional information.
Waiver of Premium	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for an employee that becomes disabled. Certain restrictions apply. Please refer to your employee certificate for additional information.

Rates for Supplemental Life coverage

Monthly Employee and Spouse* Supplemental Life Rates per \$1,000 of coverage

AGE	RATE	AGE	RATE
Under 19	\$0.050	50 - 54	\$0.650
20 - 24	\$0.060	55 - 59	\$0.700
25 - 29	\$0.080	60 - 64	\$1.270
30 - 34	\$0.090	65 - 69	\$3.230
35 - 39	\$0.140	70 - 74	\$8.530
40 - 44	\$0.210	75 and above	\$17.070
45 - 49	\$0.420		

*Supplemental Spouse Life Rates are based on Spouse's Age

Monthly Child Supplemental Life Rate per \$1,000 of coverage is \$0.2000

Premium covers all dependent children regardless of the number of children.

Calculating Your Cost

Supplemental Employee Life: $\frac{\text{_____}}{\text{(volume)}} \times \frac{\text{_____}}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$

Supplemental Spouse Life: $\frac{\text{_____}}{\text{(volume)}} \times \frac{\text{_____}}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$

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VOLUNTARY TERM LIFE BENEFITS

ADMINISTERED BY SYMETRA

Supplemental Child
Life: $\frac{\text{_____}}{\text{(volume)}} \times \frac{.20}{\text{(rate)}} / 1,000 = \frac{\$ \text{_____}}{\text{Monthly Cost}}$

This summary provides only a brief description of the Life Insurance coverage insured by Symetra Life Insurance Company under the LGC-13000 8/08 series Group Life Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-017809-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Plan Overview

ADMINISTERED BY SYMETRA

Augustana College pays the premium for group accidental death and dismemberment insurance for each employee. The coverage under this policy varies with the age of the employee.

Basic AD&D Benefits

Employee Principal Sum: 1.5 times Annual Compensation rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$400,000

Note: Changes in the Covered Person's amount of insurance resulting from a change in the Employee's amount of Annual Compensation take effect, subject to any Active Service requirement, on the September first following the change in Annual Compensation.

Schedule of Covered Losses

100% Covered: Loss of Life, Loss of Two or More Hands or Feet, Loss of Sight of Both Eyes, Loss of One Hand or One Foot and Sight in One Eye, Loss of Speech and Hearing (in both ears), Quadriplegia

75% Covered: Paraplegia

50% Covered: Hemiplegia, Loss of One Hand or Foot, Loss of Sight in One Eye, Loss of Speech, Loss of Hearing (in both ears)

25% Covered: Uniplegia, Loss of all Four Fingers of the Same Hand, Loss of Thumb and Index Finger of the Same Hand

20% Covered: Loss of all the Toes of the Same Foot

Coma

Monthly Benefit: 1% of the Principal Sum

Number of Monthly Benefits: 11

Lump Sum Benefit: 100% of the Principal Sum

When Payable: Beginning of the 12th month

Seatbelt and Airbag Benefit

Seatbelt Benefit: 10% of the Principal Sum subject to a Maximum Benefit of \$25,000

Airbag Benefit: 5% of the Principal Sum subject to a Maximum Benefit of \$10,000

Default Benefit: \$1,000

Age Reduction Schedule

<u>At age:</u>	<u>Benefits reduce</u>
65	35%
70	50%

*Please refer to summary plan description in regard to more detail about your benefit plans.

LONG - TERM DISABILITY BENEFITS

ADMINISTERED BY SYMETRA

Augustana College provides full-time employees with one or more years of service long term disability income benefits, and pays the full cost of this coverage. In the event you become disabled, disability income benefits are provided as a source of income.

Plan Overview	
Benefit Amount	The lesser of 60% of your monthly Covered Earnings rounded to the nearest dollar or your Maximum Disability Benefit
Own Occupation Period	24 months
Elimination Period	180 days
Minimum Benefit Amount	The greater of \$100 or 10% of your Monthly Benefit prior to any reductions for Other Income Benefits
Maximum Benefit Period	Varies based on the age disability occurs. Refer to your summary plan description for details
Maximum Benefit Amount	\$6,000 per month
Pre-Existing Condition Waiting Period	3/12 applies to all employees covered less than 12 months. In the event of a claim, the carrier will review information from 3 months prior to the employee being insured on this plan; if the disabling condition had been treated or diagnosed, there would be no LTD benefits for the first 12 months. After that time, benefits will be payable according to the terms of the contract.

*Please refer to summary plan description in regard to more detail about your benefit plans.

VOLUNTARY CRITICAL ILLNESS & ACCIDENT BENEFITS

ADMINISTERED BY TRUSTMARK

CRITICAL ILLNESS BENEFITS:

For employees who would like insurance that focuses on medical conditions that are most likely to occur for themselves or their family members. Example: cancer, coronary artery disease, stroke, permanent blindness, organ failure, etc. This coverage helps you and your family when illness strikes. Additional riders are available to add onto the basic Critical Illness benefit; Healthy Living Benefit rider and Specified Illness rider. Critical Illness/Life Events is available to new employees at the time of hire and can only be enrolled through a licensed benefits counselor. You pay the full premium cost through payroll deduction. This benefit is not subject to yearly open enrollment. Critical Illness & Critical Life Events Insurance is portable, take your coverage with you and pay the same premium even if you change jobs or retire.

RATES

Rates are based on multiple factors such as: age, smoking status and benefits selected. If you would like "Sample Rates" for illustrative purposes only, please contact the Human Resources Department.

ACCIDENT BENEFITS:

Employees who want to supplement their group AD&D insurance benefits may purchase additional accident coverage. When you enroll yourself, you may also elect coverage on your dependents in this benefit, you pay the full cost through payroll deductions. This insurance is designed to cover unexpected expenses that result from all kinds of accidents, even sports-related and household ones. Accident Insurance provides cash benefits to cover things your health insurance doesn't such as: deductibles, co-payments, transportation and lodging costs, everyday bills and more. Accident Insurance is available to new employees at the time of hire and can only be enrolled through a licensed benefits counselor. This benefit is not subject to yearly open enrollment. Accident Insurance is portable, take your coverage with you and pay the same premium even if you change jobs or retire.

SAMPLE RATES

Trustmark Accident Insurance, Non Occupational Coverage	
Rates include \$50 Health Screening Benefit, Catastrophic Benefit and Accidental Death Benefit	
Type of Coverage	Monthly Rates
Employee	\$12.25
Employee and Spouse	\$17.80
Employee and Child(ren)	\$24.79
Family	\$30.35

Sample Accident insurance rates are shown for illustrative purposes only; actual payroll deduction amount may vary based on rounding calculations. An application for insurance must be completed to obtain coverage. Benefit exclusions and limitations apply.

SCHEDULE OF BENEFITS

For a Schedule of Benefits please visit:

https://www.augustana.edu/files/2018-07/AI_Schedule_of_Benefits.pdf

TRUSTMARK BENEFITS COUNSELOR CONTACT INFORMATION:

A new employee has 60 days to enroll in these benefits from the date of hire. These benefits are not subject to yearly open enrollment. To schedule an appointment with a Benefits Counselor, please go to: www.myenrollment.schedul.com/augustana, then select the "Call Center" location or call 866-998-2915. These appointments will only be held on the 1st and 3rd Tuesday of every month.

COVERED CRITICAL ILLNESSES

Invasive Cancer
 Heart Attack
 Stroke
 Major Organ Transplant
 Permanent Paralysis
 Renal (Kidney) Failure
 Coma
 Blindness
 Occupational HIV
 Carcinoma in situ (25% benefit)
 Coronary Artery Bypass Surgery (25% benefit)
 Skin Cancer (10% benefit)

COVERED ACCIDENTS

This benefit covered a wide range of injuries and accident-related expenses such as:

- Accident Hospital Care
- Hospital Confinement
- Injury Benefits
- Initial Care Benefits
- Follow-Up Care Benefits



VOLUNTARY UNIVERSAL LIFE INSURANCE

ADMINISTERED BY TRUSTMARK

For employees who are interested in a permanent life insurance that helps shield your family from financial hardship. This benefit is a financial tool that helps you manage life at every stage – from supporting a family to sending your children to college to the need for long-term care. It builds cash value over time that you can access for life's challenges. Universal Life/Life Events is available to new employees at the time of hire and can only be enrolled through a licensed benefits counselor. You pay the full premium cost through payroll deduction. This benefit is not subject to yearly open enrollment. Universal Life and Universal Life Events Insurance is portable, take your coverage with you and pay the same premium even if you change jobs or retire.

RATES

Rates are based on multiple factors such as: age, smoking status and benefits selected. If you would like "Sample Rates" for illustrative purposes only, please contact the Human Resources Department.

EMPLOYEE EDUCATION/TUITION BENEFITS

Augustana offers several education benefit options for full-time employees, their spouses or partners and their qualifying children. Each program has varied eligibility requirements. Cost and availability may vary based on the program and the participating school if an exchange is utilized. Meetings will be held on a periodic basis to answer questions and help employees who hope to use this benefit to understand the details for their particular situations. Further information on this benefit, including eligibility restrictions and dependent definitions, is available from the Office of Human Resources.

Augustana Tuition Remission

Full-time employees, their spouses or partners and eligible dependents receive 100% tuition exemption at Augustana after the employee completes **two** years of continuous full-time service at Augustana or four years of continuous full-time service at another college or university within one year of the date of employment at Augustana. The exemption applies after deducting scholarships and grants for which the student qualifies. This benefit does not cover fees, housing, room and board, or courses or experiences that are held off campus.

ELCA Tuition Exchange

Eligible dependents or full-time employees can receive tuition exemption at participating ELCA colleges and universities after the employee completes **two** years of full-time service at Augustana or four years of continuous full-time service at another college or university within one year of the date of employment at Augustana. Institutions may vary the way in which this exchange is calculated, and some ELCA schools choose to maintain an import/export balance that can limit availability.

National Tuition Exchange

Augustana participates in the National Tuition Exchange, which provides tuition exchange benefits with many colleges and universities across the country. This benefit is available to eligible dependents of full-time employees with **four** or more continuous years of service at Augustana. Eight years of continuous full-time service at another college or university within one year of the date of employment at Augustana also satisfies this requirement. This benefit does require that Augustana maintain an import/export balance, and frequently there is a waiting list for this benefit. An employee's ranking on the waiting list for the benefit is based on whether an employee has previously used the benefit and his/her years of service at Augustana.

RETIREMENT & TIME OFF BENEFITS

AUGUSTANA COLLEGE RETIREMENT BENEFITS

Retirement Benefit: The college has a 403(b) retirement savings plan to assist employees in setting aside funds to meet their individual retirement needs. During the first payroll after hire, new employees will be automatically enrolled in the plan at 4% of salary or wage, or can elect to defer a different percentage amount of a pre-tax or post-tax (Roth) basis. The college will match the first 4% of employee savings on a dollar-for-dollar basis. Employees can change their contribution levels at any time by contacting the payroll staff. Any employee who saves at a 1 percent rate will receive a minimum match of \$500. This minimum match will be made at the end of the plan year; it requires active employment on that date.

After one year of service, the college will begin contributing the equivalent of 7% of base salary or wage in addition to the matching contribution, for a total maximum contribution from the college of 11%. Employees who have been fully vested within a qualified employer plan within the last 12 months will be exempt from the one-year waiting period for the 7% college contribution.

All college contributions will be subject to a four-year graded vesting schedule, using 12 months as the definition of a year of service. TIAA CREF is the recordkeeper and administrator of the retirement benefit. Employees will make investment allocation decisions through the TIAA-CREF website and changes to these allocations can be made at any time. More information on investment options is available at tiaa-cref.org/Augustana or by calling (800) 842-2252. Additionally, on-site workshops and counseling sessions are available on a regular basis.

TIME OFF BENEFITS

Vacation: Eligible employees accrue vacation time for every full payroll period worked. The accrual amount varies based on length of employment, and new accrual rates are based on the anniversary date of the employee's hire. Part-time employees who work a schedule of 20 hours or more per week accrue vacation on a pro-rated basis. Part-time employees who are regularly scheduled for less than 20 hours per week do not accrue vacation.

- 0–5 years of employment: 120 hours (three weeks) of vacation
- 6–10 years of employment: 160 hours (four weeks) of vacation
- 11–20 years of employment: 200 hours (five weeks) of vacation

Vacation accruals will be provided on each employee's paycheck report. Vacation time cannot be used until it is accrued, and new employees generally are not permitted to take vacation time during the first three months of employment. Employees can accrue and carry over vacation up to 1.5 times the yearly accrual. On June 30 of each year, vacation hours above this maximum will be forfeited. Employees will be paid for vacation hours that are accrued but not used at the end of employment with Augustana.

Administrative/exempt employees that work a nine- or 10-month schedule either accrue pro-rated vacation hours or observe academic breaks in lieu of vacation. These employees should work with their manager to understand department practices for time away from work.

Sick Time: Employees who work a 12-month schedule will be granted seven days (56 hours) of sick time on or around September 1 each year. Nine- or 10-month employees will receive six days (48 hours) of sick time. New employees will receive a pro-rated amount of sick time during their first year of employment. Sick time can be used for routine illnesses for the employee or a dependent child who lives in the home, as well as for appointments with a health professional. Unused sick time will roll into each employee's short-term disability bank on or around August 31 each year.

Short-Term Disability: Along with sick leave for routine illnesses, the college provides short-term disability leave of 80 hours (10 days) per year for serious health conditions of the employee or an eligible family member.

Additional information on policies and limitations on time off is available in the employee handbook.

EMPLOYEE ASSISTANCE PROGRAM



GENESIS

Employee Assistance Program

Need someone to talk to?

Take advantage of your EAP

It's free

It's confidential

It's a job benefit

It's available for you, your spouse and your dependents.



Genesis Health System's Employee Assistance Program (EAP) can help! We provide free, confidential professional counseling to help you, or someone in your immediate family, resolve personal problems including:

- Marital/relationship
- Emotional/stress
- Alcohol/drug abuse
- Family illness
- Family conflict
- Financial
- Legal
- Job/personal stress
- Addictions

Take advantage of your EAP.

Davenport
(563) 386-4004

DeWitt
(563) 659-3449

Muscatine
(563) 264-2725

Toll-Free Number
(800) 475-1641

Bettendorf
(563) 421-3660

Clinton
(563) 242-9097

Rock Island
(309) 786-0492

2018 - 2019 HOLIDAY SCHEDULE

The 2018-19 holiday schedule below indicates the days when offices will be closed. On these days only essential operations will be conducted.

The extra vacation days between Christmas and New Year's will result in a shutdown of one week. In some areas, it might be necessary for employees to work during this week in order to carry on vital college functions. If this is the case, you will be informed by your supervisor, and you will be entitled to double time for holidays and time and a half for extra days worked in addition to your regular pay.

Monday, September 3, 2018	—————→	LABOR DAY
Thursday, November 22, 2018 Friday, November 23, 2018	—————→	THANKSGIVING
Monday, December 24, 2018 Tuesday, December 25, 2018	—————→	CHRISTMAS
Wednesday, December 26, 2018 Thursday, December 27, 2018 Friday, December 28, 2018	—————→	EXTRA VACATION DAYS
Monday, December 31, 2018 Tuesday, January 1, 2019	—————→	NEW YEARS
Friday, April 19, 2019	—————→	GOOD FRIDAY
Monday, May 27, 2019	—————→	MEMORIAL DAY
Thursday, July 4, 2019	—————→	INDEPENDENCE DAY

2018 - 2019 PAY SCHEDULE

2018-19

FACULTY/ADMINISTRATIVE PAY SCHEDULE

2018	September	28
	October	31
	November	30
	December	21
2019	January	31
	February	28
	March	29
	April	30
	May	31
	June	28
	July	31
	August	30

BIWEEKLY PAY SCHEDULE

	Begins	thru	Ends		Pay Date
	Monday, August 20, 2018		Sunday, September 02, 2018	1	Friday, September 14, 2018
	Monday, September 03, 2018		Sunday, September 16, 2018	2	Friday, September 28, 2018
	Monday, September 17, 2018		Sunday, September 30, 2018	3	Friday, October 12, 2018
	Monday, October 01, 2018		Sunday, October 14, 2018	4	Friday, October 26, 2018
	Monday, October 15, 2018		Sunday, October 28, 2018	5	Friday, November 09, 2018
	Monday, October 29, 2018		Sunday, November 11, 2018	6	Friday, November 23, 2018
	Monday, November 12, 2018		Sunday, November 25, 2018	7	Friday, December 07, 2018
	Monday, November 26, 2018		Sunday, December 09, 2018	8	Friday, December 21, 2018
	Monday, December 10, 2018		Sunday, December 23, 2018	2019 9	Friday, January 04, 2019
	Monday, December 24, 2018		Sunday, January 06, 2019	10	Friday, January 18, 2019
2019	Monday, January 07, 2019		Sunday, January 20, 2019	11	Friday, February 01, 2019
	Monday, January 21, 2019		Sunday, February 03, 2019	12	Friday, February 15, 2019
	Monday, February 04, 2019		Sunday, February 17, 2019	13	Friday, March 01, 2019
	Monday, February 18, 2019		Sunday, March 03, 2019	14	Friday, March 15, 2019
	Monday, March 04, 2019		Sunday, March 17, 2019	15	Friday, March 29, 2019
	Monday, March 18, 2019		Sunday, March 31, 2019	16	Friday, April 12, 2019
	Monday, April 01, 2019		Sunday, April 14, 2019	17	Friday, April 26, 2019
	Monday, April 15, 2019		Sunday, April 28, 2019	18	Friday, May 10, 2019
	Monday, April 29, 2019		Sunday, May 12, 2019	19	Friday, May 24, 2019
	Monday, May 13, 2019		Sunday, May 26, 2019	20	Friday, June 07, 2019
	Monday, May 27, 2019		Sunday, June 09, 2019	21	Friday, June 21, 2019
	Monday, June 10, 2019		Sunday, June 23, 2019	22	Friday, July 05, 2019
	Monday, June 24, 2019		Sunday, July 07, 2019	23	Friday, July 19, 2019
	Monday, July 08, 2019		Sunday, July 21, 2019	24	Friday, August 02, 2019
	Monday, July 22, 2019		Sunday, August 04, 2019	25	Friday, August 16, 2019
	Monday, August 05, 2019		Sunday, August 18, 2019	26	Friday, August 30, 2019

COBRA RIGHTS NOTICE

You're getting this notice because you recently gained coverage under a group health plan (Employee Health Care 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 under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What Is COBRA Continuation Coverage?

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

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

Your hours of employment are reduced; or

Your employment ends for any reason other than your gross misconduct.

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

Your spouse dies;

Your spouse's hours of employment are reduced;

Your spouse's employment ends for any reason other than his or her gross misconduct;

Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or

You become divorced or legally separated from your spouse.

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

The parent-employee dies;

The parent-employee's hours of employment are reduced;

The parent-employee's employment ends for any reason other than his or her gross misconduct;

The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);

The parents become divorced or legally separated; or

The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA 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;

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 the qualifying event occurs. You must provide this notice to: Human Resources.

COBRA RIGHTS NOTICE

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 Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

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

Are There Other Coverage Options Besides COBRA Continuation Coverage?

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

If You Have Questions

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

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

Lisa V. Sears
Augustana College
639 38th Street
Rock Island, IL 61201
309-794-7740 & lisasears@augustana.edu

EMPLOYEE NOTICES

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

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 9.5% 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.

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

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact 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.

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, www.healthcare.gov will guide you through the process.

60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in this document you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

HIPAA SPECIAL ENROLLMENT NOTICE

This notice is being provided to insure 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 (including Medicaid and State Child Health Coverage)

If you are declining coverage for yourself or your dependents (including 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 you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Marriage, Birth or Adoption

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within [30 days] after the marriage, birth, or placement for adoption. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Medicaid or State Child Health Coverage

If you or your dependents lose eligibility for coverage under Medicaid or State Child Health Coverage 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 or the determination of eligibility for a premium assistance subsidy.

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact Human Resources or your medical plan administrator.

EXPANDED COVERAGE FOR WOMEN'S PREVENTATIVE

Under the ACA, Augustana College provides female participants with expanded access to recommended in-network preventative services, without cost sharing. Additional women's preventative services include: well-women visits, gestational diabetes screen, HPV DNA testing, STI counseling and HIV screening and counseling, contraception and contraception counseling, breastfeeding support, supplies and counseling and domestic violence screenings. Please see Human Resources for benefit details.

EMPLOYEE NOTICES

EMPLOYEE HEALTH CARE PLAN NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the **Employee Health Care Plan** and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on **September 1, 2018**.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. **Augustana** requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations. However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing pur-

poses. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of **Augustana** for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

EMPLOYEE NOTICES

EMPLOYEE HEALTH CARE PLAN NOTICE OF PRIVACY PRACTICES

CONTINUED

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Lisa V. Sears
Augustana College
639 38th Street
Rock Island, IL 61201
309-794-7740 & lisasears@augustana.edu

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

DRUG AND ALCOHOL POLICY

DRUG AND ALCOHOL POLICY (FEDERAL DRUG FREE WORKPLACE ACT)

Augustana College places a high value on students and employees and is committed to maintaining a safe and healthy learning environment and a workplace free from chemical substance abuse. Similarly, Augustana College is committed to compliance with the Drug-Free Workplace Act (1988) and the Drug-Free Schools and Communities Act of 1986 and Amendments of 1989.

Augustana College prohibits all employees (for this policy only, "employee" or "employees" includes student workers) from reporting to work or performing work for the college while impaired or under the influence of illegal drugs or alcohol.

The illegal use, possession, dispensation, distribution, manufacture or sale of alcohol or other drugs by an employee in the workplace, or while the employee is on duty or official college business, is prohibited. This standard of conduct applies to all college-sponsored on-campus and off-campus activities. Any employee found to have violated this policy will be subject to discipline up to and including termination or dismissal. As appropriate, the college may refer individuals for treatment in lieu of or in addition to disciplinary action.

Federal law contains further prohibitions against the manufacture, possession with the intent to distribute or distribution of controlled substances, including narcotic drugs, marijuana, depressant or stimulant substances. As appropriate, the college may refer individual cases to the appropriate authorities for legal action.

Any employee who is convicted of violating any criminal drug statute in the workplace or in the course of their duties for the college, or in any capacity while on the Augustana College campus, must report that conviction to the Director of Human Resources no later than five days after the conviction. For purposes of this policy, "conviction" means a finding of guilt or imposition of a sentence, or both, by any federal or state judicial body. Failure to report such a conviction may result in immediate dismissal. Employees who drive an Augustana vehicle or personal vehicle for college business are required to report any change in license status.

While the possession, use or distribution of alcoholic beverages on the premises or while at work is generally prohibited, the following situations are exempt from this policy:

- Alcoholic beverages served and consumed by employees at special meetings or events that are catered by the Augustana Dining Services or at which the Dean of Students Office has approved the serving of such beverages
- The private apartments of residence hall directors
- Other special events under the direction of a member of the Cabinet

The appendix of this handbook provides additional information on the Drug Free Workplace Act as well as a schedule of controlled substances and local resources for employees who are looking for diagnosis or treatment for alcohol or drug dependency.

ALCOHOL AND ILLEGAL DRUG ABUSE

The following policy was adopted in conformance with the requirements of the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989. The object of the policy is to provide a drug-free workplace and campus and to assist employees and students with problems related to alcohol and illegal drug abuse.

It is the policy of Augustana College that the unlawful manufacture, distribution, dispensing, possession or use of controlled substances is prohibited anywhere on its premises or property or as a part of any college-related activity. Any employee or student of the college found to have violated the above rule shall be subject to disciplinary action in accordance with published procedures up to and including dismissal. Where appropriate, the college reserves the right to refer individuals for treatment in lieu of disciplinary action.

Members of the college community are reminded that illegal manufacture, distribution, dispensing, possession or use of controlled substances also may subject individuals to criminal prosecution and penalties that may include fines and/or incarceration. If the situation merits, the college will refer individual cases for appropriate legal action.

DRUG AND ALCOHOL POLICY

As a condition of employment or enrollment, all employees and students of Augustana College shall abide by the terms of this policy and will notify their supervisors and the Business Office (in the case of employees) or the Office of Student Life (in the case of students) of any criminal drug statute conviction for a violation occurring on the college premises or property, or as a part of any college-related activities. Notification must be made no later than five days after such conviction. For purposes of this policy, "conviction" means a finding of guilt or imposition of sentence, or both, by any federal or state judicial body. Failure to report such a conviction may result in immediate dismissal.

The term "controlled substance" as used in this policy means those substances included in Schedules I through V of Section 202 of the Controlled Substances Act. The term does not include the use of a controlled substance in conformation with a valid prescription or other uses authorized by law.

It also is the policy of Augustana College that the possession, use or distribution of alcoholic beverages on its premises or property or as a part of any college-related activities is prohibited. This includes alcoholic beverages found in lockers or residence hall rooms. An exception to this policy is that alcoholic beverages may be served and consumed by employees at special meetings or events which are catered by Augustana Dining Services or at which the Office of Student Life has approved the serving of such beverages. Also excluded are the private apartments of residence hall directors. An employee or student who violates this policy will be subject to discipline, up to and including dismissal. Employees who report to work under the influence of alcohol will not be permitted to work that day and may be subject to further discipline.

Augustana College provides regular programming and materials aimed at alerting its students, faculty and staff to problems relating to alcohol and drug abuse. Included in this section is a chart summarizing the effects and health risks associated with the use of illicit drugs and alcohol. However, the primary resources utilized for the prevention and treatment of alcohol and drug abuse are professionals, agencies and clinics located within the Quad-City area.

The college takes the position that, except in matters of disciplinary referral, the decision to seek diagnosis and accept treatment for alcohol and drug problems is the responsibility of the employee and student. The decision to seek treatment will not be detrimental to job security or student status. Because supervisors, managers, department directors or chairs and most faculty are not professionally qualified to identify substance abuse, referrals by them are based on unsatisfactory job or school performance. At the point at which the college is involved, the right to confidentiality will be respected in both informal and formal procedures, insofar as possible.

Frequently utilized local Resources for Evaluation Are:

Al-Anon Information Service

2033 E. 32nd Street
Davenport, IA 52807-2050
Phone: (563) 323-1521

Alcoholics Anonymous Illowa Intergroup

1706 Brady St., Suite 201
Davenport, Iowa, 52803
Phone: (309) 764-1016

Center for Alcohol and Drugs Services (CADS)

1523 South Fairmount Street
Davenport, Iowa 52801
Phone: (563) 322-2667

Center for Alcohol and Drugs and Services (CADS)

4230 11th Street, NW
Rock Island, Illinois 61201
Phone: (309) 788-4571

Genesis Addiction Recovery Center

1401 West Central Park
Davenport, Iowa 52803
Phone: (563) 421-2900

R.I County Council on Addictions

1607 John Deere Road
East Moline, Illinois 61244
Phone: (309) 792 0292

Riverside Retreat

Trinity Medical Center-West
2701 17th Street
Rock Island, Illinois 61201
Phone: (309) 779-3000

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DRUG AND ALCOHOL POLICY

National Toll-Free Numbers concerned with Alcohol and Drug Abuse are listed below:

Alcohol and Drug Referral Hot Line, 1-800-252-6465

Al-Anon, 1-800-344-2666

Narcotics Anonymous World Services, 1-818-773-9999

National Drug & Alcohol Treatment Referral Service, 1-800-662-4357

There is a biennial review of the drug prevention program to determine its effectiveness, to implement changes in the program if they are needed and to ensure that its disciplinary sanctions are being consistently enforced. They will be conducted by the Health and Safety Committee with recommendations forwarded to the Business Office and to the Office of Student Life.

The following is provided to give a brief guide to the effects of alcohol and a variety of commonly abused drugs and to the criminal penalties that may accompany the conviction for the illegal manufacture, distribution, dispensing, possession or use of controlled substances.

Alcohol

Alcohol consumption causes a number of marked changes in behavior. Even in low doses, alcohol can significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol can increase the incidence of a variety of aggressive acts, including spousal and child abuse. Moderate to high doses of alcohol can cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses can cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, also can lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk of becoming alcoholics than other children.

DRUG AND ALCOHOL POLICY

DRUG ENFORCEMENT ADMINISTRATION - DRUGS OF ABUSE: DEA 2005

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500 - 4999 gms mixture	<p>First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than \$2 million if an individual, \$5 million if not an individual</p> <p>Second Offense: Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$4 million if an individual, \$10 million if not an individual.</p>	5 gms or more mixture	<p>First Offense: Not less than 10 yrs, and not more than life.</p> <p>If death or serious injury, not less than 20 or more than life. Fine of not more than \$4 million if an individual, \$10 million if not an individual.</p> <p>Second Offense: Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$20 million if not an individual.</p> <p>3rd Offense or More: <u>Life</u> imprisonment.</p>
Cocaine Base (Schedule II)	5-49 gms mixture		50 gms or more mixture	
Fentanyl (Schedule II)	40 - 399 gms mixture		400 gms or more mixture	
Fentanyl Analogue (Schedule I)	10 - 99 gms mixture		100 gms or more mixture	
Heroin (Schedule I)	100 - 999 gms mixture		1 kg or more mixture	
LSD (Schedule I)	1 - 9 gms mixture		10 gms or more mixture	
Methamphetamine (Schedule II)	5 - 49 gms pure or 50 - 499 gms mixture		50 gms or <u>more pure</u> or 500 gms or more mixture	
PCP (Schedule II)	10 - 99 gms pure or 100 - 999 gms mixture		100 gms or <u>more pure</u> or 1 kg or more mixture	

DRUG AND ALCOHOL POLICY

DRUG ENFORCEMENT ADMINISTRATION - DRUGS OF ABUSE: DEA 2005

PENALTIES

Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	<p>First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than Life. Fine \$1 million if an individual, \$5 million if not an individual.</p> <p>Second Offense: Not more than 30 yrs. If death or serious injury, not less than life. Fine \$2 million if an individual, \$10 million if not an individual</p>
Flunitrazepam (Schedule IV)	1 gm or more	
<u>Other</u> Schedule III drugs	Any amount	<p>First Offense: Not more than 5 years. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p>Second Offense: Not more 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if not an individual</p>
Flunitrazepam (Schedule IV)	30 to 999 mgs	
All other Schedule IV drugs	Any amount	<p>First Offense: Not more than 3 years. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p>Second Offense: Not more than 6 yrs. Fine not more than \$500,000 if an individual, \$2 million if not an individual.</p>
Flunitrazepam (Schedule IV)	Less than 30 mgs	
All Schedule V drugs	Any amount	<p>First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.</p> <p>Second Offense: Not more than 2 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.</p>

DRUG AND ALCOHOL POLICY

DRUG ENFORCEMENT ADMINISTRATION - DRUGS OF ABUSE: DEA 2005

Federal Trafficking Penalties - Marijuana

DRUG	QUANTITY	1 st OFFENSE	2 nd OFFENSE
Marijuana	1,000 kg or more mixture; or 1,000 or more plants	<ul style="list-style-type: none"> Not less than 10 years, not more than life If death or serious injury, not less than 20 years, not more than life Fine not more than \$4 million if an individual, \$10 million if other than an individual 	<ul style="list-style-type: none"> Not less than 20 years, not more than life If death or serious injury, mandatory life Fine not more than \$8 million if an individual, \$20 million if other than an individual
Marijuana	100 kg to 999 kg mixture; or 100 to 999 plants	<ul style="list-style-type: none"> Not less than 5 years, not more than 40 years If death or serious injury, not less than 20 years, not more than life Fine not more than \$2 million if an individual, \$5 million if other than an individual 	<ul style="list-style-type: none"> Not less than 10 years, not more than life If death or serious injury, mandatory life Fine not more than \$4 million if an individual, \$10 million if other than an individual
Marijuana	<p>more than 10 kgs hashish; 50 to 99 kg mixture</p> <p>more than 1 kg of hashish oil; 50 to 99 plants</p>	<ul style="list-style-type: none"> Not more than 20 years If death or serious injury, not less than 20 years, not more than life Fine \$1 million if an individual, \$5 million if other than an individual 	<ul style="list-style-type: none"> Not more than 30 years If death or serious injury, mandatory life Fine \$2 million if an individual, \$10 million if other than individual
Marijuana	1 to 49 plants; less than 50 kg mixture	<ul style="list-style-type: none"> Not more than 5 years Fine not more than \$250,000, \$1 million other than individual 	<ul style="list-style-type: none"> Not more than 10 years Fine \$500,000 if an individual, \$2 million if other than individual
Hashish	10 kg or less		
Hashish Oil	1 kg or less		

Some of these penalties are described in pages taken from the U.S. Department of Justice Drug Enforcement Administration Publication, "DRUGS OF ABUSE" - pub dt 2005.



CREATED BY HOLMES MURPHY & ASSOCIATES FOR AUGUSTANA COLLEGE