

# Augustana College

## 2022 BENEFITS SUMMARY



JANUARY 1 2022

DECEMBER 31 2022

## **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 (regularly 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.**

## When Coverage Begins for New Hires

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

## 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 Cristina Rios at (309) 794-7740.

## When Coverage Ends

Your coverage will end on the date of your termination of employment with Augustana College for some benefit offerings. For others, your coverage will end on the last day of the month of your termination of employment.

## 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

## 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 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.

**Additional benefit information can be found on our website [www.augustana.edu](http://www.augustana.edu) under Human Resources.**

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>

# 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

Cristina Rios  
**Payroll and Benefits Specialist**  
(309) 794-7740  
cristinarios@augustana.edu

#### **Health & Pharmacy Benefits**

Blue Cross Blue Shield of Illinois  
Refer the number on the back of your ID Card.  
[www.bcbsil.com](http://www.bcbsil.com)

#### **Dental Benefits**

Blue Cross Blue Shield of Illinois  
Refer the number on the back of your ID Card.  
[www.bcbsil.com](http://www.bcbsil.com)

#### **Vision Benefits**

Avesis  
1 (800) 828-9341  
[www.avesis.com](http://www.avesis.com)

#### **Health Savings Account (HSA)**

Quad City Bank & Trust  
Contact Name: Marcy Devlin  
(563) 468-5689  
[www.qcibt.com](http://www.qcibt.com)

#### **Flexible Spending Account (FSA)**

Employee Benefits Corporation (EBC)  
1 (800) 346-2126  
[www.ebcflex.com](http://www.ebcflex.com)

#### **Life/Long-Term Disability/Supplemental Life**

Symetra  
Customer Care  
1 (877) 377-6773

#### **Voluntary: Critical Illness/Accident**

Symetra  
Customer Care  
1 (877) 377-6773  
[www.symetra.com](http://www.symetra.com)

#### **Employee Assistance Program**

Perspectives  
Call or Text: 1 (800) 456-6327  
[www.perspectivesltd.com](http://www.perspectivesltd.com)

#### **Retirement**

TIAA-CREF  
1 (800) 842-2252  
[www.tiaa-cref.org/augustana](http://www.tiaa-cref.org/augustana)

#### **Paid Time Off**

Cristina Rios-Payroll and Benefits 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 PPO

ADMINISTERED BY BLUE CROSS BLUE SHIELD OF ILLINOIS—PPO NETWORK

Plan Feature	In-Network	Out-of-Network*
Deductible (Calendar Year)	\$1,500 Single \$3,000 Family (any combination of two or more)	\$3,000 Single \$6,000 Family (any combination of two or more)
Coinsurance	You pay 20%	You pay 50%
Out-of-Pocket Maximum (OPM)	\$3,500 Single \$7,000 Family (any combination of two or more)	\$6,000 Single \$12,000 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	\$35 PCP copayment \$60 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	\$200 copayment, deductible waived	\$200 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) Rx Network - Advantage Network** Rx Drug Coverage - Performance Drug List The calendar year OPM applies to pharmacy and medical claims. Once met, your covered prescriptions are paid at 100%.	Tier 1 : \$10 minimum, 20% to \$25 maximum Tier 2 : \$30 minimum, 30% to \$75 maximum Tier 3: \$50 minimum, 50% to \$125 maximum Specialty: 30% to \$150 maximum	Tier 1 : \$10 minimum, 20% to \$25 maximum Tier 2 : \$30 minimum, 30% to \$75 maximum Tier 3: \$50 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.

\*\* The Advantage Network Excludes CVS (Target) pharmacies and some additional independent pharmacies.

# MEDICAL INSURANCE PLAN-2 HDHP

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

Plan Feature	In-Network	Out-of-Network*
Deductible (Calendar Year)	\$4,000 Single \$8,000 Family (any combination of two or more)	\$8,000 Single \$16,000 Family (any combination of two or more)
Coinsurance	You pay 0%	You pay 20%
Out-of-Pocket Maximum	\$4,000 Single \$8,000 Family (any combination of two or more)	\$8,000 Single \$16,000 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) Rx Network - Advantage Network** Rx Drug Coverage - Performance Drug List 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 0%, after Deductible Tier 2 : You pay 0%, after Deductible Tier 3: You pay 0%, 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.

\*\* The Advantage Network Excludes CVS (Target) pharmacies and some additional independent pharmacies.



BlueCross BlueShield of Illinois



## Do You Need Specialty Medications?



Blue Cross and Blue Shield of Illinois (BCBSIL) supports members who need self-administered specialty medication and helps them manage their therapy. Accredo® is the specialty pharmacy chosen to do just that.<sup>1</sup>

Specialty drugs are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

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 only be stocked by select pharmacies.

Some specialty drugs must be given by a health care professional, while others are approved by the 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 plan. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit plan. 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 Accredo or another in-network pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.<sup>2</sup> Your doctor may also order select specialty drugs that must be given to you by a health professional through Accredo.

# Do You Need Specialty Medications?

## 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](http://bcbsil.com) to see the up-to-date list of specialty drugs.

Condition	Sample Medications <sup>3</sup>
Autoimmune Disorders	Cosentyx, Enbrel, Humira, Xeljanz
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Norditropin Flexpro, Nutropin AQ, Omnitrope
Hepatitis C	Daklinza, Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif

## Support in Managing Your Condition: Accredo

Accredo carries roughly 99% of specialty drugs, which means you're more likely to get all of your specialty drugs from one pharmacy. Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through Accredo, you get:

- One-on-one counseling from 500+ condition-specific pharmacists and 600+ nurses
- Simple communication, including refill reminders, by your choice of phone, email, text or web<sup>4</sup>
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition
- A mobile app that lets you refill and track prescriptions, make payments and set reminders to take your medicine<sup>4</sup>
- Free standard shipping
- 24/7 support

## Ordering Through Accredo

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. **To start using Accredo, call 833-721-1619.** An Accredo representative will work with your doctor on the rest.

Once registered, you can manage your prescriptions on [accredo.com](http://accredo.com) or through the mobile app.

## Receiving Specialty Medications

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

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

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered<sup>5</sup>
- Discuss any changes in your condition or answer any questions about your health<sup>5</sup>

## One-on-One Support

Accredo has 15 Therapeutic Resource Centers® (TRCs), each focused on a specific specialty condition. Through your one-on-one counseling sessions, they'll discuss how to reduce your disease progression and achieve your treatment goals, manage any side effects from your drugs, help you stick to your regimen and monitor your progress. They can also offer support with any financial or insurance concerns you may have.

**Certain coverage exclusions and limits 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 customer service number listed on your ID card with questions.**

1. 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.

2. The BCBSIL specialty pharmacy network includes Accredo as well as other in-network specialty pharmacies for select specialty drugs. 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.

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

4. Not all medicines can be refilled on the app, by text or email.

5. Treatment decisions are between you and your doctor.

Accredo is contracted to provide services for BCBSIL. Accredo is a trademark of Express Scripts Strategic Development, Inc.

# 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 medical plan that is not a HDHP, including Medicare. Coverage under a full FSA is not allowed either.

### Yearly Contribution Limits

- \$3,650 Single Coverage (2022)
- \$7,300 Family Coverage (2022)
- 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

### Additional HSA Information

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

- Medical Plan 2-HDHP
- 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 tax return.
- HSAs are portable, meaning you keep your HSA even if you change jobs.
- 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. However, you may not contribute to your HSA.
- For individuals who delay enrolling Medicare, Part A coverage may retroactively begin 6 months prior to the application date. To avoid making excess HSA contributions (and incurring a tax penalty), CMS recommends that individuals stop contributing to their HSAs 6 months prior to applying for 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 Augustana Clinic and the Rock Island Wellness Clinic while Contributing to an HSA:

All employees with a Health Savings Account are only permitted to use these Clinics for the following scenarios:

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

The use of the clinics while having an HSA account under any circumstances other than those listed above will negatively impact your eligibility to make contributions to your HSA and thus be subject to tax consequences. Please note - HSA 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"><li>• Medical expenses not paid for by insurance such as deductibles, co-payments and coinsurance amounts</li><li>• Dental and vision services</li><li>• Transportation expenses to visit your doctor</li><li>• Prescription drugs</li><li>• Medical devices</li><li>• Home care expenses</li></ul> | <ul style="list-style-type: none"><li>• Hearing aids and batteries</li><li>• Birth control</li><li>• Band aids</li><li>• Diagnostic tests and monitors</li><li>• Podiatrists</li><li>• Nutritionists</li><li>• Physical therapy</li><li>• Acupuncture</li></ul> | <ul style="list-style-type: none"><li>• Laser eye surgery</li><li>• Psychiatric care</li><li>• Speech therapy</li></ul> <p><i>This is not an exhaustive list. Go to <a href="http://www.irs.gov">www.irs.gov</a> for more information.</i></p> |
|---|---|--|

# MDLIVE - VIRTUAL VISITS

Virtual Visits, provided by Blue Cross and Blue Shield of Illinois (BCBSIL) and powered by MDLIVE®, are a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Anxiety
- Depression
- Stress management
- And more

**Virtual Visit doctors can even send an e-prescription to your local pharmacy.**



Activate your MDLIVE account today:

- Call MDLIVE at 888-676-4204
- Go to [MDLIVE.com/bcbsil](https://MDLIVE.com/bcbsil)
- Text BCBSIL to 635-483
- Download the MDLIVE app

## Virtual Visits: Get 24/7 Care, Anywhere

**Call your doctor's office first. They also may offer telehealth consultations by phone or online video.**

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home.

Don't risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.

Powered by  
**MDLIVE**

# AUGUSTANA CONVENIENT CARE



A partnership between Genesis At Work and Augustana College

Augustana Convenient Care  
Baldur House  
3410 9 1/2 Avenue  
Rock Island

Hours\*

Monday—Friday 10 AM—5 PM

Saturday—9 AM—1 PM

## SERVICES INCLUDE:

- \* Many Services are free and available to employees on the health plan
- \* Testing for COVID-19 and strep
- \* Flu vaccinations
- \* Treatment of colds and flu, pneumonia, fever, sore throat, earache, conjunctivitis (pink eye), sinus and urinary tract infections
- \* Treatment of rashes and insect bites, sprains, strains and minor fractures
- \* Maintenance drug prescriptions and allergy shots

# Augustana College



\* If the onsite clinic is closed, Augustana partners with the City of Rock Island's Wellness Clinic to offer certain health care services.

# DENTAL BENEFITS

DENTAL BENEFITS—ADMINISTERED BY BLUE CROSS BLUE SHIELD OF ILLINOIS

## BlueCare<sup>®</sup> 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	Contracting Provider*	Non-Contracting Provider**
<b>Benefit Period Maximum</b>	\$1,000 per benefit period	\$1,000 per benefit period
<b>Deductible</b>	\$50 per person per benefit period \$150 maximum per family	\$50 per person per benefit period \$150 maximum per family
<b>Services</b>		
<b>Diagnostic &amp; Preventive Services</b>		
Dental exams	100% of Maximum Allowance	100% of Usual and Customary
Cleanings		
X-rays		
Fluoride treatment		
<b>Miscellaneous Services</b>		
Sealants	100% of Maximum Allowance	100% of Usual and Customary
Space maintainers		
Labs & tests		
<b>Emergency Care</b>	100% of Maximum Allowance	100% of Usual and Customary
Treatment for the relief of pain		
<b>Restorative Services</b>		
Routine fillings (amalgams and resins)	80% of Maximum Allowance after deductible	80% of Usual and Customary after deductible
Pin retention		
Simple extractions		
<b>General Services</b>		
Intravenous sedation	80% of Maximum Allowance after deductible	80% of Usual and Customary after deductible
General anesthesia		
Stainless steel crowns		
<b>Endodontic Services</b>		
Root canals	80% of Maximum Allowance after deductible	80% of Usual and Customary after deductible
Pulp caps		
Apicoectomy / apexification		
<b>Periodontic Services</b>		
Scaling & root planing	80% of Maximum Allowance after deductible	80% of Usual and Customary after deductible
Gingivectomy / gingivoplasty		
Osseous surgery		
<b>Oral Surgery Services</b>		
Surgical extractions	80% of Maximum Allowance after deductible	80% of Usual and Customary after deductible
Alveoloplasty		
Vestibuloplasty		
<b>Crowns, Inlays / Onlays Services</b>		
Crowns	50% of Maximum Allowance after deductible	50% of Usual and Customary after deductible
Inlays / onlays		
Prefabricated posts and cores		
Repair and recementation of crown, inlays / onlays		
<b>Prosthetic Services</b>		
Bridges and dentures	50% of Maximum Allowance after deductible	50% of Usual and Customary after deductible
Reline / rebase of dentures		
Addition of tooth or clasp		
Repair of bridges and dentures		
<b>Orthodontics</b>		
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.

# VISION BENEFITS



**Effective Date:** 01/01

**Group Number:** \_\_\_\_\_

**Plan Number:** 962

## Augustana College

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Vision Examination</b> (Includes Refraction)	Covered in full after \$10 copay	Up to \$35
<b>Materials*</b>	\$25 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
<b>Frame Allowance</b> (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance Up to \$150 retail value <sup>†</sup>	Up to \$45
<b>Standard Spectacle Lenses</b>		
Single Vision	Covered in full after \$25 copay	Up to \$25
Bifocal	Covered in full after \$25 copay	Up to \$40
Trifocal	Covered in full after \$25 copay	Up to \$50
Lenticular	Covered in full after \$25 copay	Up to \$80
Standard Progressives	Covered up to \$50, plus 20% off retail	Up to \$40
<b>Other Lens Options</b>	Up to 20% discount	N/A
<b>Contact Lenses<sup>‡</sup></b> (in lieu of frame and spectacle lenses)		
Elective	\$130 allowance	Up to \$130
Medically Necessary	Covered in full	Up to \$250
<b>Refractive Laser Surgery</b>	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance
<b>Frequency</b>		
<b>Eye Examination</b>	Once every 12 months	
<b>Lenses or contact lenses</b>	Once every 12 months	
<b>Frame</b>	Once every 24 months	

## Reliable & Dependable

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

## Rates

Employee Only	\$7.53
Employee + 1	\$13.57
Employee + Family	\$20.36

\*Discounts are not insured benefits.

<sup>†</sup> Value may be less depending on the providers retail pricing.

<sup>‡</sup> Prior authorization is required for medically necessary contacts.

Underwritten by:  
Fidelity Security Life Insurance  
Company, Kansas City, MO

Policy #: VC-16, Form M-9059

## How can we help you?

**Avēsis Website:**  
www.avesis.com

**Customer Service:**  
800-828-9341  
7 a.m. - 8 p.m. EST

**LASIK Provider:**  
877-712-2010

## Here's How It Works

When you need to see an eye care professional, simply visit [www.avesis.com](http://www.avesis.com) or contact Avēsis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.



\*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

# VISION BENEFITS

## Using Out-of-Network Providers

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting [www.avesis.com](http://www.avesis.com).

## Limitations and Exclusions

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

### Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avēsis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

### Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pair of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

### Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
- 2) Medical or surgical procedures, services, or treatments:
  - a. not specifically covered under this Rider;
  - b. provided free of charge in the absence of insurance
  - c. payable under any Workers' Compensation law or similar statutory authority
  - d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

## Termination Provisions

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

## Notes and Disclaimers

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

## Download Our Mobile App



# FLEXIBLE SPENDING ACCOUNTS (FSAs)



## Enrollment Guide



Enroll in the BESTflex<sup>SM</sup> Plan and you'll pay less for eligible health care and daycare expenses.

Use **tax-free dollars** to pay for eligible health care and daycare expenses.

### Tax-Free Dollars

The BESTflex Plan is an easy way for you to set aside a portion of your earnings, and use it to pay for insurance, health care and daycare expenses. The money you set aside in the BESTflex Plan is free from payroll taxes, so you save approximately 30 percent\* in taxes for each dollar you contribute.

### A Prescription for Savings

Whether your prescription medicine helps calm your allergies after snuggling with your cat, suppress heartburn after your favorite meal, breathe through your asthma – or something else entirely – the BESTflex Plan lets you pay less for it.

The plan saves you approximately 30 percent\* in taxes on your eligible prescriptions and prescription co-payments, meaning a \$20 prescription expense amounts to about \$14.

### Smile!

When you go out to socialize with your friends and meet new people, you trust in your bright smile to lend yourself confidence. It's no surprise, then, that you like to keep your smile in tip-top shape, despite how expensive it can be.

The BESTflex Plan helps you save approximately 30 percent\* on your dental expenses, and keep your smile healthy and bright. A dental exam and cleaning might cost you \$100—or more, depending on your provider. Using funds in the BESTflex Plan, you essentially pay around \$70. That's a savings that's likely to bring a smile to your face.

### Daycare Relief

You know how the hundreds of dollars you spend on daycare each month can pinch your finances. The BESTflex Plan dulls the pinch. By saving you around 30 percent\* on your daycare expenses, a week of care at \$150 is, in essence, closer to \$105.

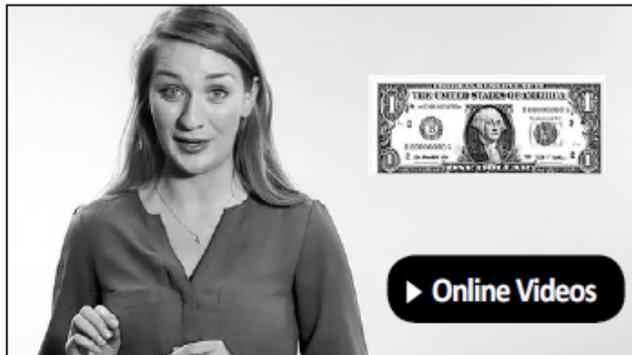
# FLEXIBLE SPENDING ACCOUNTS (FSAs)

## Why pay more than you have to?

The BESTflex Plan makes it easy for you to set aside a portion of your earnings and use it to pay for certain insurance, medical and dependent care expenses. Because dollars you place in the BESTflex Plan are exempt from Federal, State and FICA taxes, you'll save approximately 30 percent\* in taxes for each dollar you contribute.

Direct those tax savings toward your eligible BESTflex Plan expenses and a **\$20 prescription could cost \$14**. A week of daycare could cost \$70 instead of \$100 and your \$30 health insurance premium could cost you \$21.

The  
**BESTflex**  
Plan



Our online videos explain where extra FSA dollars come from, the difference between FSA account types, and how to submit claims.

**Watch them now!** Visit our website at [www.ebcflex.com](http://www.ebcflex.com).

## My Mobile Account Assistant

Smart, Simple,  
Secure and Mobile!

- File a claim
- Attach receipts
- Check balances
- View payment history

Visit [www.ebcflex.com](http://www.ebcflex.com) to learn more.



## How the BESTflex Plan Works

When you enroll in the BESTflex Plan, you set aside the portion of your pay you'll spend annually on eligible health and dependent care expenses. Throughout the year, these elections are deducted bit by bit from your paychecks and placed in flexible spending accounts (FSAs). The usual payroll taxes do not apply to your BESTflex Plan contributions, saving you from paying approximately 30 percent\* in taxes on each dollar you contribute to the BESTflex Plan.

## Just a Fraction of the Eligible Expenses

These savings can be applied to a variety of expenses. Prescription medicines, dental expenses, vision expenses – including contact lens solution, contact lenses and prescription eyeglasses – day care expenses and co-payments are just a few of the common expenses on which the BESTflex Plan helps you save money.

## Enrollment in the BESTflex Plan

We help you set aside the right amount of money for eligible health care and dependent care expenses. Referencing your *Eligible Expenses List* and using the worksheets we've created, you'll arrive at a solid estimate of how much money you should contribute to the plan and help alleviate concerns about forfeiting any contributions.

## Reimbursement From the BESTflex Plan

To get back the pre-tax money that's deducted from your pay and deposited in your FSA(s), simply submit a *Claim Form*, along with documentation, such as an itemized receipt, for the eligible expense. We quickly process your form and mail you a reimbursement check or deposit the payment into your bank account.

## Filing Claims

We make filing claims easy and we offer three options:

**Mobile, Online** or via a paper **Claim Form**

My Mobile Account Assistant lets you file a claim and scan and submit a receipt – at the pharmacy, your provider or anywhere you have access to a 3G or wireless internet connection. Filing a claim for any eligible health care or dependent care expense doesn't get any easier than this. Complete a few lines on a simple form, upload your receipt using your phone's camera and tap "Submit." My Mobile Account Assistant makes filing claims smart, simple, secure and mobile!

## Participant Support

If you have questions or need information regarding your account, you can call our in-house Participant Services team at **800 346 2126** for one-on-one support, or access our convenient Telephone Account Assistant, which provides you with basic account details. We are also available via email at [participantservices@ebcflex.com](mailto:participantservices@ebcflex.com).

Download information regarding The BESTflex Plan and your FSAs by activating then logging in to My Account Assistant at [www.ebcflex.com](http://www.ebcflex.com).

\*These tax examples are broad approximations of tax liability. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all BESTflex Plan matters.

# FLEXIBLE SPENDING ACCOUNTS (FSAs)

There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. Your **standard health FSA** allows you to pay for eligible medical, vision, and dental expenses that are not covered by another health plan.

## Examples of Eligible Expenses for Standard Health FSAs:

### ■ Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces

### ■ Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK

### ■ Out-of-Pocket Uncovered Medical Care Expenses

- Copays, Coinsurance, Deductible Expenses
- Prescribed Medication (*including insulin and birth control*)
- Prescribed Vitamins

### ■ Over the Counter (OTC) Products

- Allergy, Anti-Itch, Antihistamine Medicines, Eye Drops
- Anti-Fungal Medications like Athletes Foot Creams and Powders and Yeast Infection Treatments
- Anti-Nausea Medications, Motion Sickness Pills
- Cold and Flu Medications, Cough Drops & Syrups, Decongestants, Nasal Sinus Sprays, Sore Throat Spray, Sinus Medications, Throat Lozenges, Vapor Rubs
- Cold Sore Remedies
- Digestive Tract Relief Medications, Antacids, Anti-Diarrhea Medications, Laxatives
- First Aid Creams, Diaper Rash Ointments/Burn Ointments, Rubbing Alcohol
- Hemorrhoid Medications and Creams
- Lice and Scabies Treatments
- Menstrual Pain and Cramp Relief Medication
- Menstrual Products, including Tampons and Pads
- Pain Relievers, Analgesics, Aspirin, Fever Reducers, Muscle/Joint Pain Relievers
- Smoking Cessation Products, Nicotine Gum/Patches
- Sunscreen greater than SPF 14

### ■ Lab Exams/Tests

- Blood Tests, Spinal Fluid Tests, Urine/Stool Analyses
- Cardiographs
- Diagnostic Fees, Laboratory Fees
- X-Rays

### ■ Medical Treatments/Procedures

- Acupuncture, Chiropractor
- Hearing Exams, Hearing Aids and Batteries
- Inpatient treatment for addiction to alcohol/drugs
- Infertility, In-vitro Fertilization
- Physical Therapy, Speech Therapy
- Sterilization, Vasectomy and Vasectomy Reversals
- Vaccinations and Immunizations
- Well Baby Care

### ■ Medical Supplies and Services

- Abdominal/Back Supports, Arch Supports/Orthopedic Insoles (*not for general comfort*) or Diabetic Shoes
- Blood Pressure Monitors
- Breast Pumps and Lactation Supplies
- Compression Hosiery above 30 mmHg
- Contraceptives, Norplant Insertion or Removal
- Counseling (*except for Marriage and Family*)
- Crutches, Wheelchair, Oxygen Equipment
- Guide Dog (*for visually/hearing impaired person*)
- Hospital and Ambulance Services
- Insulin Supplies, Syringes
- Mastectomy Bras, Prosthesis
- Medical Miles, Tolls, Parking, or Transportation Expenses (*essential to medical care*)
- Pregnancy Tests, Pre-Natal Vitamins
- Splints/Casts

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.

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# FLEXIBLE SPENDING ACCOUNTS (FSAs)

## Examples of *Ineligible* Expenses for Standard Health FSAs:

- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Surgery, Treatments, or Procedures
- Toiletries or Sundry Items
- Vitamins or Supplements for General Health
- Food and meals that replace regular nutritional requirements
- Product Warranties

Personal care items or services for general health are not usually eligible, but if your health care provider recommends an otherwise personal product or service to treat a specific diagnosis, you can submit the expense for reimbursement with a *Letter of Medical Necessity*. This is a letter from your health care provider that includes a recommendation of the item or service to treat your diagnosis, and the duration of the recommendation. Depending on the expense, you may have to provide additional documentation to show the expense would not have been incurred "but for" the medical condition.

Sometimes a personal or general use item may be specialized for the specific purpose of treating or alleviating a medical condition. In this case, only the excess cost of the specialized item over the non-specialized item can be reimbursed. A *Letter of Medical Necessity* may be requested for these items as well.

# FLEXIBLE SPENDING ACCOUNTS (FSAs)



## Login Instructions

### Account Login

1. Go to [www.ebcflex.com](http://www.ebcflex.com).
2. Click "Log In" **A** at the top of the page and choose "Participants."
3. Log in with your Username and Password.

### Create an Account

If you do not have a Username and Password, you will first need to register.

1. Click on the "Register" button **B**.
2. Fill out the short form and follow the on-screen instructions.

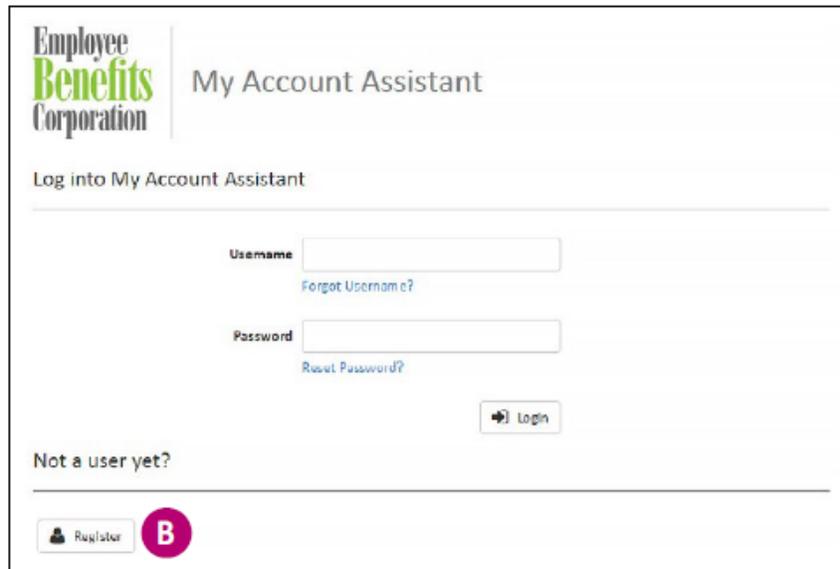
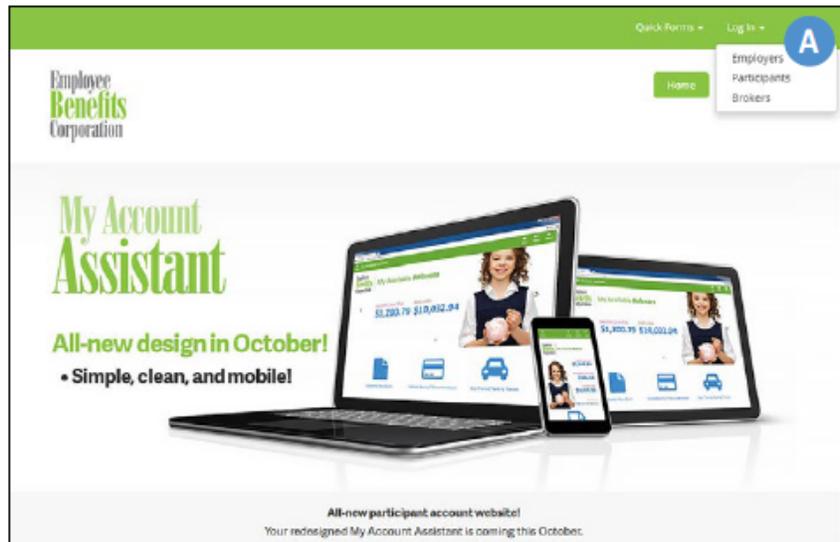
### Forgot your Username or Password?

To retrieve your login credentials:

1. At the log-in screen, click on "Forgot Username?" or "Reset Password?"
2. Enter your email address and click "Retrieve Username" or "Reset Password."
3. An email will be sent to you shortly with a link to your Security Question.
4. Provide the answer to your Security Question.
5. An email will be sent to you shortly with your Username included or instructions on how to reset your Password.

### Change your Username and Password

Once you log in, you may change your Username, Password, and Security Question. Simply open the menu and choose "My Security Settings" under "Change."



P: 800 346 2126 | 608 831 8445  
F: 608 831 4790  
P.O. Box 44347  
Madison, WI 53744-4347  
An employee-owned company  
[www.ebcflex.com](http://www.ebcflex.com)

### Questions?

If you have any questions, feel free to contact Participant Services at **800 346 2126**, or email [participantservices@ebcflex.com](mailto:participantservices@ebcflex.com).

# FLEXIBLE SPENDING ACCOUNTS (FSAs)

## Benefits Card



## 10 Essential *Tips*

Be sure to remember these important tips when you use the Employee Benefits Corporation Benefits Card.

### Tip 1 Secondary Card

You will be able to request a secondary card in a dependent's name, at no cost. You will receive one card in the mail. You may request a second card by logging in to your Account and clicking on "Secondary Benefits Card" under the "Manage" category.

### Tip 2 Activated on First Use

Your card will be activated the first time you use it. There is no need to call to activate. Use your Benefits Card for its first purchase to activate it!

- Select "**CREDIT**" if offered a choice at the point of sale terminal.

### Tip 3 Sign Back of Card

Sign the back of your card before using it

### Tip 4 Eligible Products & Locations

Not all products are eligible with the card. It is also important to know where you can use your card. Click the links below to learn which products are eligible and ineligible for purchase with the Benefits Card.

Products: <https://sig-is.org/eligible-product-list2/eligible-product-list-criteria>

Locations: <https://www.sig-is.org/card-holders/store-locator>

### Tip 5 Save your Documentation

If your card transaction is not approved automatically at the point of sale, and you didn't manually document it, you will receive a *Documentation Request* asking for your expense documentation.

### Tip 6 Documentation Information

Your documentation must contain 4 pieces of important information for us to substantiate your expense:

1. Date of Service
2. Type of expense
3. Amount of the expense incurred
4. Name of Service Provider

### Tip 7 Dental and Vision Purchases

Transactions made with the card at offices of dental or vision practitioners are often **not** automatically substantiated like they are at retailers or pharmacies that use the IAS. In those cases, you will more likely be required to provide manual substantiation of the transaction.

### Tip 8 Card Cancellations

There are a few reasons why your card may be cancelled:

- Your Health Care FSA or EBC HRA terminates
- You've used the card inappropriately for ineligible expenses too many times

### Tip 9 Card is Declined

There are a few reasons why your card may be declined, if it hasn't already been cancelled:

- The merchant does not accept the Benefits Card
- Your purchase is not eligible
- The card was temporarily suspended for an ineligible expense

### Tip 10 Download Our Mobile App

With our app, **My Mobile Account Assistant**, you can take a photo of your documentation (receipt) using your phone or tablet's camera and send it to us to substantiate the expense.

If you don't have a smartphone, you can take a picture with your phone or camera, save it to your computer, and upload it to us through your account using **My Account Assistant**.

# FLEXIBLE SPENDING ACCOUNTS (FSAs)

## FSA TAX SAVINGS WORKSHEETS

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

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll free customer service line 800 346 2126.

### DENTAL SERVICES

- \$ \_\_\_\_\_ Crowns/Bridges
- \$ \_\_\_\_\_ Dental X-Rays
- \$ \_\_\_\_\_ Dentures
- \$ \_\_\_\_\_ Exams/Teeth Cleanings
- \$ \_\_\_\_\_ Extractions
- \$ \_\_\_\_\_ Fillings
- \$ \_\_\_\_\_ Gum Treatments
- \$ \_\_\_\_\_ Oral Surgery
- \$ \_\_\_\_\_ Orthodontia/Braces

### INSURANCE-RELATED ITEMS

- \$ \_\_\_\_\_ Copays
- \$ \_\_\_\_\_ Coinsurance
- \$ \_\_\_\_\_ Deductibles

### LAB EXAMS / TESTS

- \$ \_\_\_\_\_ Blood Tests
- \$ \_\_\_\_\_ Cardiographs
- \$ \_\_\_\_\_ Diagnostic Fees
- \$ \_\_\_\_\_ Laboratory Fees
- \$ \_\_\_\_\_ Spinal Fluid Tests
- \$ \_\_\_\_\_ Urine/Stool Analyses
- \$ \_\_\_\_\_ X-Rays

### MEDICATION

- \$ \_\_\_\_\_ Insulin
- \$ \_\_\_\_\_ Prescribed Birth Control
- \$ \_\_\_\_\_ Prescribed Vitamins\*
- \$ \_\_\_\_\_ Prescription Drugs (including co-pays)\*

### VISION EXPENSES

- \$ \_\_\_\_\_ Contact Lenses
- \$ \_\_\_\_\_ Contact Lens Solution & Cleaners
- \$ \_\_\_\_\_ Eye Examinations
- \$ \_\_\_\_\_ Eyeglasses
- \$ \_\_\_\_\_ Laser Eye Surgeries
- \$ \_\_\_\_\_ Prescription Sunglasses
- \$ \_\_\_\_\_ Radial Keratotomy/LASIK
- \$ \_\_\_\_\_ Reading Glasses

\$ \_\_\_\_\_ Subtotal

### OTHER MEDICAL TREATMENTS/ PROCEDURES

- \$ \_\_\_\_\_ Acupuncture
- \$ \_\_\_\_\_ Alcoholism (inpatient treatment)
- \$ \_\_\_\_\_ Chiropractor Services
- \$ \_\_\_\_\_ Drug Addiction (inpatient treatment)
- \$ \_\_\_\_\_ Hearing Exams
- \$ \_\_\_\_\_ Hospital Services
- \$ \_\_\_\_\_ Patterning Exercises
- \$ \_\_\_\_\_ Physical Examination (not employment related)
- \$ \_\_\_\_\_ Physical Therapy
- \$ \_\_\_\_\_ Speech Therapy
- \$ \_\_\_\_\_ Sterilization
- \$ \_\_\_\_\_ Vaccinations and Immunizations
- \$ \_\_\_\_\_ Vasectomy and Vasectomy Reversals
- \$ \_\_\_\_\_ Well Baby Care

### OTHER MEDICAL SUPPLIES/SERVICES

- \$ \_\_\_\_\_ Abdominal/Back Supports
- \$ \_\_\_\_\_ Ambulance Services
- \$ \_\_\_\_\_ Arch Supports/Orthotic Insoles (requires doctor's prescription)
- \$ \_\_\_\_\_ Blood Pressure Monitors
- \$ \_\_\_\_\_ Breast Pumps & Lactation Supplies
- \$ \_\_\_\_\_ Compression Hosiery above 30 mmHg
- \$ \_\_\_\_\_ Contraceptives
- \$ \_\_\_\_\_ Counseling (except for Marriage and Family)
- \$ \_\_\_\_\_ Crutches
- \$ \_\_\_\_\_ Guide Dog (for visually/hearing impaired person)
- \$ \_\_\_\_\_ Hearing Aids & Batteries
- \$ \_\_\_\_\_ Hospital Bed
- \$ \_\_\_\_\_ Ice Pack
- \$ \_\_\_\_\_ Insulin Supplies
- \$ \_\_\_\_\_ Learning Disability (special school/teacher)
- \$ \_\_\_\_\_ Mastectomy Bras
- \$ \_\_\_\_\_ Medic Alert Bracelet or Necklace
- \$ \_\_\_\_\_ Medical Miles, Tolls, and Parking
- \$ \_\_\_\_\_ Orthopedic Shoes\*\*
- \$ \_\_\_\_\_ Oxygen Equipment
- \$ \_\_\_\_\_ Pregnancy Tests
- \$ \_\_\_\_\_ Pre-Natal Vitamins
- \$ \_\_\_\_\_ Prosthesis
- \$ \_\_\_\_\_ Rubbing Alcohol
- \$ \_\_\_\_\_ Splints/Casts

\$ \_\_\_\_\_ Subtotal

- \$ \_\_\_\_\_ Sunscreen greater than SPF 14
- \$ \_\_\_\_\_ Syringes
- \$ \_\_\_\_\_ Transportation Expenses (essential to medical care)
- \$ \_\_\_\_\_ Wheelchair
- \$ \_\_\_\_\_ Wigs (hair loss due to disease)

### OVER-THE-COUNTER (OTC) MEDICINE

Important note about OTC medicine reimbursement: The Health Care FSA only reimburses your OTC medicine expenses if you have a doctor's prescription for them.

Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Only OTC drugs and medicines with a prescription and filled by the pharmacy will be eligible for reimbursement. Make sure you plan your annual Health Care FSA election accordingly.

- \$ \_\_\_\_\_ Allergy Medicines
- \$ \_\_\_\_\_ Antihistamines
- \$ \_\_\_\_\_ Analgesics
- \$ \_\_\_\_\_ Antacids
- \$ \_\_\_\_\_ Anti-Diarrhea Medications
- \$ \_\_\_\_\_ Anti-Itch Medications
- \$ \_\_\_\_\_ Anti-Nausea Medications
- \$ \_\_\_\_\_ Aspirin
- \$ \_\_\_\_\_ Athletes Foot Creams and Powders
- \$ \_\_\_\_\_ Cold Sore Remedies
- \$ \_\_\_\_\_ Cough Drops
- \$ \_\_\_\_\_ Cough Syrups
- \$ \_\_\_\_\_ Decongestants
- \$ \_\_\_\_\_ Eye Drops
- \$ \_\_\_\_\_ Fever Reducers
- \$ \_\_\_\_\_ First Aid Cream (Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)
- \$ \_\_\_\_\_ Digestive Tract Relief Medications
- \$ \_\_\_\_\_ Flu and Cold Medications
- \$ \_\_\_\_\_ Hemorrhoidal Medications
- \$ \_\_\_\_\_ Laxatives
- \$ \_\_\_\_\_ Lice and Scabies Treatments
- \$ \_\_\_\_\_ Menstrual Cycle Products (for pain and cramp relief)
- \$ \_\_\_\_\_ Motion Sickness Pills

\$ \_\_\_\_\_ Subtotal

- \$ \_\_\_\_\_ Muscle / Joint Pain Relievers
- \$ \_\_\_\_\_ Nasal Sinus Sprays
- \$ \_\_\_\_\_ Nicotine Gum / Patches
- \$ \_\_\_\_\_ Pain Relievers
- \$ \_\_\_\_\_ Pedialyte
- \$ \_\_\_\_\_ Retin A (non-cosmetic)
- \$ \_\_\_\_\_ Rogaine\*\*\*
- \$ \_\_\_\_\_ Sinus Medications
- \$ \_\_\_\_\_ Sleeping Aids
- \$ \_\_\_\_\_ Smoking Cessation Products
- \$ \_\_\_\_\_ Sore Throat Sprays
- \$ \_\_\_\_\_ Special Ointments / Cream for Sunburns
- \$ \_\_\_\_\_ Throat Lozenges
- \$ \_\_\_\_\_ Vapor Rubs
- \$ \_\_\_\_\_ Weight Loss Drugs (only to treat a specific disease)\*\*\*
- \$ \_\_\_\_\_ Yeast Infection Treatments

\* Excludes drugs imported from Canada and other countries. Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

\*\* Custom made shoes to treat or alleviate a specific medical condition. Included with the receipt should be a Letter of Medical Necessity from a physician. The excess cost above the normal cost of shoes is the eligible medical expense.

\*\*\* Requires documentation from the doctor or care provider indicating use to treat a medical condition. A Letter of Medical Necessity template is available.

\$ \_\_\_\_\_  
Total Standard Health or Limited Health FSA Election

\$ \_\_\_\_\_  
Divided by #Payrolls = Deduction per Pay Period

\$ \_\_\_\_\_  
Total Dependent Care FSA Election

\$ \_\_\_\_\_  
Divided by #Payrolls = Deduction per Pay Period

Estimated Annual Expenses & Tax Savings		
Total Medical + Vision + Dental Expenses (from above)		\$
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%	

# 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 *Waiver of Premium*.

### 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 97.5% of salary at age 65.

Coverage reduces to 50% of salary 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 8 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

# 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	\$0.080	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:  $\frac{\text{_____}}{\text{(volume)}} \times \frac{\text{_____}}{\text{(rate)}} / 1,000 = \frac{\$}{\text{Monthly Cost}}$

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

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

This summary provides only a brief description of the Life Insurance coverage insured by Symetra Life Insurance Company under the LGC-13000 8/06 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 12<sup>th</sup> month

#### Seatbelt and Airbag Benefit

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

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
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
Maximum Benefit Period	Varies based on the age disability occurs. Refer to your summary plan descrip-
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.

# 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.

# VOLUNTARY CRITICAL ILLNESS & ACCIDENT BENEFITS

## ADMINISTERED BY SYMETRA

### 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.



### 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)

### 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.

### RATES:

Monthly Premium	Base	Classic
Employee	\$9.78	\$12.78
Employee + Spouse	\$16.93	\$22.28
Employee + Children	\$20.70	\$27.59
Family	\$29.39	\$39.20

### SCHEDULE OF BENEFITS

For a Schedule of Benefits please visit:

[https://www.augustana.edu/files/2020-11/Accident\\_Sched\\_Of\\_Benefits\\_Symetra.pdf](https://www.augustana.edu/files/2020-11/Accident_Sched_Of_Benefits_Symetra.pdf)

### 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

# 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 on a pre-tax or post-tax (Roth) basis. The college will match the first 2% of employee savings on a dollar-for-dollar basis. Employees can change their contribution levels at any time by contacting the payroll staff.

The Augustana Retirement Plan automatically escalates each employee's retirement savings by 1% effective the first payroll in January. During the open enrollment process, you'll be reminded of your current savings rate and given instructions if you wish to elect a savings rate other than the auto escalated amount. Employees who are already saving 10% or more will not be subject to auto escalation.

After one year of service, the college will begin contributing the equivalent of 4% of base salary or wage in addition to the matching contribution, for a total maximum contribution from the college of 6%. 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 4% 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 record keeper 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](http://tiaa-cref.org/Augustana) or by calling (800) 842-2252. Additionally, on-site workshops and counseling sessions are available on a regular basis.

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## TIME OFF BENEFITS

*(Staff and Administrative Employees only)*

**Paid Time Off:** Full-time employees accrue paid time off (PTO) with each pay period worked with a starting accrual equal to 152 hours or 19 days of vacation time per year. PTO can be used with supervisory approval, but is generally not available during the first three months of employment. PTO cannot be used until it is accrued. PTO can be used for a planned vacation or medical appointments for employees or their family members. PTO can also be used for unplanned absences, when you are sick and unable to come into work. Employees cannot carry over PTO and balances will be reset to 0 on July 1 of each year. Employees can use time before it is accrued and have a negative 40 hour balance with supervisory approval. Employees will be paid for PTO hours that are accrued but not used at the end of employment with Augustana.

**Life Event Pay:** Life event pay is designed to provide pay for a leave due to a qualifying life event that would otherwise be unpaid. Can be used for employee or qualifying family issues under the FMLA guidelines. After completing one year service full-time employees who earn PTO will be granted 80 hours of life event pay. Full time employees who do not earn PTO will be granted 160 hours of life event pay. Part-time employees who work at least 50 percent or 20 hours per week will receive pro-rated leave. This leave must be used in full day increments and can be used to offset the short-term disability plan wait period of two weeks.

**Short-Term Disability:** Along with PTO for routine illnesses and vacations, the college provides short-term disability leave for serious health conditions of the employee. All employees working at least 50 percent or 20 hours per week will be eligible for short-term disability after 90 days of service. STD is available for medically necessary leaves of the employee for up to 34 weeks. Employees will receive 60% of their normal pay after they have met the 14 day waiting period. Life event pay or PTO can be supplemented to achieve full pay.

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

# EMPLOYEE ASSISTANCE PROGRAM



## EMPLOYEE ASSISTANCE PROGRAM



**We offer confidential assistance to you and your family. Your personal information is not disclosed to anyone unless you provide written consent or as required by law.**

The Perspectives Employee Assistance Program services are provided at no cost to you. Your employer provides Perspectives EAP as a benefit because they value you. If we refer you to an outside resource for additional support, we'll advise you about potential costs and whether they may be covered by your insurance.



Appointments are available **in-person, through video conference or by phone.**



Call or Text **800.456.6327**  
Download the **Perspectives Spark App** and use the 'Get Help' option to submit a contact request.



Use the "Live Chat" feature on your Perspectives Online Portal to **instant message** with a counselor 9am-5pm CST Monday-Friday.



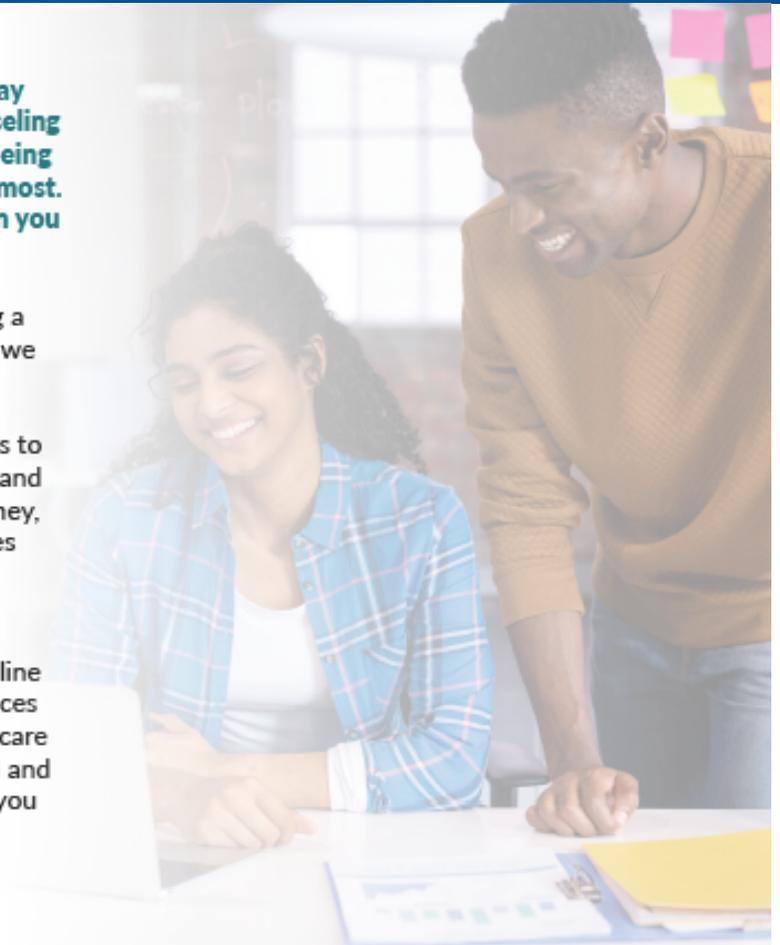
# EMPLOYEE ASSISTANCE PROGRAM

We want you to think of Perspectives as the “Everyday Assistance People.” The EAP provides support, counseling and resources for life issues. We prioritize your wellbeing so you can focus on the people and things you value most. Our services are free, confidential and available when you need them.

Whether planning for retirement or college, navigating a divorce or covering tuition costs, at some point in life, we all find ourselves in need of legal or financial advice.

Perspectives legal and financial services provide access to specialists who will help you understand your options and point you in the right direction. If you require an attorney, you will be given a referral to our network that includes a FREE 30 minute consultation and 25% reduction in attorney fees beyond the initial consult.

Additional services provided by the EAP include an online resource portal, as well as access to convenience services and specialists who assist families with child and eldercare questions. Our national network of pre-screened child and eldercare providers helps you take care of the people you care about most.



## We have experts ready to help with a variety of issues:

- ▶ Alcohol and Drug Abuse
- ▶ ADD
- ▶ ADHD
- ▶ Addictions
- ▶ Adoption
- ▶ Anger Management
- ▶ Anxiety
- ▶ Budgeting
- ▶ Child Care Resources
- ▶ College Planning
- ▶ Coping with Change
- ▶ Depression
- ▶ Divorce
- ▶ Domestic Violence
- ▶ Eating Disorders
- ▶ Effective Communication
- ▶ Elder Care Resources
- ▶ Emotional Issues
- ▶ Family Dynamics
- ▶ Financial Resources
- ▶ Grief
- ▶ Legal Resources
- ▶ Leisure Travel Time
- ▶ Marital and Couples Counseling
- ▶ Mental Health
- ▶ Parenting
- ▶ Pet Care Resources
- ▶ PTSD
- ▶ Relationships
- ▶ Stress

Log in to your WorkLife Online Portal for access to online resources and information:

Username:

Password:

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-548-1686 or at [www.bcbsil.com](http://www.bcbsil.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	For In-Network: \$1,500 Individual / \$3,000 Family For Out-of-Network: \$3,000 Individual / \$6,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Certain preventive care, services that charge a copay, prescription drugs, and emergency room services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	For In-Network: \$3,500 Individual / \$7,000 Family For Out-of-Network: \$6,000 Individual / \$12,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
<b>What is not included in the out-of-pocket limit?</b>	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call 1-800-548-1686 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the specialist you choose without a referral.

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 <u>copay</u> /visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Virtual Visit: \$10 <u>copay</u> /visit; <u>deductible</u> does not apply. See your benefit booklet* for details.
	<u>Specialist</u> visit	\$60 <u>copay</u> /visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> /immunization	No Charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	

\* For more information about limitations and exceptions, see the plan or policy document at [www.bcbsil.com](http://www.bcbsil.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p><b>If you need drugs to treat your illness or condition</b>            More information about <b>prescription drug coverage</b> is available at <a href="http://www.bcbsil.com">www.bcbsil.com</a></p>	Generic drugs	<p>20% <u>coinsurance</u>/prescription (retail)            20% <u>coinsurance</u>/prescription (mail order); <u>deductible</u> does not apply</p>	<p>20% <u>coinsurance</u>/prescription (retail); <u>deductible</u> does not apply</p>	<p>1-30 day supply will take 1 retail <u>copay</u>, 31-90 will take 1 mail <u>copay</u></p> <p>Dispensing limit may apply to certain drugs</p> <p>Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available.</p> <p>For <u>Out-of-Network drug provider</u>, you are responsible for 25% of the eligible amount after the <u>coinsurance</u>.</p> <p>Certain women's <u>preventive services</u> will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.            Retail \$10 minimum/\$25 maximum            Mail \$20 minimum/\$50 maximum</p>
	Preferred brand drugs	<p>30% <u>coinsurance</u>/prescription (retail)            30% <u>coinsurance</u>/prescription (mail order); <u>deductible</u> does not apply</p>	<p>30% <u>coinsurance</u>/prescription (retail); <u>deductible</u> does not apply</p>	<p>See above (refer to Generic drugs)            Retail \$30 minimum/\$75 maximum            Mail \$60 minimum/\$150 maximum</p>
	Non-preferred brand drugs	<p>50% <u>coinsurance</u>/prescription (retail)            50% <u>coinsurance</u>/prescription (mail order); <u>deductible</u> does not apply</p>	<p>50% <u>coinsurance</u>/prescription (retail); <u>deductible</u> does not apply</p>	<p>See above (refer to Generic drugs)            Retail \$50 minimum/\$125 maximum            Mail \$100 minimum/\$250 maximum</p>
	<u>Specialty drugs</u>	<p>30% <u>coinsurance</u>/prescription (retail); <u>deductible</u> does not apply</p>	<p>Not Covered</p>	<p><u>Specialty drug coverage</u> based on group policy. Prior <u>authorization</u> may be required. <u>Specialty retail</u> limited to a 30-day supply.            Retail \$0 minimum/\$150 maximum</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$200 <u>copay</u> /visit; <u>deductible</u> does not apply	\$200 <u>copay</u> /visit; <u>deductible</u> does not apply	<u>Copay</u> waived if admitted.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
	<u>Urgent care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$35 <u>copay</u> /office visit; <u>deductible</u> does not apply; 20% <u>coinsurance</u> for other outpatient services	50% <u>coinsurance</u>	PCP <u>copay</u> applies to psychotherapy office visit only. <u>Virtual Visit</u> : \$10 <u>copay</u> /visit; <u>deductible</u> does not apply. See your benefit booklet* for details. <u>Preauthorization</u> may be required; see your benefit booklet* for details.
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required.
If you are pregnant	Office visits	\$35 <u>copay</u> /visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	<u>Copay</u> applies to first prenatal visit (per pregnancy). <u>Cost sharing</u> does not apply for <u>preventive</u> services. Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None

\* For more information about limitations and exceptions, see the plan or policy document at [www.bcbsil.com](http://www.bcbsil.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required. Limited to 100 visits per benefit period.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required. Limited to 60 visits combined per benefit period for occupational, speech, and physical therapy.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required. Limited to 90 days per benefit period.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required. Benefits are limited to items used to serve a medical purpose. <u>Durable medical equipment benefits</u> are provided for both purchase and rental equipment (up to the purchase price).
If your child needs dental or eye care	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Dental care (Adult)
- Hearing aids
- Long term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Routine foot care (with the exception of person with diagnosis of diabetes)

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Bariatric surgery
- Chiropractic care (Chiropractic and Osteopathic manipulation limited to 25 visit maximum per calendar year)
- Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Infertility treatment
- Private-duty nursing (with the exception of inpatient private duty nursing) (50 visits per calendar year)
- Weight loss programs (except when non-medically supervised)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-548-1686, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-548-1686 or visit [www.bcbsil.com](http://www.bcbsil.com), or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit <http://insurance.illinois.gov>.

**Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-548-1686.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-548-1686.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 11-800-548-1686.

Navajo (Dine): Dineke'nggo shika at'ohwol ninisingo, kwijigo holne' 1-800-548-1686.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**  
Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

**Total Example Cost** \$12,700

**In this example, Peg would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$40
<u>Coinsurance</u>	\$2,000
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,560</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**  
Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

**Total Example Cost** \$5,600

**In this example, Joe would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$900
<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$2,320</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$1,500
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

**This EXAMPLE event includes services like:**  
Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

**Total Example Cost** \$2,800

**In this example, Mia would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$40
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,940</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.



## BlueCross BlueShield of Illinois

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To speak to an interpreter, call the customer service number on the back of your member card. If you are not a member, or don't have a card, call 855-710-6984.

العربية Arabic	ان كان لديك أو لدى شخص تساعدك أسئلة، فنديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث إلى مترجم فوري، اتصل على رقم خدمة العملاء المذكور على ظهر بطاقة عضويتك. فإن لم تكن عضواً، أو كنت لا تملك بطاقة، فتصل على 855-710-6984.
繁體中文 Chinese	如果您或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請致電印在您的會員卡背面的客戶服務電話號碼。如果您不是會員，或沒有會員卡，請致電 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, composez le numéro du service client indiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veuillez composer le 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Kundenservicenummer auf der Rückseite Ihrer Mitgliedskarte an. Falls Sie kein Mitglied sind oder keine Mitgliedskarte besitzen, rufen Sie bitte 855-710-6984 an.
Ελληνικά Greek	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διαμετρητή, καλέστε τον αριθμό εξυπηρέτησης πελατών που αναγράφεται στο πίσω μέρος της κάρτας μέλους σας. Εάν δεν έχετε κάρτα, καλέστε τον αριθμό 855-710-6984.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. દુભાવિયા સાથે વાત કરવા માટે, તમારા સભ્યપદના કાર્ડની પાછળ આપેલ ગ્રાહક સેવા નંબર પર કોલ કરો. જો આપ સભ્યપદ ના ધરાવતા હોવ, અથવા આપની પાસે કાર્ડ નથી તો 855-710-6984 નંબર પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए, अपने सदस्य कार्ड के पीछे दिए गए ग्राहक सेवा नंबर पर कॉल करें। यदि आप सदस्य नहीं हैं, या आपके पास कार्ड नहीं है, तो 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il servizio clienti al numero riportato sul lato posteriore della tua tessera di socio. Se non sei socio o non possiedi una tessera, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 회원 카드 뒷면에 있는 고객센터 서비스 번호로 전화하십시오. 회원이 아니시거나 카드가 없으시면 855-710-6984 으로 전화하십시오.
Diné Navajo	T'áá ní, éí doodagoo ía' da bikáa' anánilwo'ígíí, na' ídítik'idgo, ts' ída' bee ná ahoóíí; t'áá níí'k' e níká' í' hadesdzíh' nímí'zingo éí kwe' é da' ímíshíngí áká' anídaalwo'ígíí bich' í' hodíílníh, bee nééhózhníí bine' déé' bikáá'. Kojí aítah' naaltsóos ná hadít' ééégo éí doodago bee nééhózhínígíí ádíngó kojí' hodíílníh 855-710-6984.
Polski Polish	Jesli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiac z tłumaczem, zadzwoń pod numer podany na odwrocie karty członkowskiej. Jeżeli nie jesteś członkiem lub nie masz przy sobie karty, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы поговорить с переводчиком, позвоните в отдел обслуживания клиентов по телефону, указанному на обратной стороне вашей карточки участника. Если вы не являетесь участником или у вас нет карточки, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete comuníquese con el número del Servicio al Cliente que figura en el reverso de su tarjeta de miembro. Si usted no es miembro o no posee una tarjeta, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulongan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wikang nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa numero ng serbisyo para sa kustomer sa likod ng iyong kard ng miyembro. Kung ikaw ay hindi isang miyembro, o kaya ay walang kard, tumawag sa 855-710-6984.
Urdu	اگر آپ کو، یا کسی فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، کسٹمر سروس نمبر پر کال کریں جو آپ کے کارڈ کی پشت پر درج ہے۔ اگر آپ ممبر نہیں ہیں، یا آپ کے پاس کارڈ نہیں ہے تو، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị hoặc người mà quý vị giúp đỡ có bất kỳ câu hỏi nào, quý vị có quyền được hỗ trợ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, gọi số 855-710-6984. hàng năm ở phía sau thẻ hội viên của quý vị. Nếu quý vị không phải là hội viên hoặc không có thẻ, gọi số 855-710-6984.

**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a [grievance](#).

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [CivilRightsCoordinator@hcsc.net](mailto:CivilRightsCoordinator@hcsc.net)

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-548-1686 or at [www.bcbsil.com](http://www.bcbsil.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	For In-Network: \$4,000 Individual / \$8,000 Family For Out-of-Network: \$8,000 Individual / \$16,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Certain preventive care is covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	For In-Network: \$4,000 Individual / \$8,000 Family For Out-of-Network: \$8,000 Individual / \$16,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
<b>What is not included in the out-of-pocket limit?</b>	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call 1-800-548-1686 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the specialist you choose without a referral.

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge, after deductible	20% coinsurance	Virtual Visits: No Charge; deductible applies. See your benefit booklet* for details.
	Specialist visit	No Charge, after deductible	20% coinsurance	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge, after deductible	20% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	No Charge, after deductible	20% coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at <a href="http://www.bcbsil.com">www.bcbsil.com</a>	Generic drugs	No Charge, after deductible	No Charge, after deductible	1-30 day supply will take 1 retail copay, 31-90 will take 1 mail copay
	Preferred brand drugs	No Charge, after deductible	No Charge, after deductible	Dispensing limit may apply to certain drugs.
	Non-preferred brand drugs	No Charge, after deductible	No Charge, after deductible	Payment of the difference between the cost of a brand name drug and a generic may be required if a generic drug is available.
				For Out-of-Network drug provider, you are responsible for 25% of the eligible amount.
				Certain women's preventive services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.
	Specialty drugs	No Charge, after deductible	Not Covered	Specialty drug coverage based on group policy. Prior authorization may be required. Specialty retail limited to a 30-day supply.

\* For more information about limitations and exceptions, see the plan or policy document at [www.bcbsil.com](http://www.bcbsil.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge, after deductible	20% coinsurance	<u>Preauthorization</u> may be required.
	Physician/surgeon fees	No Charge, after deductible	20% coinsurance	None
	<u>Emergency room care</u>	No Charge, after deductible	No Charge, after deductible	None
If you need immediate medical attention	<u>Emergency medical transportation</u>	No Charge, after deductible	No Charge, after deductible	<u>Preauthorization</u> may be required for non-emergency transportation; see your benefit booklet* for details.
	<u>Urgent care</u>	No Charge, after deductible	20% coinsurance	None
	Facility fee (e.g., hospital room)	No Charge, after deductible	20% coinsurance	<u>Preauthorization</u> required.
If you have a hospital stay	Physician/surgeon fees	No Charge, after deductible	20% coinsurance	None
	Outpatient services	No Charge, after deductible	20% coinsurance	<u>Preauthorization</u> may be required; see your benefit booklet* for details. Virtual Visits: No Charge; <u>deductible</u> applies. See your benefit booklet* for details.
	Inpatient services	No Charge, after deductible	20% coinsurance	<u>Preauthorization</u> required.
If you need mental health, behavioral health, or substance abuse services	Office visits	No Charge, after deductible	20% coinsurance	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No Charge, after deductible	20% coinsurance	
	Childbirth/delivery facility services	No Charge, after deductible	20% coinsurance	None

\* For more information about limitations and exceptions, see the plan or policy document at [www.bcbsil.com](http://www.bcbsil.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No Charge, after <u>deductible</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required. Limited to 100 visits per benefit period.
	<u>Rehabilitation services</u>	No Charge, after <u>deductible</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required. Limited to 60 visits combined per benefit period for occupational, speech, and physical therapy.
	<u>Habilitation services</u>	No Charge, after <u>deductible</u>	20% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	No Charge, after <u>deductible</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required. Limited to 90 days per benefit period.
	<u>Durable medical equipment</u>	No Charge, after <u>deductible</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required. Benefits are limited to items used to serve a medical purpose. <u>Durable Medical Equipment</u> benefits are provided for both purchase and rental equipment (up to the purchase price).
	<u>Hospice services</u>	No Charge, after <u>deductible</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> may be required.
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Dental care (Adult)
- Hearing aids
- Long term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Routine foot care (with the exception of person with diagnosis of diabetes)

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Bariatric surgery
- Chiropractic care (Chiropractic and Osteopathic manipulation limited to 25 visits per calendar year)
- Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Infertility treatment
- Private-duty nursing (with the exception of inpatient private duty nursing) (50 visits per calendar year)
- Weight loss programs (except when non-medically supervised)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-548-1686, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Illinois at 1-800-548-1686 or visit [www.bcbuil.com](http://www.bcbuil.com), or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit <http://insurance.illinois.gov>.

**Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-548-1686.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-548-1686.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-548-1686.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-548-1686.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$4,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

**Total Example Cost** \$12,700

**In this example, Peg would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$4,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$4,060</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$4,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

**Total Example Cost** \$5,600

**In this example, Joe would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$4,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$4,020</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$4,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

**Total Example Cost** \$2,800

**In this example, Mia would pay:**

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.



## BlueCross BlueShield of Illinois

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To speak to an interpreter, call the customer service number on the back of your member card. If you are not a member, or don't have a card, call 855-710-6984.

العربية Arabic	ان كان لديك أو لدى شخص تساعدك أسئلة، فنديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث إلى مترجم فوري، اتصل على رقم خدمة العملاء المذكور على ظهر بطاقة عضويتك. فإن لم تكن عضواً، أو كنت لا تملك بطاقة، فتصل على 855-710-6984.
繁體中文 Chinese	如果您或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請致電印在您的會員卡背面的客戶服務電話號碼。如果您不是會員，或沒有會員卡，請致電 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, composez le numéro du service client indiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veuillez composer le 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Kundenservicenummer auf der Rückseite Ihrer Mitgliedskarte an. Falls Sie kein Mitglied sind oder keine Mitgliedskarte besitzen, rufen Sie bitte 855-710-6984 an.
Ελληνικά Greek	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διαμετρητή, καλέστε τον αριθμό εξυπηρέτησης πελατών που αναγράφεται στο πίσω μέρος της κάρτας μέλους σας. Εάν δεν έχετε κάρτα, καλέστε τον αριθμό 855-710-6984.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. દુભાવિયા સાથે વાત કરવા માટે, તમારા સભ્યપદના કાર્ડની પાછળ આપેલ ગ્રાહક સેવા નંબર પર કોલ કરો. જો આપ સભ્યપદ ના ધરાવતા હોવ, અથવા આપની પાસે કાર્ડ નથી તો 855-710-6984 નંબર પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए, अपने सदस्य कार्ड के पीछे दिए गए ग्राहक सेवा नंबर पर कॉल करें। यदि आप सदस्य नहीं हैं, या आपके पास कार्ड नहीं है, तो 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il servizio clienti al numero riportato sul lato posteriore della tua tessera di socio. Se non sei socio o non possiedi una tessera, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 회원 카드 뒷면에 있는 고객센터 서비스 번호로 전화하십시오. 회원이 아니시거나 카드가 없으시면 855-710-6984 으로 전화하십시오.
Diné Navajo	T'áá ní, éí doodagoo ía' da bikáa' anánilwo'ígíí, na' ídítik'idgo, ts' ída' bee ná ahoóíí'í; t'áá níí'k' é níká' é níká' a' doolwoł. Áta' hálne' í' bich' í' hadesdzih' nímí'zingo éí kwe' é da' í'níshngí áká' anídaalwo'ígíí bich' í' hodíílnih, bee nééhozhníí bine' déé' bikáá'. Kojí átaah' naaltsóos ná hadít' ééégo éí doodago bee nééhozhínígíí ádingo kojí' hodíílnih 855-710-6984.
Polski Polish	Jesli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiac z tłumaczem, zadzwoń pod numer podany na odwrocie karty członkowskiej. Jeżeli nie jesteś członkiem lub nie masz przy sobie karty, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы поговорить с переводчиком, позвоните в отдел обслуживания клиентов по телефону, указанному на обратной стороне вашей карточки участника. Если вы не являетесь участником или у вас нет карточки, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete comuníquese con el número del Servicio al Cliente que figura en el reverso de su tarjeta de miembro. Si usted no es miembro o no posee una tarjeta, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulongan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wikang nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa numero ng serbisyo para sa kustomer sa likod ng iyong kard ng miyembro. Kung ikaw ay hindi isang miyembro, o kaya ay walang kard, tumawag sa 855-710-6984.
Urdu	اگر آپ کو، یا کسی فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، کسٹمر سروس نمبر پر کال کریں جو آپ کے کارڈ کی پشت پر درج ہے۔ اگر آپ ممبر نہیں ہیں، یا آپ کے پاس کارڈ نہیں ہے تو، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị hoặc người mà quý vị giúp đỡ có bất kỳ câu hỏi nào, quý vị có quyền được hỗ trợ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, gọi số 855-710-6984. hàng năm ở phía sau thẻ hội viên của quý vị. Nếu quý vị không phải là hội viên hoặc không có thẻ, gọi số 855-710-6984.

**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a [grievance](#).

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [CivilRightsCoordinator@hpsc.net](mailto:CivilRightsCoordinator@hpsc.net)

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

# EMPLOYEE NOTICES - MEDICARE PART D - PLANS 1 & 2

## IMPORTANT NOTICE FROM AUGUSTANA COLLEGE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE-MEDICAL PLAN S 1 & 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 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**) and the Qualified High Deductible Health Plan (Medical Plan 2) is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	11/1/2021
Name of Entity/Sender:	Augustana College
Contact--Position/Office:	Cristina Rios - 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).**

# EMPLOYEE NOTICES

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.

## 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](http://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](http://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](http://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

Cristina Rios  
Augustana College  
639 38th Street  
Rock Island, IL 61201  
(309) 794-7740 & [cristinarios@augustana.edu](mailto:cristinarios@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 9.61% 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](http://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](http://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
- Prostheses
- 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 **January 1, 2021**.

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.

**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.

# EMPLOYEE NOTICES

## EMPLOYEE HEALTH CARE PLAN NOTICE OF PRIVACY PRACTICES

### CONTINUED

**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:

**Cristina Rios**  
**Augustana College**  
**639 38<sup>th</sup> Street**  
**Rock Island, IL 61201**  
**(309) 794-7740 & cristinarios@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](http://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.

## AUGUSTANA COLLEGE 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 licensure 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.



CREATED BY HOLMES MURPHY & ASSOCIATES FOR AUGUSTANA COLLEGE