Augustana College

2024 BENEFITS SUMMARY

JANUARY 1 2024

DECEMBER 31 2024

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 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
Assistant Director of Human Resources
(309) 794-7740
cristinarios@augustana.edu

Health & Pharmacy Benefits
UMR
Refer the number on the back of your ID Card.
https://member.umr.com/home

MedOne
https://members.medone-rx.com/

Sharx—Specialty Rx
https://sharxplan.com/members/

Dental Benefits
Metlife
https://www.metlife.com/

Vision Benefits
Metlife
https://www.metlife.com/

Health Savings Account (HSA)
Quad City Bank & Trust
Contact Name: Marcy Devlin
(563) 468-5689
www.qcbt.com

Flexible Spending Account (FSA)
Employee Benefits Corporation (EBC)
1 (800) 346-2126
www.ebcflex.com

Life/Long-Term Disability/Supplemental Life
The Standard
Policy Number: 170657
www.Standard.com

Voluntary: Critical Illness/Accident
The Standard
Policy Number: 170657
www.Standard.com

Employee Assistance Program
Perspectives
Call or Text: 1 (800) 456-6327
www.perspectivesltd.com

Retirement
TIAA-CREF
1 (800) 842-2252
www.tiaa-cref.org/augustana

Paid Time Off
Human Resources Department
(309) 794-7352

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 UMR—Choice Plus 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 UMR	No Charge	You pay 50%, after Deductible
Office Visit	$35 PCP copayment $80 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

MEDICAL INSURANCE PLAN-2 HDHP

ADMINISTERED BY UMR—High Deductible Health Plan
Qualified Health Savings Account 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 UMR	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

HEALTH AND PHARMACY BENEFITS

Get all your answers **quick** and **easy** @ **umr.com**

Make **umr.com** your first stop

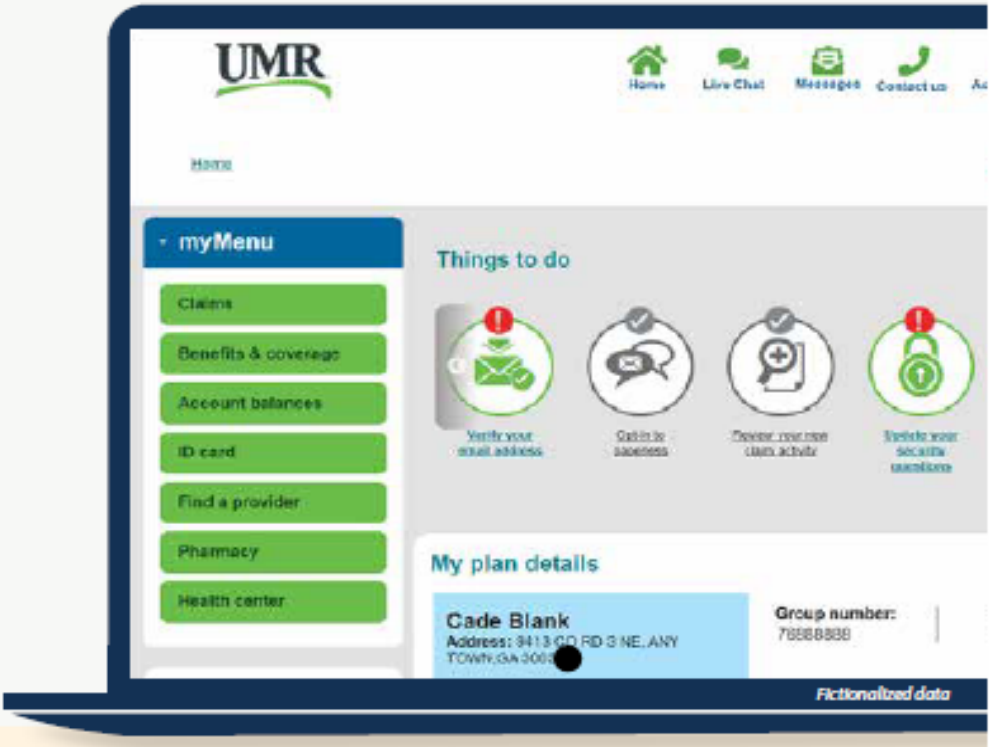
You want managing your health care to be fast and easy, right? You got it. At **umr.com**, you'll find everything you want to know – and need to do – as soon as you log in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!

Log in now to:

- View **Things to do**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life

Note: *The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.*



The **UMR app** is another way we're reimagining health care to work for you.

We have a smarter, simpler, faster way to manage your health care benefits, right from the palm of your hand.

With just a tap, you can:

- Access your digital ID card
- View your plan details on-demand – anytime, anywhere
- Find out if there is a co-pay for your upcoming appointment
- Chat, call or message UMR's member support team

Stay connected to your health care and download the UMR app today!

Simply scan the QR code to the left or visit your app store to get started.

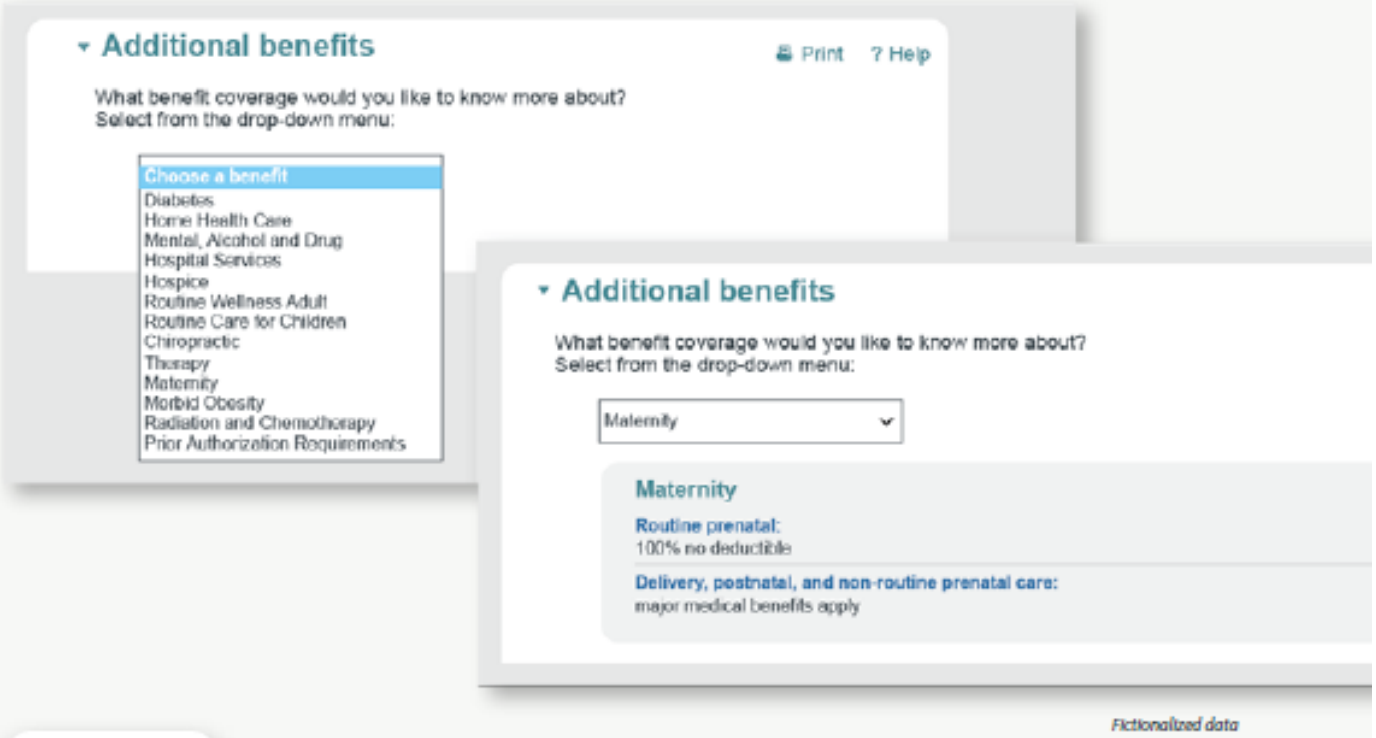
HEALTH AND PHARMACY BENEFITS

You don't need a Ph.D. to **understand your benefits**

We've made it easy to find the top things people want to know. Choose **Benefits & coverage** from myMenu to find out:

- What health care services are covered?
- What's the cost difference between an in-network and out-of-network service?
- What's your deductible, and are you close to reaching it?
- Is there a co-payment for your office visit? If so, how much?

Get your answers at a glance on umr.com



Fictionalized data

Glossary

abc

Still confused about what a deductible is?

Just click the glossary tile shortcut on the member home page to find common health care terms (including benefit terms) defined in plain, clear language.

Fictionalized data

Did your dog eat your **ID card**?

No worries. It's easy to get a replacement online

Just click **ID card** from **myMenu** to see a copy of your card. With a couple more clicks you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy from our desktop site. Or, use your smart phone to view your ID card or fax a copy to your doctor's office.

HEALTH AND PHARMACY BENEFITS

Don't be surprised by **unexpected costs**

Know the price you'll pay ahead of time

Use the **Health cost estimator** to look up a treatment or procedure in your area.

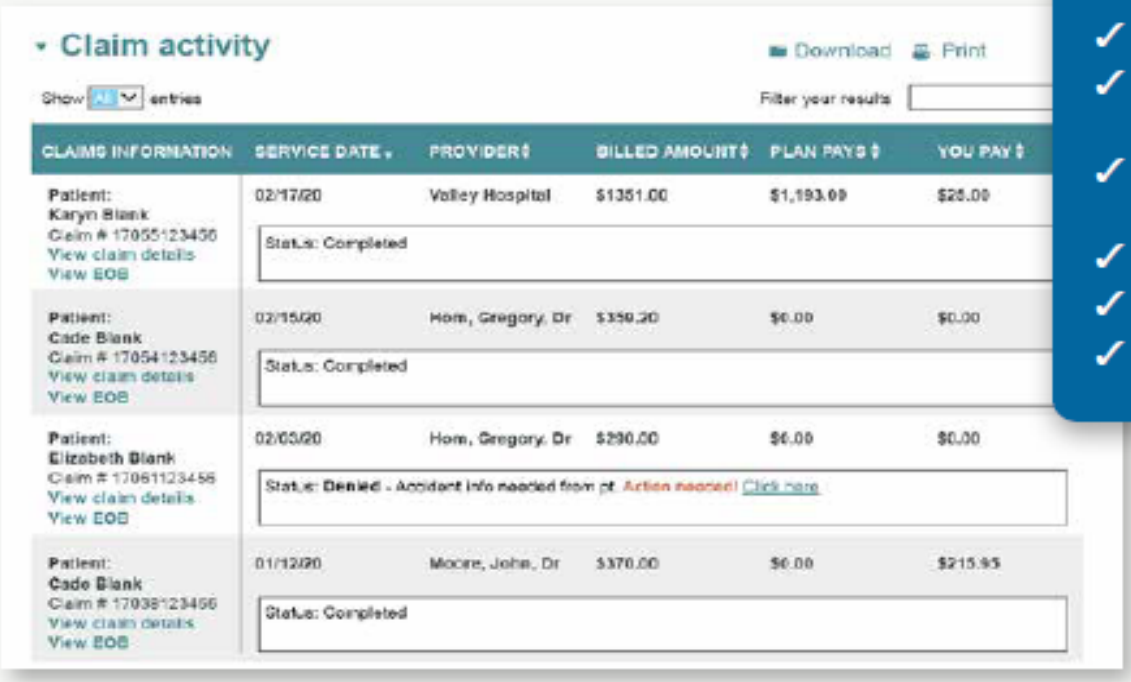
Quickly see what you spent on health care this year

Get a breakdown by the types of services, so you can see where all your money went.

Make sure you get your in-network discount

Do a quick search for participating doctors and facilities near you.

Buried in paperwork?
A single click lets you track all your claims



- ✓ Saves time - no waiting!
- ✓ Keep up-to date 24/7
- ✓ Clearly organized and easy to sort
- ✓ Get all the details in one place
- ✓ Safe and secure
- ✓ Find out what you owe
- ✓ No lost paperwork

Fictionalized data

Hassle-free access when you need it

Check in at your convenience to see if a claim has been processed and what you might owe. To get more details on a specific claim, click **View claim details** or **view EOB**. This will tell you the type of services provided, the amount billed and the amount paid, if any, and whether there's any action that needs to be taken before the claim can be processed.

You can choose to receive a secure e-mail any time you have a new EOB. And if you're not ready to give up paper completely, you can print out copies from our claims center.

HEALTH AND PHARMACY BENEFITS

Helpful apps, calculators, videos and health information **all in one place**

Online health information: up-to-date and ad-free

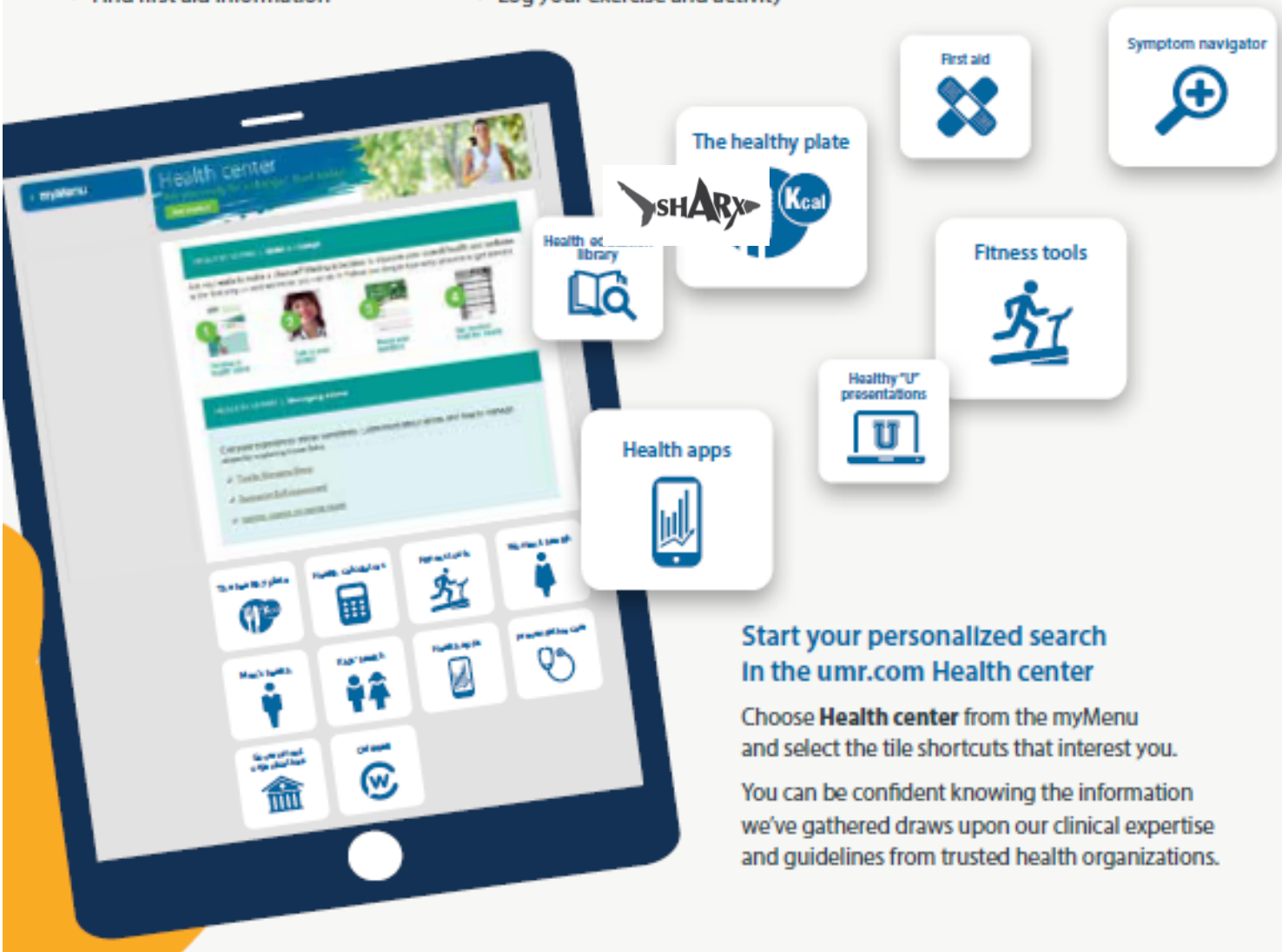
- Search your health symptoms
- Understand your treatment options
- Learn about drug interactions
- Find first aid information

Our top picks for healthy eating and exercise

- Get the essentials on men's, women's & kids' health
- Watch step-by-step recipe videos
- Log your exercise and activity

Free tools, apps and calculators

- Calculate your body-mass index (BMI)
- Download apps to help you stay healthy
- Track your nutrition and fitness goals



Start your personalized search in the umr.com Health center

Choose **Health center** from the myMenu and select the tile shortcuts that interest you.

You can be confident knowing the information we've gathered draws upon our clinical expertise and guidelines from trusted health organizations.

Logging in is easy

Ready to pop in and take our site for a spin? Visit **umr.com** anytime to get started. If you already have an account, select the **Log In/Register** button to sign in.

If it's your first time visiting us, use the **Log In/Register** button to open an account. Make sure you have your ID card handy and follow the steps to get started.

UMR

A UnitedHealthcare Company

HEALTH AND PHARMACY BENEFITS

24/7 doctor visits via phone or mobile app

TELADOC

Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.

Talk to a doctor anytime, anywhere you happen to be

Receive quality care via phone, video or mobile app

Prompt treatment, median call back, in 10 minutes

A network of doctors that can treat every member of the family

Prescriptions sent to pharmacy of choice if medically necessary

Teladoc is less expensive than the ER or urgent care

Talk to a doctor anytime!
visit **Teladoc.com**
or call
1-800-Teladoc

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.

UMR
A UnitedHealthcare Company

HEALTH AND PHARMACY BENEFITS

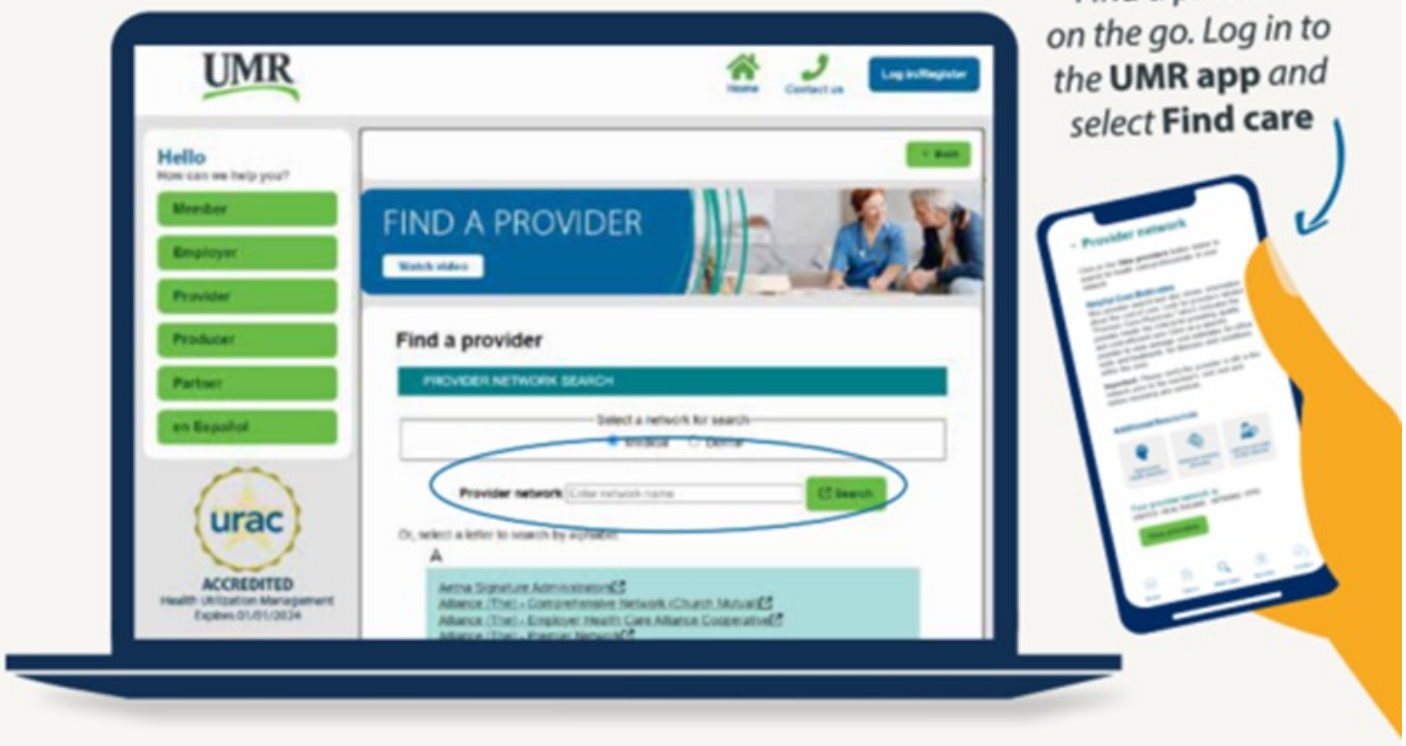
Find a provider

Finding a network provider on **umr.com** or the **UMR app** has never been easier

1 Go to **umr.com** and select **Find a provider**

2 Look for the name of your provider network on your **ID card**

3 Begin a search for your provider network using our alphabet navigation, or type the name into the **search box**



Find a provider on the go. Log in to the **UMR app** *and select* **Find care**

Don't have your ID card handy?

That's OK. If you log in to **umr.com** or the **UMR app**, you will be directed to your in-network provider listing.

UMR

A UnitedHealthcare Company

HEALTH AND PHARMACY BENEFITS

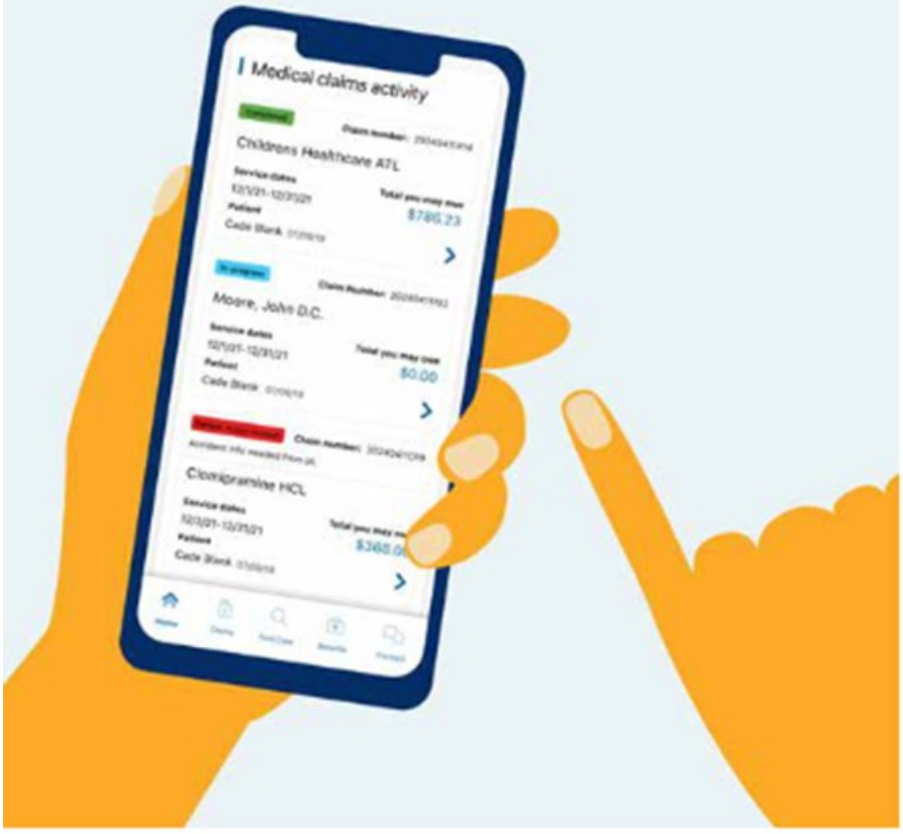
Welcome to a

smarter, simpler, faster

way to manage your health care benefits,

right from the palm of your hand.

UMR on the go!



The UMR app has a smart fresh look, simple navigation, and faster access to your health care benefits information. View your plan details on demand - anytime, anywhere.

With a single tap, you can:

- Access your digital ID card
- Look up in-network health care providers
- Find out if there's a co-pay for your upcoming appointment
- View your recent medical and dental claims
- Chat, call or message UMR's member support team

Download the UMR app today!

Simply scan the QR code or visit your app store to get started.

UMR

A UnitedHealthcare Company

HEALTH AND PHARMACY BENEFITS

Plan Feature	PPO (In Network)	HDHP (In Network)
Administered by MedOne/Specialty Medication by Sharx	*$100 Single Deductible/ 3X Family Deductible**	
Retail Prescription Drug Coverage (30 Day Supply)		
Rx Network - PremierONE	Tier 1 : $10 or 20% to $25 maximum	Tier 1 : You pay 0% after Deductible
Rx Drug Formulary - Access Formulary	Tier 2 : $30 or 30% to $75 maximum	Tier 2 : You pay 0% after Deductible
The calendar year OPM applies to pharmacy and medical claims. Once met, your covered prescriptions are paid at 100%.	Tier 3: $50 or 50% to $125 maximum	Tier 3: You pay 0% after Deductible
***** Deductible waived for Generic Non-Specialty Medications		

https://members.medone-rx.com/

HEALTH AND PHARMACY BENEFITS

FOR SPECIALTY MEDICATION USERS ONLY

Sharx customer service will reach out to qualified participants.

Imperative that you connect with Sharx

WHO IS ELIGIBLE?

Your employer is making this program available to all members enrolled in the health plan. If you are currently on a specialty medication, you will want to follow the instructions in the welcome email you receive or call 314-451-3555 option 1 to begin working with the SHARx Advocacy team.

WHAT ARE THE COSTS?

There are no costs to participate in the SHARx program. Your employer has paid 100% of the cost of this service for you and your family as long as you are enrolled in the your employer's health plan. Prescriptions obtained through this service could be FREE for you and your family. Sometimes a co-pay or out of pocket amount will be required, but this out of pocket may be substantially less than what you are paying now.

If you are in the advocacy process with SHARx, you may be eligible for a temporary fill of your specialty medication at your specialty pharmacy while the advocacy is in process.

Certain manufacturers will require additional information to verify your income.

Please respond right away to these requests for additional information to ensure there is no delay with your advocacy.

Our goal is for everyone to receive the medications they need as quickly as possible at the lowest price, and this is only accomplished with your help.

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
- $4,150 Single Coverage (2024)
- $8,300 Family Coverage (2024)
- 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

- Medical expenses not paid for by insurance such as deductibles, co-payments and coinsurance amounts
- Dental and vision services
- Transportation expenses to visit your doctor
- Prescription drugs
- Medical devices
- Home care expenses
- Hearing aids and batteries
- Birth control
- Band aids
- Diagnostic tests and monitors
- Podiatrists
- Nutritionists
- Physical therapy
- Acupuncture
- Laser eye surgery
- Psychiatric care
- Speech therapy

This is not an exhaustive list. Go to www.irs.gov for more information.

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

Augustana College

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

GENESIS At Work

* 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 METLIFE (PDP Plus Network)

Employer Sponsored Dental		
Class Description	All Active Full Time Employees (30 Hours)	
	In-Network	**Out-of-Network***
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%
Type B – Basic	80%	80%
Type C – Major	50%	50%
Calendar Year Deductible applies to: ▪ **Individual** ▪ **Family**	B & C $50 $150 Aggregate	B & C $50 $150 Aggregate
Calendar Year Maximum ***(applies to A,B,C services)***	$1,000	$1,000
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	$1,000	$1,000

* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

DENTAL BENEFITS - Administered by Metlife

TYPE A	
Examinations	§ 2 times in 1 calendar year
Examinations – Problem Focused	Combined with Examinations Limit
Prophylaxis: Cleanings	1 time in 6 months
Sealants	§ 1 per molar in 60 months for a child under age 19
Space Maintainers	1 per lifetime for a child under age 19
Fluoride	§ 2 times in 1 calendar year for a dependent child under age 19
Full Mouth X-Rays	Once in 36 months
Bitewing X-Rays	§ For a child under 19: 1 time in 1 calendar year § Adult: 1 time in 1 calendar year
Labs & Other Tests	
Emergency Palliative Treatment	
Periapical X-Rays	
Other X-Rays	
TYPE B	
Amalgam Fillings	1 replacement per surface in 24 Months
Root Canal	1 in 24 months
Periodontal Maintenance	§ 4 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 4)
Periodontal Surgery	1 per quadrant in any 36 month period
Scaling & Root Planing	1 per quadrant in any 24 month period
Prefabricated Crowns	1 per tooth in 5 calendar years
Occlusal Adjustments	1 in 24 months
General Anesthesia	
§ Resin Composite Fillings(includes coverage for composite fillings on molars)	
Pulpotomy	
Pulp Capping	
Pulp Therapy	
Apexification & Recalcification	
§ Periodontal Surgery – Soft & Connective Tissue Grafts	
Periodontics – Non-Surgical	
Oral Surgery: Simple Extractions	
Oral Surgery: Surgical Extractions	
Other Oral Surgery	
General Services	
TYPE C	
Consultations	1 in 12 months
Crown Buildups / Post Core	1 per tooth in 5 calendar years
Repairs	1 in 24 months
Recementations	1 in 24 months
Dentures	1 in 5 calendar years
§ Immediate Temporary Dentures – Complete / Partial	1 replacement in 12 months
Dentures – Rebases / Relines	1 in 24 months
Denture Adjustments	1 in 12 months
Fixed Bridges	1 in 5 calendar years
Inlays / Onlays /Crowns	1 replacement per tooth in 5 calendar years
Implant Services	1 per tooth position in 5 calendar years
Implant Repairs	1 per tooth in 12 months
Implant Supported Prosthetic	1 per tooth in 5 calendar years
Tissue Conditioning	1 in 60 months
Orthodontics	
Orthodontic Diagnostics	
Orthodontic Treatment	

VISION BENEFITS—Administered by Metlife

MetLife

Superior		
Network	Superior Vision National Network	
Class Description	All Active Full Time Employees (30 Hours)	
Reimbursement	**In-Network Coverage (Using a Network Provider)**	**Out-of-Network Reimbursement (Using a Non-Network Provider)**
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	$10 copay	$45 allowance after $0 copay
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to $39 copay	Applied to the exam allowance
Materials / Eyewear Glasses		
Standard Corrective Lenses		
Single vision	$25 copay	$30 allowance*
Lined bifocal	$25 copay	$50 allowance*
Lined trifocal	$25 copay	$65 allowance*
Lenticular	$25 copay	$100 allowance* *after $0 copay
Standard Lens Enhancement		
· **Ultraviolet coating**	Up to $12	Applied to the allowance for the applicable corrective lens
· **Standard Polycarbonate (child up to age 18)**	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements[1]		
· **Progressive Standard**	Up to $55	$50 allowance
· **Progressive Premium**	Up to $110	$50 allowance
· **Progressive Ultra**	Up to $150	$50 allowance
· **Progressive Ultimate**	Up to $225	$50 allowance
· **Standard Polycarbonate (adult)**	Up to $40	Applied to the allowance for the applicable corrective lens
· **Scratch-resistant coating (variable by type)**	Up to $15 - $30	Applied to the allowance for the applicable corrective lens
· **Anti-reflective coating (variable by type)**	Up to $50 - $120	Applied to the allowance for the applicable corrective lens
· **Photochromic (variable by type)**	Up to $80	Applied to the allowance for the applicable corrective lens
Frame Allowance	$150 allowance	$70 allowance
Contact Lenses		
Elective	$150 allowance	$105 allowance
Necessary	Covered in full	$210 allowance
Contact Fitting and Evaluation	Standard: Covered in Full after $25 copay Specialty: $50 allowance after $25 copay	Applied to the contact lens allowance

FLEXIBLE SPENDING ACCOUNTS (FSAs)

The BESTflex℠ Plan

Enrollment Guide

Enroll in the BESTflex℠ 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.

*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.

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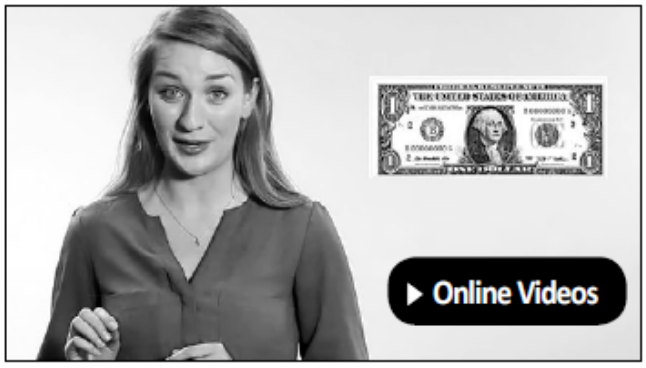
FLEXIBLE SPENDING ACCOUNTS (FSAs)

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.



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.*

My **Mobile** Account Assistant

Smart, Simple,
Secure and Mobile!

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

Visit www.ebcflex.com to learn more.

Available on the App Store | Google play

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.**

Download information regarding The BESTflex Plan and your FSAs by activating then logging in to My Account Assistant at 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.

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)

My Account Assistant

Login Instructions

Account Login

1. Go to 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.

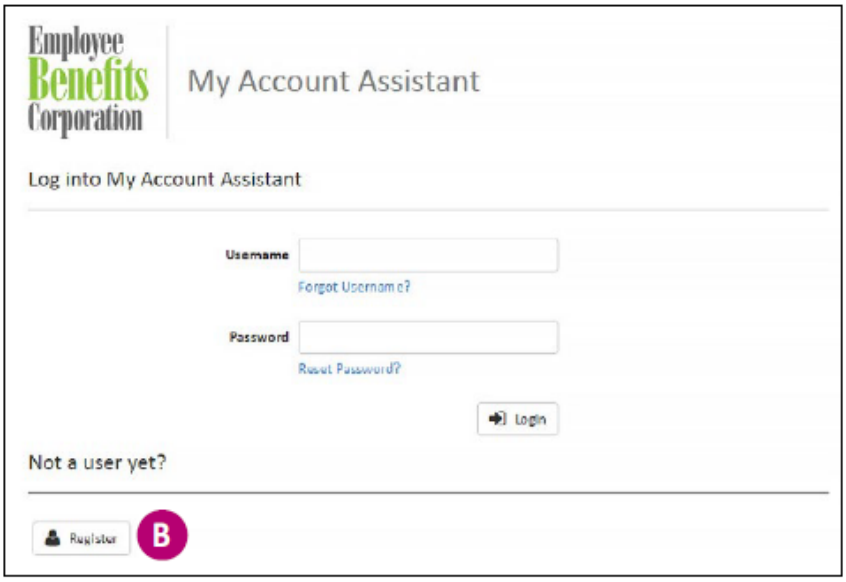
Forgot your Username or Password?

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."



Employee Benefits Corporation
We make it easy.

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

Questions?

If you have any questions, feel free to contact Participant Services at **800 346 2126**, or email 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 IIAS. 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 THE STANDARD

Plan Overview

Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Augustana College.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Augustana College and actively working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount	1.5 times your annual earnings to a maximum of $400,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70.

Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

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 THE STANDARD

Group Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.

This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die

About This Coverage

How Much Can I Apply For?	For You:	**$10,000 – $500,000** in increments of **$10,000**
	For Your Spouse:	**$5,000 – $250,000** in increments of **$5,000**
	For Your Child(ren):	**$10,000**
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to **$150,000**
	For Your Spouse:	Up to **$30,000**

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

Additional Features

Your coverage comes with some added features:

Accelerated Death Benefit	If you become terminally ill, you may be eligible to receive up to 80 percent of your Life benefit to a maximum of $500,000.
Travel Assistance[1]	Available 24 hours a day, this service connects you to resources when you're traveling at least 100 miles from home or in a foreign country for up to 180 days.
Life Services Toolkit[2]	This service allows you and your beneficiaries access to online content for will preparation, identity theft support and other tools and calculators, and provides your beneficiaries with services for grief, and legal and financial matters.

1 This service is provided through an arrangement with a service provider who is not affiliated with The Standard. Travel Assistance is not an insurance product. For more information, visit **www.standard.com/travel-info**.

2 The Life Services Toolkit is offered through an arrangement with a service provider that is not affiliated with The Standard. For more information, visit **www.standard.com/mytoolkit-info**.

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at **www.standard.com/life/needs**.

VOLUNTARY TERM LIFE BENEFITS

ADMINISTERED BY THE STANDARD

How Much Your Coverage Costs

Because this insurance is offered through Augustana College, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

_____	÷ 1000 =	_____	x	_____	=	_____
Enter the amount of coverage you are requesting (see limitations in the About This Coverage section).				Enter your rate from the rate table.		This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Life coverage for your child(ren), your monthly rate is $2.00 for $10,000, no matter how many children you're covering.

Your Age (as of January 1)	Your Rate (Per $1,000 of Total Coverage)
<25	$0.06
25–29	$0.08
30–34	$0.09
35–39	$0.14
40–44	$0.21
45–49	$0.42
50–54	$0.65
55–59	$0.70
60–64	$1.27
65–69	$3.23
70–74	$8.53
75+	$17.07

Spouse's Age (as of January 1)	Spouse's Rate (Per $1,000 of Total Coverage)
<25	$0.06
25–29	$0.08
30–34	$0.09
35–39	$0.14
40–44	$0.21
45–49	$0.42
50–54	$0.65
55–59	$0.70
60–64	$1.27
65–69	$3.23
70–74	$8.53
75+	$17.07

Supplemental Child Life: _____ (volume) x .20 (rate) / 1,000 = $ _____ 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

ACCIDENT INSURANCE BENEFIT

Plan Overview

ADMINISTERED BY THE STANDARD

Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

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

ACCIDENT INSURANCE BENEFIT

Plan Overview

ADMINISTERED BY THE STANDARD

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	$150
X-ray	$50
Concussion	$150
Leg Fracture (Surgical)	$2,400
Knee Cartilage Repair	$750
Hospital Admission	$1,000
2 Days Hospital Confinement	$400
Medical Appliance	$100
Physician Follow-Up Appointment	$50
2 Physical Therapy Appointments	$100
TOTAL	**$5,150**

Here's what it would cost you:

Coverage for...	Monthly Premium
You	**$9.41**
You and your spouse	**$14.95**
You and your children	**$17.78**
You, your spouse and your children	**$27.85**

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

CRITICAL ILLNESS BENEFIT

Plan Overview

ADMINISTERED BY THE STANDARD

Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

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

CRITICAL ILLNESS BENEFIT

Plan Overview

ADMINISTERED BY THE STANDARD

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

You choose your coverage amount. Here's an example of what each benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	$1,400
Lost wages	$5,000
Alternate treatments and diets not covered by medical plan	$4,500
Total Out-Of-Pocket Expenses	**$10,900**

Example Of Benefits

Critical Illness Benefit Option	$10,000	$20,000
Total Out-Of-Pocket Expenses	**$10,900**	**$10,900**
Remaining Out-Of-Pocket Expenses	$900	$0
Remaining Benefit For Other Expenses	**$0**	**$9,100**

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	Flat amount of $10,000, $20,000 or $30,000
Your spouse	Flat amount of $5,000, $10,000, or $15,000, as long as it's not more than 50 percent of your coverage amount
Your children	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

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

CRITICAL ILLNESS BENEFIT

Plan Overview

ADMINISTERED BY THE STANDARD

Affordable Group Rates

Because you'll be buying this insurance through Augustana College, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older – meaning you'll have the same monthly payment for as long as you have your coverage.

The monthly premiums you would pay for Critical Illness insurance benefits are below.

Employee Non-Tobacco Monthly Issue Age Premiums

Coverage Amount	Employee Age										
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$10,000	$3.90	$4.90	$6.30	$8.20	$11.00	$14.60	$18.60	$23.30	$31.70	$43.90	$58.50
$20,000	$7.80	$9.80	$12.60	$16.40	$22.00	$29.20	$37.20	$46.60	$63.40	$87.80	$117.00
$30,000	$11.70	$14.70	$18.90	$24.60	$33.00	$43.80	$55.80	$69.90	$95.10	$131.70	$175.50

Employee Tobacco Monthly Issue Age Premiums

Coverage Amount	Employee Age										
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$10,000	$4.30	$5.90	$8.20	$12.00	$17.40	$24.90	$34.10	$46.30	$66.20	$93.30	$117.30
$20,000	$8.60	$11.80	$16.40	$24.00	$34.80	$49.80	$68.20	$92.60	$132.40	$186.60	$234.60
$30,000	$12.90	$17.70	$24.60	$36.00	$52.20	$74.70	$102.30	$138.90	$198.60	$279.90	$351.90

Spouse Monthly Issue Age Premiums - Based on Employee's Age and Non-Tobacco status

Coverage Amount	Employee Age										
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$5,000	$1.95	$2.45	$3.15	$4.10	$5.50	$7.30	$9.30	$11.65	$15.85	$21.95	$29.25
$10,000	$3.90	$4.90	$6.30	$8.20	$11.00	$14.60	$18.60	$23.30	$31.70	$43.90	$58.50
$15,000	$5.85	$7.35	$9.45	$12.30	$16.50	$21.90	$27.90	$34.95	$47.55	$65.85	$87.75

Spouse Monthly Issue Age Premiums - Based on Employee's Age and Tobacco status

Coverage Amount	Employee Age										
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$5,000	$2.15	$2.95	$4.10	$6.00	$8.70	$12.45	$17.05	$23.15	$33.10	$46.65	$58.65
$10,000	$4.30	$5.90	$8.20	$12.00	$17.40	$24.90	$34.10	$46.30	$66.20	$93.30	$117.30
$15,000	$6.45	$8.85	$12.30	$18.00	$26.10	$37.35	$51.15	$69.45	$99.30	$139.95	$175.95

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

CRITICAL ILLNESS BENEFIT

Plan Overview

ADMINISTERED BY THE STANDARD

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to $15,000, as long as it's not more than 50 percent of your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of $50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 12 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness at least 90 days after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

Payment of benefit is subject to the terms and conditions of the policy.
Diagnosis and recommendation must occur after your coverage becomes effective.

* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

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

LONG - TERM DISABILITY BENEFITS

ADMINISTERED BY THE STANDARD

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

Plan Overview

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

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

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 if 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 is a scholarship program and receipt of a scholarship award is not guaranteed.

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 5% of base salary or wage in addition to the matching contribution, for a total maximum contribution from the college of 7%. Employees who have been fully vested within a qualified 403(b) 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 or by calling (800) 842-2252. Additionally, on-site workshops and counseling sessions are available on a regular basis.

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 PTO time per year. PTO can be used with supervisory approval, but is generally not available during the first three months of employment. 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. Part-time employees working 20 or more hours per week will receive PTO on a prorated basis.

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 75 percent or 30 hours per week will receive prorated 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 75 percent or 30 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 180 days. 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

Perspectives

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.

SCAN THIS QR CODE TO DOWNLOAD THE APP

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: augustana
Password: perspectives

800.456.6327 | **perspectivesltd.com**

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 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

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

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

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

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…

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

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	11/1/2022
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.

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

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

Plan Contact Information
Cristina Rios
Augustana College
639 38th Street
Rock Island, IL 61201
(309) 794-7740 & 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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Even if you employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, www.healthcare.gov will guide you through the process.

60-DAY SPECIAL ENROLLMENT PERIOD

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

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

HIPAA SPECIAL ENROLLMENT NOTICE

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

Loss of Other Coverage (including Medicaid and State Child Health Coverage)

If you are declining coverage for yourself or your dependents (including spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within *[30 days]* after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Marriage, Birth or Adoption

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

Medicaid or State Child Health Coverage

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

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

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

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- 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, 2023.***

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 purposes. 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 38th 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** 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