Augustana
COLLEGE



2027 EMPLOYEE BENEFITS GUIDE

Guide prepared by USI Insurance Services

Table of Contents

Section	Page
Benefits Contact Information	3
Welcome & Benefits Eligibility	4
Medical & Pharmacy Information	5
Augustana Convenient Care	9
SHARx, Pharmacy Supplement	10
Health Savings Account	11
Flexible Spending Account	12
Dental	13
Vision	14
Employee Assistance Program	15
Basic Life & Accidental Death & Dismemberment Insurance	16
Voluntary Life Insurance	17
Accident Insurance	18
Critical Illness Insurance	18
Hospital Indemnity	20
Disability Insurance	21
Education and Tuition	22
Retirement	22
Time Off Policy	23
Holiday Policy	23
Important Legal Notices	24

This benefit summary describes the benefit plans available to you as an employee of Augustana College. The details of these plans are contained in the official plan documents that have been provided to you. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Augustana College.

BENEFITS CONTACT INFORMATION

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.

Coverage	Contact	Website/Email	Phone
Assistant Director of Human Resources	Cristina Rios	cristinarios@augustana.edu	309-794-7740
Health Benefits	UMR	https://member.umr.com/home	800-826-9781
Pharmacy Benefits	MedOne	https://members.medone-rx.com/	866-335-9057
Specialty & High-Cost Pharmacy Benefits	SHARx	https://SHARxplan.com/members/	314-451-3555
Telemedicine	Teladoc	www.teladoc.com	800-835-2362
Health Savings Account	Quad City Bank & Trust	www.qcbt.com	563-388-7228
Flexible Spending Accounts	Employee Benefits Corporation (EBC)	www.ebcflex.com	800-346-2126
Dental **Vision** Policy #5387364	MetLife	https://www.metlife.com/	800-638-5433
Basic Life **Long-Term Disability** **Voluntary Life** **Critical Illness** **Accident** **Hospital Indemnity** Policy #170657	The Standard	www.standard.com	888-937-4783
Employee Assistance Program	AllOne Health	www.perspectivesltd.com	Call or Text 800-456-6327
Retirement	TIAA-CREF	www.tiaa-cref.org/augustana	800-842-2252

WELCOME

At Augustana College we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This guide will help you choose the type of plan and level of coverage that is right for you.

Open Enrollment

November 2, 2026 – November 13, 2026

Open Enrollment takes place each fall and is your annual opportunity to review and make changes to your benefit elections for the following calendar year. This is an active enrollment, meaning all employees must log in and confirm your elections during this period. Changes made during this open enrollment will be effective from January 1 – December 31, 2027. Once open enrollment is complete, you will not be able to make changes until the next open enrollment period unless you experience a Qualifying Life Event (QLE).

Qualifying Life Events

Your benefit elections made during Open Enrollment will be effective January 1, 2027. You may not make changes to your elections unless you experience a qualifying life event (QLE). QLEs include, but are not limited to, a change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or if you gain/lose coverage elsewhere.

Important

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation WITHIN 30 DAYS of the qualifying life change event.

Contact Cristina Rios, the Assistant Director of Human Resources, or login to Paycor to process a Qualifying Life Event.

Benefits Eligibility

You and your eligible family members may participate in the 2027 employee benefits program if you are a regular, full-time employee working a minimum of 30 hours per week. Employees working 20–29 hours per week are eligible to participate in select benefit programs such as voluntary life insurance and critical illness, accident, or hospital indemnity insurance.

New-Hire Eligibility

New hires can join the plan on the first of the month following the date of hire. Spouses and dependent children of employees are also eligible to participate in our benefit plans.

Dependent Eligibility

You can enroll the following dependents in our group benefit plans:

- Your legal spouse or domestic partner
- Children: a child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of disability status required)

CHOOSE YOUR MEDICAL PLAN

Your medical plans will be offered through UMR. You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lowest out-of-pocket costs. In-network providers charge members reduced contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

Understanding Your Plan

- Your family visits your doctor/hospital and shows their medical insurance card
- Your doctor or provider will bill your medical carrier
- Your medical carrier will process your claim, notify your provider, and send an Explanation of Benefits to you and your provider
- Your responsibility: you are responsible for paying the amount due to your provider as shown on your EOB

Where to Go For Care

				
Virtual Visits Telemedicine	**Primary Care Physician**	**Convenience Care Clinic**	**Urgent Care**	**Emergency Room**
$	**$$**	**$$**	**$$$**	**$$$$**
• Convenient • Treats common, non-urgent health concerns • Many available 24/7	• Preventive and routine care • Treats wide range of health issues • Limited Hours	• Walk-in care for minor health conditions when PCP is closed or unavailable • May be open nights & weekends	• Treatment of non-life-threatening injuries or illnesses • Generally open nights & weekends	• Immediate treatment for serious, life-threatening conditions or call 911

MEDICAL INSURANCE & Rx Traditional PPO Plan

UMR Choice Plus Network

Benefit Overview	In-Network	Out-of-Network
Deductible – Single	$2,000	$4,000
Deductible – Family	$4,000	$8,000
Coinsurance	20%	50%
Out-of-Pocket Max – Single	$4,000	$8,000
Out-of-Pocket Max – Family	$8,000	$16,000
Primary Care	$35	50% after Deductible
Specialist Care	$80	50% after Deductible
Preventive Care	No Charge	50% after Deductible
Urgent Care	20% after Deductible	50% after Deductible
Chiropractic Care	20% after Deductible	50% after Deductible
Teladoc	$0	N/A
Inpatient Hospital	20% after Deductible	50% after Deductible
Outpatient Hospital	20% after Deductible	50% after Deductible
Emergency Room	$200 Copay	$200 Copay
Mental Health/Substance Abuse – Inpatient	20% after Deductible	50% after Deductible
Mental Health/Substance Abuse – Outpatient	20% after Deductible	50% after Deductible
Mental Health/Substance Abuse – Office Visit	$35	50% after Deductible

Pharmacy – MedOne PremierOne Network, Access Formulary

Prescription Drugs	In-Network	Out-of-Network
Tier 1	$10 or 20% to $25 Max	$10 or 20% to $25 Max
Tier 2	$30 or 30% to $75 Max	$30 or 30% to $75 Max
Tier 3	$50 or 50% to $125 Max	$50 or 50% to $125 Max

Deductible of $100/person or $300/family must be met for brand prescriptions. www.members.medone-rx.com

MEDICAL INSURANCE & Rx High Deductible Health Plan (HDHP)

UMR Choice Plus Network (HSA Eligible)

Benefit Overview	In-Network	Out-of-Network
Deductible – Single	$4,250	$8,500
Deductible – Family	$8,500	$17,000
Coinsurance	0%	20%
Out-of-Pocket Max – Single	$4,250	$8,500
Out-of-Pocket Max – Family	$8,500	$17,000
Primary Care	0% after Deductible	20% after Deductible
Specialist Care	0% after Deductible	20% after Deductible
Preventive Care	No Charge	20% after Deductible
Urgent Care	0% after Deductible	20% after Deductible
Chiropractic Care	0% after Deductible	20% after Deductible
Teladoc	No Charge	N/A
Inpatient Hospital	0% after Deductible	20% after Deductible
Outpatient Hospital	0% after Deductible	20% after Deductible
Emergency Room	0% after Deductible	20% after Deductible
Mental Health/Substance Abuse – Inpatient	0% after Deductible	20% after Deductible
Mental Health/Substance Abuse – Outpatient	0% after Deductible	20% after Deductible
Mental Health/Substance Abuse – Office Visit	0% after Deductible	20% after Deductible

Pharmacy – MedOne PremierOne Network, Access Formulary

Prescription Drugs	In-Network	Out-of-Network
Tier 1	0% after Deductible	0% after Deductible
Tier 2	0% after Deductible	0% after Deductible
Tier 3	0% after Deductible	0% after Deductible

Medical Contributions effective January 1, 2027		
Tier	Traditional PPO Monthly Rate	HDHP Monthly Rate
Employee	$228.34	$171.78
Employee + 1	$606.61	$443.93
Family	$753.84	$582.98

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

Google play

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

© 2020 United HealthCare Services, Inc. UM1342 0220
No part of this document may be reproduced without permission.

AUGUSTANA CONVENIENT CARE



A partnership between MercyOne Genesis at Work and Augustana College

Augustana Convenient Care
Baldur House
3410 9 ½ Avenue
Rock Island

Hours
Monday- Friday 10:00am to 5:00pm
Saturday 9:00am to 1:00pm

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, and minor fractures.
- Maintenance drug prescriptions and allergy shots

Augustana College

MERCYONE GENESIS

SHARx
Compassionate Care. Powerful Procurement.

Pharmacy Benefits

Specialty & High-Cost Medication Support Program

SHARx is our partner to fill prescriptions for individuals taking specialty or high-cost ($350 or more) medications. SHARx must be used to fill these prescriptions. SHARx customer service will reach out to qualified participants.

? Who Is Eligible?

Your employer is making this program available to members enrolled in the health plan. If you are currently on a high-cost prescription medication, follow the steps below for potential cost savings! If you're eligible to participate, follow the instructions in your welcome email or call 314-451-3555.

$ 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 while enrolled in your employer's health plan. Prescriptions could be FREE — sometimes a smaller co-pay or out-of-pocket amount may apply, but often far less than you pay now.

Instructions to Create Your Advocacy Request

If you've been identified as having a high-cost medication, you'll receive a welcome email from SHARx. Follow the instructions in the email:

1

Create Your Account

Click the custom link in the email to create an account on the SHARx platform.

2

Validate Your Identity

Validate your identity and set up a user account for the website.

3

Verify Prescriptions

After logging in, verify the prescription information on file for you and your dependents.

4

Sign & Submit

Sign the HIPAA form and we'll get to work finding the best option for your medication(s).

Affordable Access
Global procurement to find what you need.

Reliable Sourcing
FDA-approved, name-brand medications.

Transparent Pricing
A flat fee keeps incentives aligned.

Didn't receive a welcome email, or were recently prescribed a high-cost medication?

sharx@sharxplan.com | 314-451-3555

Know before you need it — save this flyer for easy reference.

HEALTH SAVINGS ACCOUNT (HSA) Quad City Bank & Trust

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified healthcare expenses like deductibles, copays, coinsurance, prescriptions, vision, and dental expenses. High-deductible health plans have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

- Lower paycheck costs — allowing you to keep control of more of your money
- Tax-advantaged savings account — enrolling in and contributing to an HSA helps you pay your deductible and out-of-pocket costs and reduces your taxable income
- Comparable benefits — these plans use the same networks that other plans offer, and in-network preventive care is still covered at 100%

How Much Can I Contribute?

2027 IRS Limits

- Employee-only coverage: $4,500 calendar year (up from $4,400 in 2026)
- Employee plus dependents coverage: $9,000 calendar year (up from $8,750 in 2026)
- If you are 55 or older, you can make an additional annual catch-up contribution of $1,000

Who Is Eligible for an HSA?

- Must be enrolled in our high-deductible health plan
- Cannot be covered by any other medical plan that is not a qualified HDHP (including a spouse's non-HDHP coverage)
- Cannot be enrolled in a traditional health care FSA in the same calendar year
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid, or Tricare
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months

HSAs and Your Taxes

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal is not for eligible health care expenses.

Note: You will not pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

FLEXIBLE SPENDING ACCOUNT (FSA) Employee Benefits Corporation (EBC)

Tax-advantaged FSAs are a terrific way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

Health Care FSA

Who can participate?

Answer: Any benefit eligible employee who is not enrolled in our high-deductible health plan.



What is an Eligible Expense?

Plan deductibles, copays, coinsurance, and other health care expenses.
See IRS Publication 502 at www.irs.gov.

What are the contribution limits?

2027 Contribution Limit: *The 2027 limit has not been announced by the IRS. Currently, you can contribute up to $3,400. Updated contribution information will be shared as soon as the IRS releases its official figure.*

What happens at the end of the year?

The Health Care FSA allows a 2-1/2 month Grace Period: expenses can be incurred through 3/15/28.

Dependent Care FSA

Who can participate?

Answer: Any benefit eligible employee.

What is an Eligible Expense?

Child day care, home care for dependent elders, and related expenses.
See IRS Publication 503 at www.irs.gov.

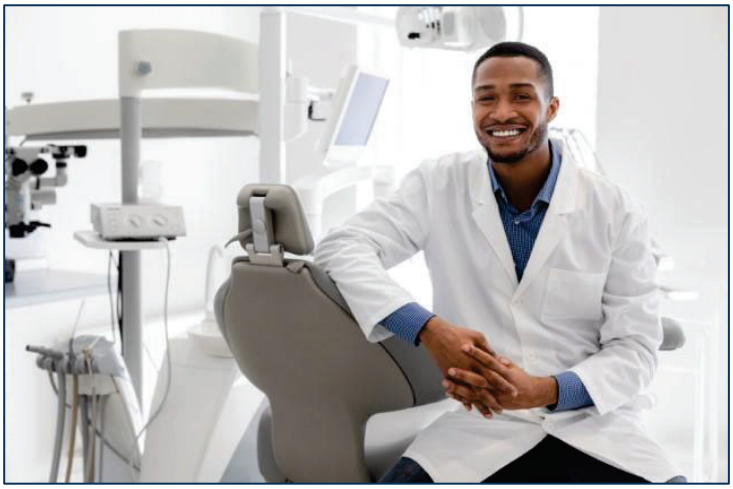
What are the contribution limits?

Employees can contribute up to $7,500 annually per family or $3,750 if filing separately (this statutory limit is fixed by law and unchanged for 2027).

What happens at the end of the year?

FSA funds expire at the end of each year — use it or lose it. Unlike the healthcare FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time.

DENTAL PLAN MetLife (PDP Plus Network)



In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings, and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Dental coverage is offered for basic and major services. You and your eligible dependents may enroll in one of the two dental coverage options administered by MetLife.

To find an in-network provider visit

https://www.metlife.com/

Coverage Features	In-Network	Out-of-Network
Annual Calendar Year Deductible – Individual	$50	$50
Annual Calendar Year Deductible – Family	$150	$150
Type A: Preventive Care	100%	100%
Type B: Basic Restorative	80%	80%
Type C: Major Restorative	50%	50%
Type D: Orthodontia Services	50%	50%
Annual Maximum Benefit per Individual	$1,250	$1,250

The annual maximum benefit applies to all covered services, including preventive, basic, and major care.

Orthodontia Lifetime Maximum (applies to children under 19 only): $1,000 per person.

Dependent Age: eligible for benefits until the day the child turns 26 years old.

Dental Premiums effective January 1, 2027	
Tier	Monthly Rate
Employee	$46.46
Employee + 1	$91.15
Family	$168.46

VISION PLAN MetLife (VSP Network)

Your vision insurance is provided by MetLife and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

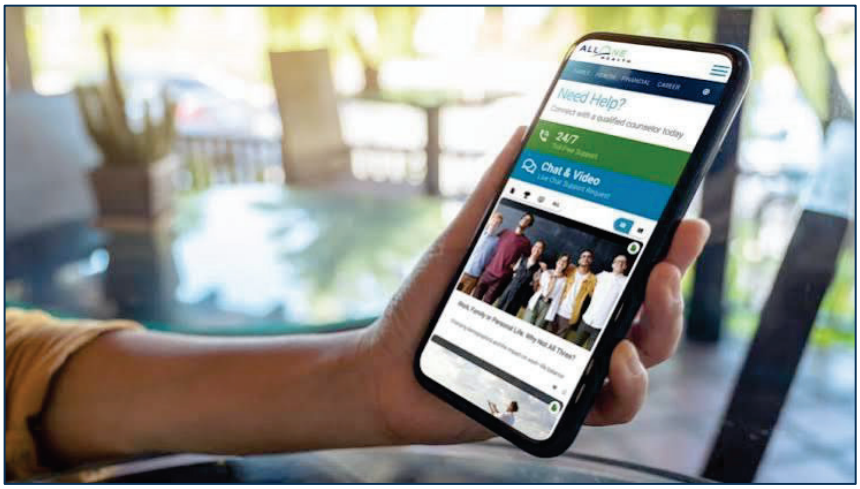


Benefit Overview	In-Network	Out-of-Network
Exam	$10 Copay	$45 Allowance
Routine Retinal Screening	Up to $39 Copay	Applied to Exam Allowance
Frames	$130 Allowance, 20% balance over allowance	$70 Allowance
Standard Single Vision Lenses additional lens enhancements available	$25 Copay	$30 Allowance
Lined Bifocal	$25 Copay	$50 Allowance
Lined Trifocal	$25 Copay	$65 Allowance
Standard Lenticular	$25 Copay	$100 Allowance
Contact Lenses – Elective	$130 Allowance	$105 Allowance
Contact Lenses – Medically Necessary (Prior Auth Required)	Covered in Full	$210 Allowance
Frequency	Exams: every 12 months Frames: every 24 months Lenses: every 12 months	

See full plan document for details. To find an in-network provider please visit https://www.metlife.com/

Vision Premiums effective January 1, 2027	
Tier	Monthly Rate
Employee	$6.93
Employee + 1	$12.49
Family	$18.72

EMPLOYEE ASSISTANCE PROGRAM AllOne Health



We understand that we all face serious problems at some time in our lives, and Augustana is committed to providing help during those times.

The EAP is designed to assist staff members and families with personal challenges in many different areas, including depression, stress management, drug and alcohol abuse, relationships, grief, domestic violence, legal and financial issues, parenting, childcare, and elder care.

Participation in the EAP is voluntary, confidential, and free of cost. For those who require referrals for long-term treatment, there may be fees for the services of outside providers. However, EAP counselors will coordinate referrals, whenever possible, to take advantage of existing insurance coverage and community resources in order to minimize costs.

Access the AllOne Health Member Portal at

https://perspectives.mylifeexpert.com

Username: Augustana

Phone: 800-456-6327

BASIC LIFE & ACCIDENTAL DEATH and DISMEMBERMENT (AD&D)

The Standard

The Basic Life and AD&D plan provides a benefit to help provide financial support and stability to your family should you pass away. This benefit is sponsored by Augustana so you will automatically be enrolled at no cost to you if you work 30 or more hours per week.

Benefits

Your life coverage will be 1.5 times your annual earnings to a maximum of $400,000. Your Accidental Death & Dismemberment coverage is the same as your life coverage. AD&D will pay a percentage of other covered losses per the plan document.



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 Services

- Accelerated Death Benefit
- Portability
- Conversion
- Travel Assistance

Beneficiaries

Please be sure your beneficiary designations are up to date. Your beneficiary(ies) will receive the payment in the event of your death.

VOLUNTARY LIFE INSURANCE The Standard

Supplement your employer-paid Basic Life insurance with Voluntary Life coverage through payroll deductions. Employees working 20+ hours/week are eligible. Guarantee Issue (GI) amounts may be purchased without an Evidence of Insurability (EOI) during your new hire enrollment; EOI may be required for elections exceeding the GI issue amount during open enrollment.

Coverage at a Glance

Who	Maximum Benefit	Increment	Guarantee Issue (New Hires)
Employee	$500,000	$10,000	Up to $150,000
Spouse	$250,000	$5,000	Up to $30,000
Children	$10,000	—	Full $10,000

GI amounts above may be elected without EOI during your initial eligibility window only.

How Much Coverage to Purchase?

Use this coverage for outstanding debt, burial costs, medical bills, a child's education, or daily living expenses for your family (needs calculator: www.standard.com/life/needs). Additional benefits included: Accelerated Death Benefit, Travel Assistance, and the Life Services Toolkit.

Premium Amounts

Rates are the same for Employee and Spouse and are based on attained age as of January 1 each year (per $1,000 of coverage).

Age	Rate / $1,000	Age	Rate / $1,000
< 25	$0.06	**50-54**	$0.65
25-29	$0.08	**55-59**	$0.70
30-34	$0.09	**60-64**	$1.27
35-39	$0.14	**65-69**	$3.23
40-44	$0.21	**70-74**	$8.53
45-49	$0.42	**75+**	$17.07
Voluntary Child Life Insurance: Coverage of $10,000 is available for a flat rate of $2.00/month			

ACCIDENT INSURANCE The Standard

Accident insurance pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, Accident insurance pays you directly. Employees working 20 hours or more per week are eligible to elect Accident Insurance.

How Does Accident Insurance Work?



- A set amount is payable based on the injury you suffer and the treatment you receive
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit
- Coverage is available for you, your spouse, and eligible dependent children
- You do not need to answer medical questions or have a physical exam to get basic coverage
- Benefit payments are not reduced by any other insurance you may have with other companies

Covered expenses typically include emergency room visits, hospital stays, fractures and dislocations, medical exams, physical therapy, and transportation and lodging.

Accident Insurance Premiums effective January 1, 2027	
Tier	Monthly Rate
Employee	$9.41
Employee + Spouse	$14.95
Employee + Child(ren)	$17.78
Family	$27.85

CRITICAL ILLNESS INSURANCE The Standard

While medical insurance is vital, it does not cover everything. If you suffer from a serious illness, such as cancer, stroke, or a heart attack, medical insurance may not provide the coverage you need. Critical Illness insurance will ease the financial strain and help you focus on your recovery. Employees working 20 hours or more per week are eligible to elect Critical Illness.

How Will a Claim Get Paid?

After purchasing Critical Illness insurance, if you suffer from one of the serious illnesses covered by your policy, you will be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used however you see fit.

Covered expenses include heart attacks, stroke, end stage renal failure, major organ failure, ALS, cancer, and more.

Premium is based on coverage amount elected, age, and tobacco use. Dependents under age 26 are automatically covered at 50% of the employee election amount at no cost.

Rate Charts

Employee Non-Tobacco Monthly Attained Age Premiums

Coverage Amount	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 Attained Age Premiums

Coverage Amount	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 Attained Age Premium — Based on Employee's Age and Non-Tobacco Status

Coverage Amount	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 Attained Age Premium — Based on Employee's Age and Tobacco Status

Coverage Amount	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 the summary plan description for full details regarding benefit amounts.

HOSPITAL INDEMNITY The Standard

Hospital Indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover. Employees working 20 hours or more per week are eligible to elect Hospital Indemnity.

How Does It Work?

You pay monthly premiums for your Hospital Indemnity insurance plan. If you are admitted to the hospital for an injury or illness (minimum 20-hour stay), your Hospital Indemnity plan makes cash payments to you. You can use these funds to pay for costs not covered by your medical insurance, deductibles, copays, and coinsurance, child-care expenses while you are in the hospital, or cost-of-living expenses as you recover.

Plan Design	Benefit
Hospital Confinement	$100/day (10-day max.)
Hospital Admission	$1,000/calendar year
Critical Care Unit (in addition to Hospital Confinement)	$100/day (10-day max.)
Health Maintenance Screening	$50
Pre-Existing Condition Limitation	None

Hospital Indemnity Premium effective January 1, 2027	
Tier	Monthly Rate
Employee	$12.71
Employee + Spouse	$21.83
Employee + Child(ren)	$17.90
Family	$31.90

DISABILITY INSURANCE

If you become disabled for an extended period and cannot work, disability income protection is one of the most important benefits for your financial security. Augustana College provides a number of income protection benefits — at no cost to you.

Life Event Pay

Life Event Pay is **designed to support employees during times when a serious health condition prevents them from working** or when they need to care for a family member with a serious health condition as defined by the Family and Medical Leave Act. After one year of service, eligible employees working at least 30 hours per week (or at least 18 credits) may receive up to 80 hours of Life Event Pay if eligible for Paid Time Off, or up to 160 hours if not. Life Event Pay may also be used for parental or bonding leave. To request Life Event Pay, contact the Human Resources department. Medical certification from a physician is required. This benefit runs concurrently with FMLA and other available paid leave.



Short-Term Disability

The Short-Term Disability plan **provides income protection if you become disabled and cannot work due to a non-work-related illness or injury**. To be eligible, employees must have at least 6 months of service and work at least 30 hours per week (or at least 18 credits). The Short-Term Disability benefit begins to pay benefits after 14 days of continuous disability. This benefit replaces 60% of your regular weekly base pay and continues for up to 24 weeks. Medical certification from a physician is required. This benefit runs concurrently with FMLA and other available paid leave.

Long-Term Disability with The Standard

If you remain **totally disabled and unable to work for more than 180 days**, you may be eligible for Long-Term Disability (LTD) benefits through The Standard. LTD benefits replace up to 60% of your monthly pay, up to a maximum of $6,000 per month. Monthly LTD benefits will be reduced by Social Security and any other disability income you are eligible to receive. Please refer to the full benefit plan description for details. Medical certification from a physician is required. This benefit runs concurrently with FMLA.

OTHER EMPLOYEE BENEFITS

Education and Tuition Benefits

Augustana College is committed to supporting lifelong learning by offering a variety of tuition assistance programs for employees and their families. Available programs include Tuition Remission, the ELCA Tuition Exchange, and the Tuition Exchange Program, which may provide reduced or fully covered tuition at Augustana College and other participating institutions.

Eligibility requirements, waiting periods, and award availability vary by program. Full and part-time employees are eligible for tuition remission if they have two years of service. Part-time employees will receive pro-rated benefits. ELCA/Tuition Exchange benefits are only available to dependents of full time employees after two years of service, while the National Tuition Exchange Program requires four years of service.

Employees interested in these opportunities are encouraged to participate in annual informational sessions hosted by Human Resources and Financial Aid. Additional details, eligibility requirements, and the application process are listed in the Employee Handbook which can be found on our website, augustana.edu.

Rivermont Collegiate Tuition Reduction

Employees of Augustana College are eligible to receive a reduction of tuition at Rivermont Collegiate. For updated pricing and discount rates, please call Rivermont Collegiate and identify yourself as an employee of Augustana College. Proof of employment, if needed, can be provided by the Office of Human Resources.

Retirement Benefits

Planning for retirement is an important part of your financial future, and Augustana College is committed to helping you save through our 403(b) Retirement Savings Plan. Eligible employees can make pre-tax contributions through payroll deductions and begin building long-term financial security right away. All employees may participate in the plan, except student employees and non-resident aliens with no U.S. earned income.

Employees who work at least 20 hours per week, or faculty teaching a minimum of 14 credit hours, are eligible for employer contributions upon hire. Augustana matches employee contributions dollar for dollar on the first 2% of pay contributed to the plan. After completing one year of service, eligible employees also receive an additional 5% employer contribution, regardless of their own contribution amount. Combined, employees may receive up to 7% of pay in employer contributions each year.

To encourage retirement savings, eligible employees who do not make an election are automatically enrolled at a 4% contribution rate. Contributions increase by 1% annually until reaching 10%, unless the employee elects a different rate or opts out. The plan is administered by TIAA, allowing participants to choose investment options and make changes to contribution rates or investment elections at any time.

Employer contributions are subject to a four-year vesting schedule. To support retirement readiness, TIAA also offers educational resources, virtual appointments, and in person individual retirement planning assistance for employees in the spring.

TIME OFF POLICY

At Augustana College, we believe that time away from work is essential for renewal, balance, and overall well-being. Our Paid Time Off (PTO) program gives employees the flexibility to take time for what matters most — whether that is a well-deserved vacation, attending to personal needs, caring for a loved one, or simply recharging. PTO may be used for both planned absences, such as vacations and medical appointments, and unplanned absences due to illness or family emergencies.

Administrative and staff employees who work 20 hours or more per week are eligible for PTO. New employees become eligible on the first of the month after 60 days of employment. PTO is awarded twice per fiscal year — in July and January for 12-month employees, and in September and January for academic-year or 10-month schedules. PTO awards grow with years of service, ranging from approximately 19 to 29 days per year for full-time employees, with prorated awards for part-time staff. To encourage regular rest and balance, PTO follows a 'use it or lose it' structure, though employees may carry over up to a maximum of 24 hours into the next fiscal year.

Salaried faculty and coaches are not eligible for PTO under this policy but observe academic breaks and may adjust their schedules as needed to accommodate time away. In addition, these employees may be eligible for other forms of paid leave. Employees with questions about eligibility or time-off options should contact Human Resources for guidance.



Requesting and managing PTO is simple through Paycor, where employees can submit time-off requests, view approval status, and check their available balance at any time.

Holiday Policy

Augustana College observes paid holidays each year, which includes New Year's Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Wednesday through Friday of Thanksgiving week, Christmas Eve, Christmas Day, New Year's Eve and New Year's Day. When a holiday falls on a weekend, it is observed on the nearest weekday so employees can fully enjoy the break.

Full-time employees receive pay for eight hours for each holiday, while part-time employees scheduled for 20 or more hours per week receive prorated pay based on their regular schedule. Non-exempt employees who are required to work on a holiday receive premium pay for the hours worked, in addition to their regular holiday pay.

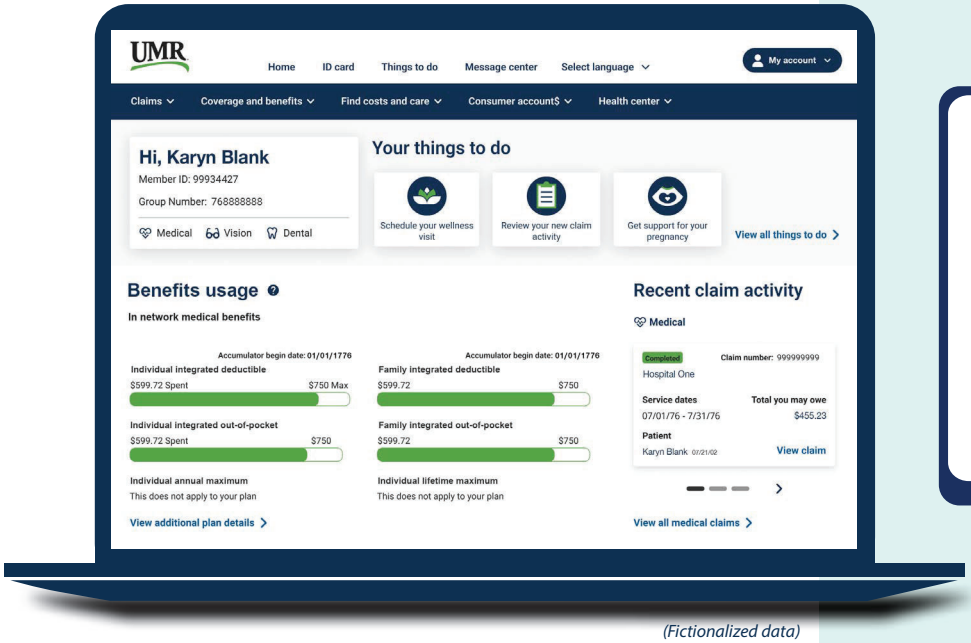
As a special recognition of the hard work and dedication of Augustana's employees, the college also provides an extended Winter Break — the week between Christmas and New Year's Day — when campus offices are closed. These days off are extra holidays, not deducted from PTO. A full holiday schedule and benefit details are available on the Human Resources website.

Get all your answers quick and easy at 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 sign in.

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



(Fictionalized data)

Sign 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

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.



Download the UMR app today!

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



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 copay for your upcoming appointment
- Chat, call or message UMR's member support team

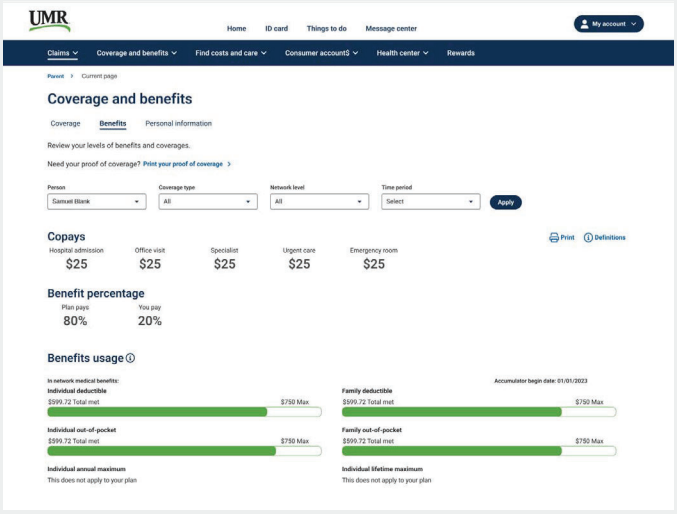
Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

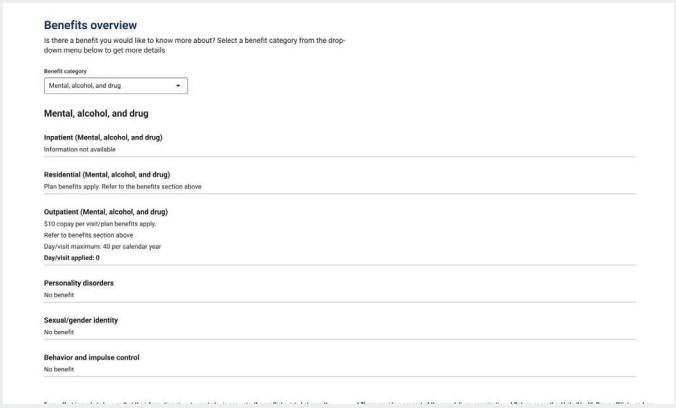
You don't need a Ph.D. to understand your benefits

We've made it easy to find the top things people want to know. Select **Coverage and benefits** from the blue secondary navigation to find out:

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

Get your answers at a glance on **umr.com**

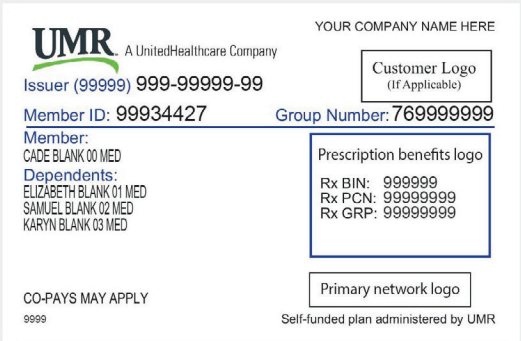




(Fictionalized data)

Still confused about what a deductible is?

Just go to **umr.com** and scroll down to the **Highlights and resources** section. From there, select the **Glossary** shortcut 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 select **ID card** from the main navigation 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 smartphone to view your ID card or fax a copy to your doctor's office.

With the UMR app, you can also add your health plan details to the mobile wallet on your smartphone for convenient and secure access.

Don’t be surprised by unexpected costs

Know the price you’ll pay ahead of time

Under the **Find costs and care** menu option, use the **Health cost estimator** to look up a treatment or procedure in your area.

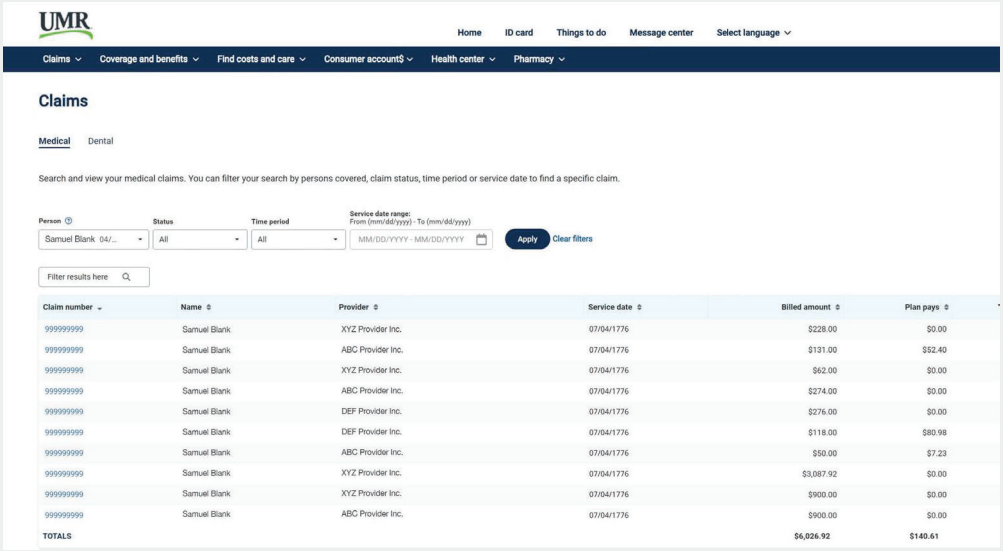
Quickly see what you spent on health care this year

Under the **Claims** menu option, see a breakdown by the types of services, so you can see where all your money went.

Make sure you get your in-network discount

Under the **Find costs and care** menu option, select **Find a provider** to do a quick search of participating doctors and facilities near you.

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



(Fictionalized data)

- 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

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, select the **Claim #** or the **EOB** link on the same row as the claim. 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 email any time you have a new EOB. And if you’re not ready to give up paper completely, you can print out copies from the **Claims** dashboard.

Helpful health information all in one place

Discover new ways to build a healthier life with our **Health education library**.

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

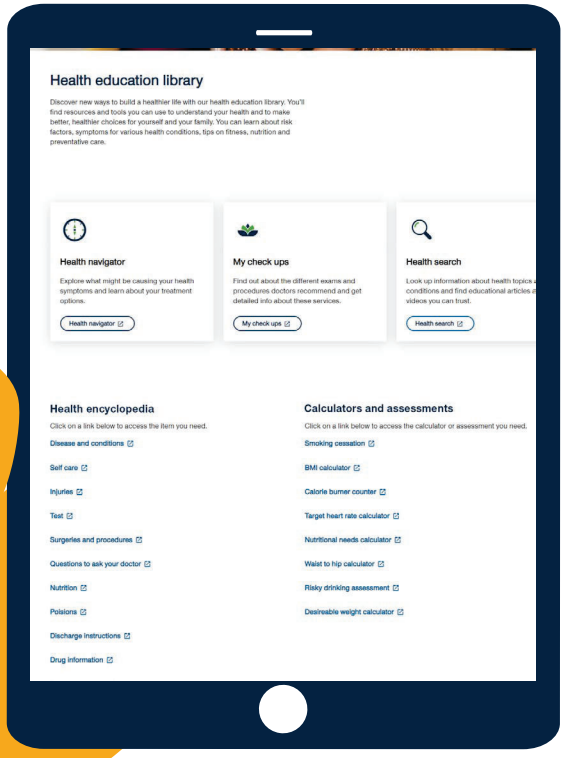
Search your symptoms and understand your treatment options.

Get what you need to plan ahead

Find out about the different exams and procedures recommended for you.

Resources you can trust

Use free tools, calculators and videos to assess your health and learn about conditions.



(Fictionalized data)

Signing 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, enter your username and password to sign in.

If it's your first time visiting us, create a HealthSafe ID to register your account. Make sure you have your ID card handy and follow the steps to get started.

© 2025 United HealthCare Services, Inc. UM0106 0425 UA No part of this document may be reproduced without permission.

This content is provided for information only and is not to be considered medical advice. All decisions about medical care should be made by the doctor and patient. Always refer to the plan document for specific benefit coverage or call the toll-free member phone number on the back of your health plan ID card. UMR operates in accordance with medical privacy standards established by applicable federal and state laws. The screen shots shown are for illustrative purposes and use fictional data only.

UMR℠

A UnitedHealthcare Company

Find a provider

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

1

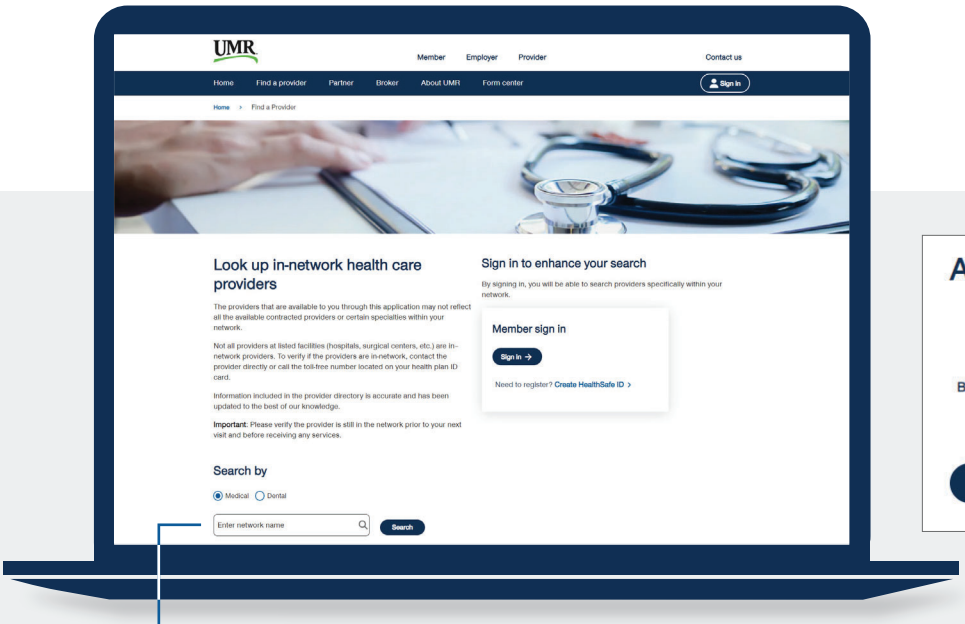
Go to **umr.com** and select **Find a provider**

2

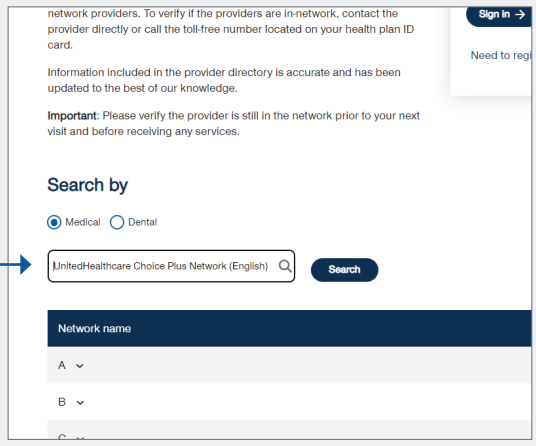
Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box

3

For medical providers, choose **View providers.** For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**





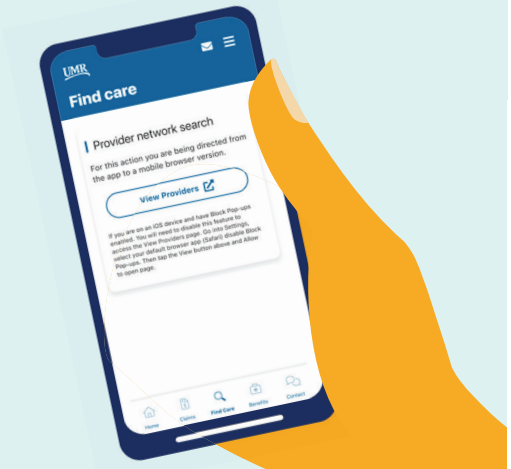


(Continued)

UnitedHealthcare Choice Plus

The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office



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

Remember

Get the most from your benefit plan – use participating network health care providers whenever possible.

© 2023 United HealthCare Services, Inc. UM0135-CP 1023 UA
No part of this document may be reproduced without permission.

UMR
A UnitedHealthcare Company

Augustana College

Important Legal Notices



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.
Please see page 10 for more details.

IMPORTANT NOTICE: This document is provided to help employers understand the compliance obligations for Health & Welfare benefit plans, but it may not take into account all the circumstances relevant to a particular plan or situation. It is not exhaustive and is not a substitute for legal advice.

USI®

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

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

Traditional PPO Plan:
In-Network: $2,000 individual / $4,000 family deductible, 20% coinsurance after deductible
Out-of-Network: $4,000 individual / $8,000 family deductible, 50% coinsurance after deductible

HDHP (HSA-Eligible) Plan:
In-Network: $4,250 individual / $8,500 family deductible, 0% coinsurance after deductible
Out-of-Network: $8,500 individual / $17,000 family deductible, 20% coinsurance after deductible

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Cristina Rios
Illinois United States
309-794-7740
cristinarios@augustana.edu

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.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective Date: January 1, 2027
- Cristina Rios
  Illinois United States
  309-794-7740
  cristinarios@augustana.edu

MODEL INDIVIDUAL **NON-CREDITABLE COVERAGE** DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

Important Notice From Augustana College About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Augustana College has determined that the prescription drug coverage offered by the Traditional PPO or HDHP plan for the plan year 2027 is, on average for all plan participants, **NOT** expected to pay out as much as standard Medicare prescription drug coverage pays. **Therefore, your coverage is considered Non-Creditable Coverage.** This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Traditional PPO or HDHP plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from Traditional PPO or HDHP plan. However, because your coverage is **non-creditable**, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.

When Can You Join a Medicare Drug Plan?

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

However, if you decide to drop your current coverage with Augustana College, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under Traditional PPO or HDHP plan.

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

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the Traditional PPO or HDHP plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date but you **will have to pay a higher premium (penalty)** because you did not have creditable coverage.
- You may stay in the Traditional PPO or HDHP plan and also enroll in the Medicare prescription drug plan. The Traditional PPO or HDHP plan will be a primary payer for prescription drugs, and Medicare Part D will be a secondary payer.
- You may decline coverage in the Traditional PPO or HDHP plan and choose to enroll in Medicare as the only payer for all medical and prescription drug expenses. If you do not enroll in the Traditional PPO or HDHP plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to status change under the cafeteria plan or a special enrollment event.

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

Since the coverage under Traditional PPO or HDHP plan, is **not creditable** for the plan year 2027, and depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (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:	01/01/2027
Name/Entity of Sender:	Augustana College
Contact Position/Office:	Assistant Director of Human Resources
Address:	639 38th St, Rock Island, IL 61201
Phone Number:	309-794-7740

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid	MAINE – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 10.22%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 10.22% of the employee's household income.[2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-26-26.pdf for 2027.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	Augustana College
Contact--Position/Office:	Cristina Rios Assistant Director of Human Resources
Address:	639 38th St, Rock Island, IL 61201
Phone Number:	(309) 794-7000

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

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

4. Employer Name Augustana College		5. Employer Identification Number (EIN) 36-2166962
6. Employer address 639 38th St		7. Employer phone number (309) 794-7000
8. City Rock Island	9. State IL	10. ZIP code 61201
11. Who can we contact about employee health coverage at this job? Cristina Rios		
12. Phone number (if different from above) 309-794-7740	13. Email address cristinarios@augustana.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

    Regular, full-time employees working a minimum of 30 hours per week.
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Legal spouse or domestic partner; children under age 26 (natural, step, legally adopted, or under legal guardianship); and unmarried children of any age who are totally disabled and claimed as a dependent on the employee's federal tax return (documentation required).
  - ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____(mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.[3] (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

[3] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).



CREATED BY USI INSURANCE SERVICES FOR AUGUSTANA COLLEGE