2020 Benefit Enrollment Guide

Abilene Christian University

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This guide highlights the main features of many of the benefit plans sponsored by Abilene Christian University. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Abilene Christian University reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

ABILENE CHRISTIAN UNIVERSITY

OUR BENEFITS PROGRAM HAS YOU COVERED

Most days, we all count on our simple routines to get us through. Getting the kids to school, going to work, and finishing dinner in time to enjoy a favorite hobby. But sometimes things don't always go as planned. Like when your head cold turns into the flu and you have to be away from work. Or your son's football game ends with a broken leg. Or even when your spouse learns he or she needs an extensive root canal. That's when Abilene Christian University's benefits are there to help you.

Below is an overview of our benefits program, which gives you the coverage you need for all types of things life brings your way. Abilene Christian University's benefit plans allow you to choose the options that work best for your own needs — and your pocketbook. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

Benefits Provided at No Cost to You	Benefits You Pay For
ACU HSA Contribution	Medical and Prescription Drug
Basic Life Insurance	Dental Plan
Basic AD&D Insurance	Vision Plan
Long-Term Disability	Optional Life Insurance
Employee Assistance Program	Optional AD&D Insurance
Identity Theft Protection	Short-Term Disability
Adoption Assistance Plan	Flexible Spending Accounts
403(b) Match	403(b) Plan

ELIGIBILITY GUIDELINES

Full-time and reduced full-time faculty and staff are eligible for benefits. Half-time employees are eligible for all benefits except for health and prescription coverage. Part-time employees do not qualify for benefits. As a full-time, reduced full-time or half-time employee, you are eligible for benefits on your date of hire. You may also cover your eligible dependents, including:

- Your legal spouse
- Your eligible children up to age 26 for medical, dental and vision coverage
- "Children" are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian
- Physically or mentally disabled children of any age who are incapable of self-support
    - Proof of disability may be requested

INITIAL ENROLLMENT

When you first join Abilene Christian University, you have 30 days to enroll yourself and your dependents for benefits. If you enroll on time, coverage begins on your date of hire. If you do not enroll within 30 days of becoming eligible, you will have to wait until the next Annual Open Enrollment to enroll for other benefits.

ANNUAL OPEN ENROLLMENT

During Annual Open Enrollment, coverage takes effect on January 1 of the following year.

MAKING CHANGES TO COVERAGE

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment unless you have a qualified status change or you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualified status change or you have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 31 days of the event by completing the Life Event form in SmartBen. If you do not submit the form within 31 days, you will have to wait until the next Open Enrollment to make new elections.

Qualified status changes include, but are not limited to:

- Gain/loss of an eligible dependent due to birth, adoption, placement for adoption, or death
- Gain/loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in employment status, such as starting or ending employment, for you, your spouse, or your children
- End of the maximum period for COBRA coverage

For a more complete list of qualified status changes, refer to the Summary Plan Description.

PRETAX PAYROLL DEDUCTIONS

Medical, Dental and Vision Plans are offered on a pretax basis through the IRS Section 125. By making your contributions on a pretax basis, the premium is withheld from your pay before federal, state (in most cases), and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck.

If your child becomes ineligible for coverage (i.e., turning age 26 under the medical, dental or vision plan), you must notify the Human Resources Department at humanresources@acu.edu.

CHOOSING A MEDICAL PLAN

Abilene Christian University's medical plan options provide coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs, and hospitalization. You choose the option that makes the most sense for you and your family based on your needs and what you want to pay for coverage.

When it comes to medical coverage, ACU offers you these choices:

- PPO Plan
- High Deductible Health Plan (HDHP) paired with a Health Savings Account (HSA)

Both of these plans offer you quality care and comprehensive coverage. Non-DFW residents will utilize the **PHCS Network** for physician services. If you reside in the DFW area, you will utilize the **Independent Medical Systems (IMS) Network.**

All of the providers in the GPA network change frequently. To find an in-network provider:
Non-DFW Residents: www.multiplan.com (PHCS Network)
DFW Residents Only: www.imsppo.com (IMS Network)

Preferred Provider Organizations (PPO)

The PPO plan offers in-network and out-of-network benefits. When you need care, you decide whether to go to an in-network or an out-of-network provider. However, if you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower. If you choose to receive care from an out-of-network provider, those expenses will not count towards your in-network deductible. Once you reach your in-network deductible, the plan pays **70%** of your **in-network healthcare expenses**. If you choose to incur expenses out-of-network, the plan pays 50% of expenses once your deductible is met. Your deductible, copays, and coinsurance accumulate towards your out-of-pocket maximum. Once you reach your out-of-pocket maximum, the plan pays 100% of your healthcare expenses.

High Deductible Health Plan

The High Deductible Health Plan (HDHP) works much like the PPO plan in that you can choose to receive care from in-network or out-of-network providers when you need medical care — and it covers the same types of services — but you pay less out of your paycheck for coverage. However, the HDHP has higher deductibles and no office visit copays. Once you've met the in-network or out-of-network deductible, you and the plan begin sharing expenses. Your portion of the expense is the coinsurance. This also applies to prescription drugs, which are subject to the plan's deductibles. **Once your deductible is met, the plan pays 100% of your in-network healthcare expenses.**

MEDICAL PLAN COMPARISON

	HDHP Plan		PPO Plan	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
	Annual Deductible		**Annual Deductible**	
Individual	$4,000	$4,000	$1,500	$1,500
Family	$8,000	$8,000	$3,000	$3,000
	Annual Out-of-Pocket Maximum		**Annual Out-of-Pocket Maximum**	
Individual	$4,000	$8,000	$4,000	$8,000
Family	$8,000	$16,000	$8,000	$16,000
	You Pay		**You Pay**	
Coinsurance (% of expenses you pay after deductible is met)	0%	30%	30%	50%
Preventive Care * U&C = Usual & Customary Rate	0%, no deductible	Plan pays 100% of U&C; you pay balance bill	0%, no deductible	Plan pays 100% of U&C; you pay balance bill
Primary Care Physician	0% after deductible	30% after deductible	$30 Copay	50% after deductible
Specialist	0% after deductible	30% after deductible	$60 Copay	50% after deductible
Diagnostics, X-Ray, and Lab Services	0% after deductible	30% after deductible	30% after deductible	50% after deductible
Urgent Care	0% after deductible	30% after deductible	$100 Copay	
Emergency Room	0% after deductible	30% after deductible	$200 Copay, then 30% coinsurance	
Inpatient Hospital Care	0% after deductible	30% after deductible	30% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	30% after deductible	30% after deductible	50% after deductible

PRESCRIPTION DRUG COVERAGE

If you enroll in one of the ACU medical plans, you will automatically receive prescription drug coverage through CVS Caremark. When you need prescriptions, you can purchase them through a local retail pharmacy or, for maintenance medications, through the mail order program.

We encourage you to speak to your physician about the drug that's best for you and to request less expensive prescription drugs (generic drugs). Your pharmacist will be able to recommend alternatives that create the same desired effect but may be more cost efficient than a name brand drug.

Retail Prescription Program

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. For more information about a particular pharmacy or pharmacy claim, visit the CVS Caremark website at **www.caremark.com** or call them at 1.800.334.8134.

Mail Order Program

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications you take on a regular basis (maintenance medications). Your medications are mailed directly to your home. To order prescriptions through the mail order program, please visit the CVS Caremark website at **www.caremark.com** or call them at 888.202.1654.

Prescription Drug Plan Highlights

	HDHP Plan		PPO Plan	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Retail Prescriptions (up to 31-day supply)				
Tier 1	Covered at 100% after deductible	Covered at 100% after deductible	$5 Copay	Covered at 50% after deductible
Tier 2	Covered at 100% after deductible	Covered at 100% after deductible	$50 Copay	Covered at 50% after deductible
Tier 3	Covered at 100% after deductible	Covered at 100% after deductible	$75 Copay	Covered at 50% after deductible
Specialty	Covered at 100% after deductible	Not Covered	$100 Copay	Not Covered
Mail Order Prescriptions (up to 90-day supply; excludes specialty tier)				
All Tiers	3x Copay	Not Covered	2.5x Copay	Not Covered

CVS/caremark®

Home Delivery Service: Worry-free savings with home delivery

CVS/caremark® offers a convenient option for receiving prescription drugs that you take on an ongoing basis. You can have a 90-day supply of prescription maintenance medication sent directly to your home, office, or other location that works for you.

With home delivery service from CVS/caremark, your medicine arrives safely at your door in plain packaging — at no extra cost to you. We also let you know when a shipment is on the way so you can make changes or cancel at any time.

Savings

- On average, a 90-day supply of medicine costs less than three 30-day supplies

Convenience

- Medicine is delivered directly to you, which means fewer trips to the pharmacy
- Mail Service is a hassle-free switch: we contact your doctor for a 90-day prescription of your current medicine
- Sign-up one time and you are set
- Automatic refill options help you stay on track
- Manage your prescriptions and track orders 24/7 at **Caremark.com**

Safety

- All prescriptions are reviewed by a pharmacist to help ensure your order is complete and accurate
- Medicine arrives in private, tamper-resistant and when needed, temperature-controlled plain packaging

Get started today

Online:

- Go to **Caremark.com/mailservice**
- **Register** or **Sign In** and have your Prescription Benefit Card ready
- Follow the guided steps to request a prescription. Once we have your information, we will contact your doctor for a 90-day prescription of your current medicine.

Phone:

- Call the toll-free number on the back of your prescription ID card
- Be ready with: your prescription ID card, list of long-term medications, doctor's information and payment method
- Your doctor can also call in your prescription with the information from your prescription ID card, date of birth and mailing address

Caremark.com

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

106-28603d 081815 TDD: 1-800-863-5488

MEDICAL BI-WEEKLY PREMIUMS

High Deductible Health Plan (HDHP) / HSA Plan

Coverage Level	HSA Full Wellness Credit	HSA 2 Wellness Credits	HSA 1 Wellness Credit	HSA No Wellness Credit
Employee Only	$50	$75		$100
Employee + Spouse	$178	$203	$228	$253
Employee + Child(ren)	$127	$152		$177
Employee + Family	$273.50	$298.50	$323.50	$348.50

PPO Plan

Coverage Level	PPO Full Wellness Credit	PPO 2 Wellness Credits	PPO 1 Wellness Credit	PPO No Wellness Credit
Employee Only	$100	$125		$150
Employee + Spouse	$243	$268	$293	$318
Employee + Child(ren)	$192	$217		$242
Employee + Family	$337.50	$362.50	$387.50	$412.50

WELLNESS PROGRAM

ACU is committed to your health and well-being. We offer a wellness program to not only provide you with resources to live your healthiest lifestyle, but to also give you an opportunity to decrease your medical premiums.

To earn the wellness credit in 2021, you must complete the following 2 activities by September 30, 2020:

1. **Receive annual exam with your doctor**
2. **Receive biometric screening (either onsite or with your doctor)**

Any new hires hired after 8/1/20 will automatically receive the wellness credit for 2021.

HEALTHWATCH
NURSE NAVIGATOR

LET US HELP YOU

Calls Answered by a Highly Qualified Nurse for Guidance and Education

Obtain Medical Records for Appointments for Providers Located by Nurse Navigator

Locate Provider Options for Medical Services

Consult with Bilingual Staff Members

Schedule Appointments for Providers Located by Nurse Navigator

Assist Members with Complex Diagnosis and Medical Needs Locate Providers and Facilities

Turn over for more details about the Nurse Navigator programs available to you.

CONTACT YOUR NURSE NAVIGATOR TODAY!

Local Phone: 972.238.7900 • **Toll Free Phone:** 800.827.7223
Email: memberservices@gpatpa.com

Advocating for Members and Their Families

Personal and proactive outreach is the hallmark of the **Member Services team**. When you work with our team, you'll never stand alone in the face of resolving a bill for healthcare services that exceed your responsibility.

How will you know if you're being charged too much?

After receiving medical care, you will get an Explanation of Benefits (EOB) from your plan administrator specifying what you owe for services. If you receive a bill for more than this amount, immediately contact ELAP.

What will ELAP do for you?

Once ELAP receives your bill, you and your family are assigned a personal Member Services Advocate who will provide you with support every step of the way. After you give us written permission to advocate on your behalf, our team begins working to resolve the claim with your healthcare provider.

Who can you call with questions?

Your dedicated Advocate is your main line of support, continually monitoring the progress of your account while proactively keeping you up to date.

Have a question? Call or email your Advocate at any time. You'll get a response within 24 hours. We are always here to help you better understand your plan benefits.

Keep an Eye on Your Mail

If it sounds easy, it's because it is. If you receive any billing correspondence in the mail, send it to us right away.

Your Advocate will take it from there, keeping you in the loop throughout the process.

Our Motto: Advocate, Engage, Empower.

Members and their families are at the center of all we do.

Phone: 1-800-977-7381 | **Email:** bb@elapservices.com

Fax: 1-888-560-2447 | **Mail:** 1550 Liberty Ridge Drive Ste. 330 Wayne, PA 19087

ACU ONSITE CLINIC

ACU has an on-campus medical clinic in Abilene that all ACU employees and dependents have access to. There is not a built-in pharmacy with the clinic, but the clinic will call in your prescription to your preferred pharmacy.

If you are experiencing flu/cold symptoms, need your annual flu vaccine or have any other acute symptoms, the fee is $45 per visit. If you are enrolled in the ACU medical plan and visit the clinic for your annual wellness exam, the visit will be covered at 100% by the medical plan.

The ACU clinic does not file visits with any medical insurance. Employees may schedule appointments online by going to myACU, selecting "Quicklinks", then "Medical Clinic Patient Portal" and click on the "Appointment" tab or call 325-674-2625.

TELEMEDICINE – WILDCAT CARE

ACU partners with TimelyMD to provide telemedicine to all employees and dependents covered on the ACU medical plan. Getting sick is never convenient, but telemedicine provides more convenient, quicker access to a medical professional for common conditions. Wildcat Care allows members to access a doctor from your home, office, or anywhere – 24/7/365.

Members will pay a $45 fee for each Wildcat Care telehealth visit. Members must be 2 years or older to see a Wildcat Care provider. Wildcat Care licensed providers can diagnose any non-emergency medical conditions with a short phone visit or secure video visit. They can also prescribe medication and send prescriptions to the pharmacy of your choice. Common examples of telehealth visits are cold/flu, allergies, and ear infections.

Wildcat Care does not provide consultations for emergency visits. If you experience an emergency, TimelyMD will refer you to an urgent care center or emergency room.

If desired, TimelyMD can share your patient records with the ACU medical clinic.

To access Wildcat Care, you will visit **www.Wildcat.Care**.

- Click "Sign In" and you will be prompted through the login process.
- Patients must be at least 2 years old to be seen by Wildcat Care provider. Dependents under the age of 18 will be managed within a parent or guardian account.

Wildcat Care
24/7 Access to Quality Telehealth powered by timelyMD

Wildcat Care telemedicine is **available for all** ACU faculty and staff.

Getting sick is never convenient, and finding time to get to a doctor can be difficult. ACU provides employees and their dependents (covered under ACU's medical insurance) access to care for non-emergency medical issues through Wildcat Care. Wildcat Care allows you to access a doctor from your home, office, or anywhere -- 24/7/365 -- and is a convenient and cost-effective way to receive healthcare for common conditions. Wildcat Care's licensed providers can diagnose any non-emergent medical conditions with a short phone visit or secure video visit. They can also prescribe medication and send prescriptions to the pharmacy of your choice.

UPDATED ACCESS INFO
www.Wildcat.care

All Employees

1. **Go to Wildcat.care and click "Sign In" (Mobile users are prompted to download the TimelyMD app.)**
2. **Click "Sign Up" (first time) and "Log In" on all subsequent logins**

*Patients must be at least two years old to be seen by a Wildcat Care provider. Dependents under the age of 18 will be managed within a parent or guardian account.

CONTACT
Mobile access anywhere.

VISIT
Speak with a licensed provider immediately.

DIAGNOSE
Prescriptions (if necessary) sent electronically to the pharmacy of your choice.

Virtual visits with Wildcat Care are a less expensive alternative to the emergency room or urgent care center. **Visit fee: $45**

For your convenience and with your consent, patient records will be shared with the ACU Medical Clinic.

Most common medical conditions (but not limited to):
Cold/flu | Sinus infection | Allergies | Bladder infection (UTI)

Most common pediatric conditions (but not limited to):
Cold/flu | Ear problems | Pink eye

HEALTH SAVINGS ACCOUNT (HSA)

In addition, the HDHP offers a tax-savings feature called the Health Savings Account (HSA). With this account, you can pay for certain out-of-pocket medical expenses throughout the year.

What's a Health Savings Account?

A Health Savings Account (HSA) is a tax-free account that earns interest. You can set up an HSA through HSA Bank, our HSA vendor, and make pre-tax contributions to your account from your paychecks throughout the year.

You can use the HSA to pay for eligible health care expenses, such as deductibles, coinsurance, and other out-of-pocket dental, vision, and prescription drug expenses not covered by a health plan.

Flexibility

Unlike most other health care options, HSAs roll over from year to year, and because the HSA account belongs to the employee, you can take your funds with you if you leave ACU. All amounts in the HSA are fully vested and unspent balances remain in your account until spent.

Taxes

Annual contributions reduce your taxable income and qualified medical expenses are never taxed. All of the money set aside in an HSA grows tax-deferred until age 65 when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free.

WHO IS ELIGIBLE FOR THE HSA?

You can participate in the HSA only if you enroll in the HDHP. You are <u>NOT</u> eligible to contribute if:

- **You are enrolled in Medicare.**
- **You are covered by another medical plan (such as your spouse's plan) that does not qualify as a high deductible health plan.**
- **You or your spouse participates in a Health Care Flexible Spending Account (FSA) at ACU or at your spouse's employer.**

Annual Contribution Limits & ACU's Contribution

When you enroll in the HDHP and establish an HSA, ACU will also contribute to the account for you. If you enroll in the HDHP after January, the amount ACU contributes will be prorated.

Here's a look at what you and ACU together can contribute to your HSA each year:

Coverage Level	2020 IRS Allowed Annual Contribution	ACU Annual Contribution (does not apply to new hires)	Maximum Employee Contribution
Employee Only	$3,550	$500	$3,050
Employee + Dependent(s)	$7,100	$1,000	$6,100
* If you are age 55 or older, you are allowed a $1,000 annual catch-up contribution.			

HSA Accruals for New Hires

	Employee Only Funding	Employee + Dependent(s) Funding
Hire Month		
January	$500.00	$1,000.00
February	$458.33	$916.67
March	$416.67	$833.33
April	$375.00	$750.00
May	$333.33	$666.67
June	$291.67	$583.33
July	$250.00	$500.00
August	$208.33	$416.67
September	$166.67	$333.33
October	$125.00	$250.00
November	$83.33	$166.67
December	$41.67	$83.33

Designating a Beneficiary for Your HSA

Protect your assets. Protect your loved ones.

What is a Beneficiary?

A beneficiary is a person or legal entity that has been designated to receive the proceeds from your Health Savings Account (HSA) in the event of death.

A beneficiary can be one or more individuals (i.e., spouse, children, relatives, or friends) or organizations, such as a trust or charity. You can designate two types of beneficiaries:

1. **Primary Beneficiaries** are first to receive the designated asset upon your death. If you name more than one primary beneficiary, each will share the benefit equally, unless you indicate specific percentages totaling 100 percent are to be paid.

2. **Secondary (Contingent) Beneficiaries** receive the asset if there are no surviving primary beneficiaries upon your death. Multiple contingent beneficiaries will share the benefit equally, unless you indicate specific percentages totaling 100 percent are to be paid.

You may designate a beneficiary to receive your HSA assets in the event of your death. If you name your spouse as beneficiary, your spouse can elect to treat the HSA as his or her own. In such case, your spouse will not owe taxes or penalties provided he or she uses the HSA for IRS-qualified medical expenses. If you designate a non-spouse beneficiary, he or she must take a distribution of the funds. A non-spouse beneficiary will have to pay income tax on the amount received, but will not have to pay a penalty tax. Beneficiary designations can generally be made via the Member Website. However, if you are married, domiciled in a community property state, and designate a non-spouse primary beneficiary, you must submit a Beneficiary Form with the notarized consent of your spouse.

Why It's Important to Designate a Beneficiary

One of the most neglected areas of retirement planning is beneficiary designation.
By having a designated beneficiary in place at the time of your death, the assets of your HSA can be distributed according to the designation. If you die without having a valid beneficiary designation, your HSA will be distributed to your estate.[1]

Review Your Beneficiary Designations

By periodically reviewing your beneficiary designations for your HSA, you can rest assured that your assets will be distributed according to your wishes. It is also recommended to keep up-to-date copies of your beneficiary designation forms.

FLEXIBLE SPENDING ACCOUNTS

FSAs allow you to pay for certain health care and dependent care expenses using tax-free money deducted from your paychecks. New Health Care FSA participants will receive a debit card that allows you to pay for eligible expenses directly with funds in your account — no claim forms needed!

If you enroll in an FSA, be sure to save your FSA receipts in case the IRS asks for documents verifying your eligible expenses. The Health Care FSA is subject to the IRS "use it or lose it" rule, meaning that you must spend all of the FSA funds in your account by the end of the year or you lose those funds.

Health Care FSA

- You can contribute up to $2,750 per year on a before-tax basis
- **NOTE:** This account is available to all eligible employees who are not enrolled in the ACU HDHP for 2020
- ACU provides a 2½ month grace period for participants to incur expenses. This means you have until March 15, 2021 to incur expenses for the 2020 plan year.

Dependent Day Care FSA

- You can set aside up to $5,000 per year
- However, if you are married and you and your spouse file separate tax returns, the maximum you can contribute is $2,500 each
- The dependent care FSA is subject to the IRS's use it or lose it rule. Any funds left unused at the end of the plan year will be forfeited.

FSA vs. HSA

Plan Specifics	Flexible Spending Account (FSA)	Health Savings Account (HSA)
Account Owner	Employer	Employee
ACU Contributions	None	$500 EE Only/$1,000 EE + Dependents
Carryover of Unused Amount, Ability to Invest & Earn Interest	No	Yes
Eligible Expenses	IRS Code 213 incurred expenses during the coverage period. Cannot reimburse premiums.	IRS Code 213 incurred expenses; COBRA, qualified LTC, other health premiums in certain circumstances
Distribution of Unused Amounts	No	Permitted but are taxable + 20% excise tax unless disabled, deceased or over 65
Mid-year Changes	No, unless qualifying life event	Yes, can change HSA election at any time
Medicare Enrolled Employees	Can contribute to FSA	Cannot contribute to HSA, but can use previously contributed HSA dollars for Medicare premiums and other out-of-pocket expenses

DENTAL PLAN

ACU's Dental Plan is administered through **Cigna** and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia for all eligible plan members.

You will not need a dental ID card to receive dental services. When you visit the dentist, give the provider your SSN and Cigna's name and the dentist will verify your eligibility.

Dental PPO Plan

Cigna's Dental Plan allows you the freedom to visit any dentist, without referrals, for all your dental care. ACU utilizes the **Cigna DPPO Network.** If you receive care from one of Cigna's preferred dentists, you'll pay less for your care. If you choose a non-preferred dentist, your share of costs will generally be higher, and you may need to file your own claims. It's always a good idea to ask for a predetermination of benefits for any services expected to exceed $300. To find an in-network dentist, go to **www.cigna.com** and click on "Find a Doctor, Dentist, or Facility." Follow the prompts on the screen and when asked to choose your plan, select "DPPO/EPO > Total Cigna DPPO."

Dental Plan Highlights

Plan Feature	Dental PPO Plan
Annual Deductible Individual Family	 $50 $150
Annual Benefit Maximum (per individual) (Includes Implants)	Year 1: $1,500 Year 2: $1,650 Year 3: $1,800 Year 4: $1,950
Type I - Preventive Services (Exams, routine cleanings, fluoride treatments, sealants, space maintainers, x-rays)	100% (no deductible)
Type II - Basic Services (Fillings, denture repairs, extractions)	80% after deductible
Type III - Major Services (Crowns, root canals, dentures, inlays, onlays, veneers, bridges)	50% after deductible
Type IV - Orthodontia (Child and adult coverage)	50% up to a lifetime maximum of $1,000

Dental Bi-Weekly Premiums

Employee Only	Employee & Spouse	Employee & Children	Employee & Family
$21.93	$44.50	$42.15	$64.35

VISION PLAN

ACU's Vision Plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The Vision Plan is administered through **Vision Service Plan (VSP).**

You will not need a vision ID card to receive vision services. When you visit a provider, give your SSN and VSP's name and the provider will verify your eligibility.

Vision Coverage

If you enroll in vision coverage, you can go to any eye care provider you choose for care. However, if you choose providers who are part of the **VSP Choice Network**, you will receive a discount on services. To find a network provider, go to **www.vsp.com**.

The Vision Plan is designed to cover eye care needs that are visually necessary. You have to pay extra if you choose certain cosmetic or elective eyewear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials.

Vision Plan Highlights

	In-Network	Out-of-Network Plan Allowance
Eye Exam (Once every 12 months)	$20 Copay	Up to $45
Materials Copay	$20 Copay	
Lenses (Once every 12 months) Single Vision Lined Bifocal Lined Trifocal	Covered at 100% after $20 Copay	Up to $30 Up to $50 Up to $65
Frames (Once every 24 months)	Up to $150 allowance + 20% off remaining balance	Up to $70
Contact Lenses (In lieu of glasses, once every 12 months) Contact Lens Fitting Fee Elective Therapeutic	Up to $60 $150 allowance Covered in full after copay	n/a Up to $105 Covered in full after copay

Vision Bi-Weekly Premiums

Employee Only	Employee & Spouse	Employee & 1 Child	Employee & 2+ Children	Employee & Family
$4.50	$6.52	$6.52	$11.69	$11.69

LIFE AND AD&D INSURANCE

ACU offers life insurance coverage to provide financial protection in the event you or your dependents die while you are still working. This coverage is administered through **Cigna**.

Basic Life and AD&D Insurance

ACU automatically provides Basic Life and AD&D Insurance for all eligible employees at no cost. Basic Life and AD&D Insurance is equal to 1 times your annual base earnings up to a maximum benefit of $300,000. It does not include overtime or bonuses. The benefit is paid to your beneficiaries in the event of your death.

Please note, your Life and AD&D Coverage reduces based on age. Please see the following page for details.

IRS Rules about Basic Life Coverage

If your Basic Life Insurance coverage is more than $50,000, your income taxes may be affected. IRS regulations require that the value of life insurance benefits over $50,000 be reported as "imputed income," which is non-cash income that you receive from an employer-provided benefit. The value of any coverage that exceeds $50,000 will be reported to the IRS as imputed income on your W-2 form.

Optional Life and AD&D Insurance

In addition to Basic Life and AD&D Insurance, you may also purchase Optional Life and AD&D Insurance for yourself, your spouse, and your dependent children. However, you may only elect coverage for your dependents if you enroll for Optional Life and AD&D coverage for yourself. You pay for the cost of Optional Life and AD&D Insurance on an after-tax basis through payroll deductions.

Optional Life and AD&D Insurance Coverage

Coverage For	Coverage Available	Guarantee Issue
Employee	Up to 5x salary or $500,000, whichever is less	$200,000
Spouse	Up to 50% of employee election up to $250,000	$50,000
Child(ren) to age 26	$1,000, $5,000 or $10,000	All elected Child amounts are Guarantee Issue

Evidence of Insurability

Your voluntary life election(s) will be subject to Evidence of Insurability (EOI) in the following circumstances:

- You or your spouse are currently enrolled in a voluntary life amount above the Guarantee Issue amount and have elected to increase your amount by any increment.
- You or your spouse request a coverage amount above the Guarantee Issue amount.
- If you do not enroll in voluntary life insurance for a 1/1/20 effective date OR upon your new hire enrollment election, you will be subject to EOI for any amount above $10,000 for employees and $5,000 for spouses.

NOTE: If you are a new hire and choose to enroll yourself and/or your spouse in voluntary life, you can enroll in any amount up to the Guarantee Issue without your election being subject to EOI.

Beneficiary Designation

You must designate a beneficiary for Basic and Optional Life Insurance benefits when you enroll. Your "beneficiary" is the person(s) who will receive the benefits from your Life and AD&D coverage in the event of your death. You are always the beneficiary of any Dependent Life and AD&D Insurance you elect. You can change your beneficiaries at any time during the year.

If you do not name a beneficiary, or if your beneficiary dies before you, your Life and AD&D benefits will be paid to your estate.

Benefits Reduce at Age 65

When you or a covered dependent reaches age 65, Basic and Optional Life Insurance benefits are reduced. For more information, you can refer to your summary plan description.

Age	Reduction Rate
65	65%
70	50%

Voluntary Life and AD&D Premiums

Supplemental Life Premium Calculation: (Coverage amount x Rate* / 1000) = Monthly Premium**) * For Rate, see table below **Divide monthly premium by 2 to get the bi-weekly premium

Employee/Spouse Age Band	Rate	Employee/Spouse Age Band	Rate
Under 25	$0.086	50-54	$0.395
25-29	$0.086	55-59	$0.594
30-34	$0.106	60-64	$0.913
35-39	$0.128	65-69	$1.567
40-44	$0.172	70-74	$2.776
45-49	$0.258	75+	$2.776
Child Rate	$0.76 / $1,000		

DISABILITY COVERAGE

ACU offers you two disability plans that work together to keep all or part of your paycheck coming if you cannot work because of illness, injury, or pregnancy. Disability benefits are administered through **Cigna**.

Short-Term Disability

You are responsible for the cost of Short-Term Disability (STD) coverage. If you become disabled, you will be eligible to receive a weekly benefit based on a percentage of your weekly income.

- Your benefits will begin after 7 days of injury or 7 days of sickness
- Benefits will be paid for a maximum period of 26 weeks
- Your benefit is paid at 60% of your weekly salary to a maximum payment of $1,750/week
- Late entrants will be subject to a 3 / 12 waiting period. Any pre-existing conditions occurring in the 3 months prior to enrollment will not be covered in the first 12 months of coverage.
- You can choose to use your Sick Leave or your STD benefit, but you cannot use both at the same time.

The information below will help you calculate your rate for coverage:

(Annual Salary ÷ 52 = Weekly Salary*) x Benefit % = Your Weekly Benefit

Your Weekly Benefit ÷ 10 = Amount x Your Rate** = Your Monthly Cost***

* NOTE: If your weekly salary exceeds $2,917, use $2,917 as your weekly salary in the calculation.

** Rates will be calculated for you when you complete your enrollment.

***Divide your monthly cost by 2 to get your pay period cost

Long-Term Disability

ACU provides Long-Term Disability (LTD) coverage to all eligible employees at no cost to you. If you continue to be disabled after your STD period has run out, you will be eligible to receive a monthly benefit based on a percentage of your monthly income.

- Your LTD benefits will become payable on a monthly basis once you have been disabled for 180 days (when your STD, if any, ends)
- Your benefit is paid at 60% of your monthly salary to a maximum payment of $7,500/month
- The plan will not cover any disability caused by, or resulting from, a preexisting condition
    - A preexisting condition means a condition for which you received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed medicines in the 3 months prior to your effective date of coverage, and the disability begins in the first 12 months after your effective date of coverage.

VOLUNTARY WORKSITE BENEFITS

Medical insurance is designed to cover most medical expenses and pays the medical provider. With voluntary worksite-benefits, benefits are paid directly to you, the policyholder, unless otherwise assigned, regardless of any other insurance you may have. The money can be used to help cover medical expenses (copayments, deductibles, etc.), as well as non-medical expenses.

These various insurance policies are voluntary and are funded 100% by you through convenient payroll deductions. The policies described below are guaranteed-renewable and are fully portable for life including relocation, a new job and retirement. Enrollment in any of these benefits will be made available during our Annual Open Enrollment and will be done online along with all other benefit plans offered by ACU.

Critical Care Insurance

Cigna's critical illness insurance is a supplemental health insurance plan that is designed to provide a tax-free, lump-sum cash benefit at the first occurrence of major critical illnesses including cancer, heart attack, stroke, Alzheimer's, Parkinson's, MS, kidney failure, organ failure, etc.

This benefit provides the pivotal financial support needed at the onset of a major illness, which can be used in any way, by the policy owner. This benefit is portable, which allows you to take the policy with you at a locked in, level rate. This coverage is also open to spouses and children of employees. **This coverage also includes a $50 per year benefit for receiving an annual exam**. No Evidence of Insurability (EOI) will be required for critical illness insurance.

Accident Insurance

Cigna's Accident Insurance covers a wide range of injuries and accident-related expenses such as hospitalization, physical therapy, hospital intensive care, transportation and lodging plus coverage for Accidental Death and/or Catastrophic accidents that involve the loss or use of sight, hearing, speech, arms or legs. These benefits are designed to help pay for out-of-pocket costs that may not be covered by traditional health insurance. No Evidence of Insurability (EOI) will be required for accident insurance. **This coverage also includes a $50 per year benefit for receiving an annual exam**.

If you have additional questions regarding these voluntary plans, please visit the benefits library through SmartBen (your enrollment system) or contact your Benefits Coordinator, Elsa Dunson.

403(b) RETIREMENT PLAN

It is critical to plan for your retirement. A 403(b) plan can be a powerful tool toward achieving security in retirement. The Abilene Christian University 403(b) plan helps eligible employees save and invest for retirement while receiving certain tax advantages.

Eligibility

Full-time, reduced full-time and half-time employees can make a percentage of base pay contribution into a 403(b) retirement plan. Employees have the option of contributing an amount of 0% to 8% of base pay into their 403(b). ACU will then contribute an equal percentage of an employee's base pay into the plan, to a maximum of 8%.

Employee Contribution	Employer Matches
0% Optional	0%
1% Optional	1%
2% Optional	2%
3% Optional	3%
4% Optional	4%
5% Optional	5%
6% Optional	6%
7% Optional	7%
8% Optional	8%

This retirement option gives participants the freedom of allocation changes and a three-year cliff vesting. For information on your retirement plans, please visit the TIAA website at **www.tiaa.org/acu**. Below is a highlight of the benefit.

Contributing to the Plan

If you are or will be age 50 or older in this calendar year and contribute the maximum allowed to your account, you may also make "catch-up contributions" to your account. The catch-up contribution is intended to help you accelerate your progress toward your retirement goals. Contact your Plan Administrator for more details.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. All changes will become effective as soon as administratively feasible and will remain in effect until modified or terminated by you. You may discontinue your contributions anytime. Once you stop making contributions, you may start again at any time.

Contact Human Resources for more information.

OTHER BENEFITS

Identity Theft Assistance

To further enhance our commitment to protect you and your family, ACU provides Identity Theft coverage to all benefits-eligible employees at no cost to you. We also give you the option to purchase this coverage for your dependents. This service will offer income protection, reimbursement for allowable expenses related to the recovery of your identity, and a customer claims representative to aid you in the process of restoring your identity.

Adoption Assistance Program

All full-time and reduced full-time employees are eligible for the ACU Adoption Assistance Program. If an eligible employee and his/her eligible spouse both work at ACU, only one employee can utilize the benefit. Each eligible employee is eligible to receive up to $5,000 in adoption assistance benefits for the adoption of an eligible child. The limit is increased to $6,000 for an adoption of an eligible child with special needs (as defined by IRS regulations). The adoption assistance benefit shall be in the form of reimbursements for qualified adoption expenses, such as reasonable and necessary adoption fees, court costs, and attorney's fees. The Adoption Assistance benefit has a lifetime maximum limit of three adoptions per family. Please contact Human Resources for more information

Employee Assistance Program (EAP)

You and your covered dependents have free access to Cigna's Employee Assistance Program (EAP). This confidential service offers free over-the-phone counseling any time, day or night, to help you with a variety of personal issues. The EAP also provides up to 3 free face-to-face counseling sessions for both you and your covered dependents. Counselors can help with concerns such as emotional well-being and health, relationships, parenting and addiction.

To contact the EAP, call 888.538.3543, 24 hours a day, seven days a week, to talk to a professional counselor. To register online, you will go **to www.cignalap.com**.

One Call Care

One Call Care is a health solution offered by ACU to offer discounts on MRI's, CT, and PET Scans. To utilize this program, you will simply call 888.458.8746 to connect with One Call and their network of providers to receive pricing and to schedule an appointment.

Healthy Rewards

Healthy Rewards grants you access to discounts on a wide variety of health and wellness programs and services such as fitness club memberships, weight management and nutrition programs, alternative medicine such as chiropractic and acupuncture, physical and occupational therapy, vision and hearing, and podiatry. Visit Cigna.com/rewards (password: savings) or call 800.258.3312 to get information on participating providers.

Work Wellness

Cigna Disability customers can access the Work Wellness for information on how to submit a disability claim, what to expect when you are on disability and when you return to work. This also houses information on family medical leave, and tips for managing your specific health conditions at work. If you would like to learn more about this program, visit Cigna.com/WorkWellness for more information.

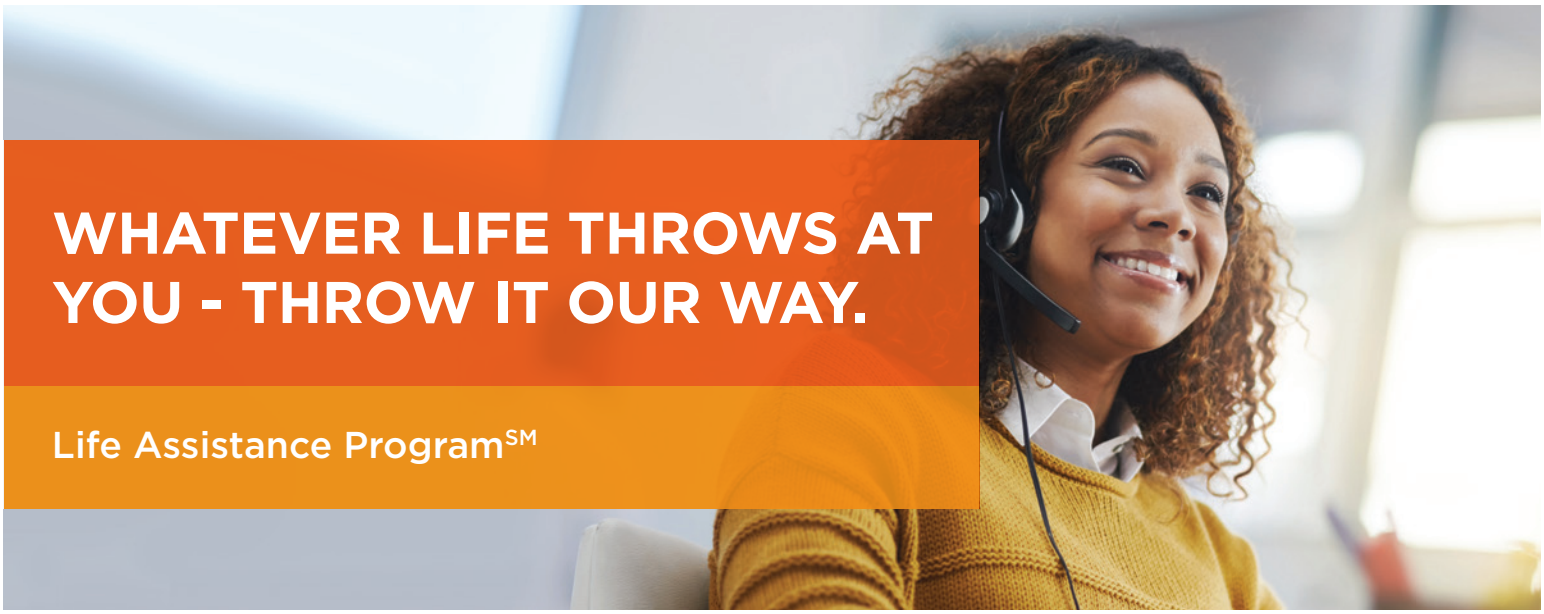
My Secure Advantage

Cigna offers a full-service financial wellness program that helps find you solutions to your financial challenges.

You and your household have the ability to work with a "Money Coach" for 30 days at no additional cost. Your Money Coach are experts and prepared to assist you with any of your financial challenges. These challenges could include basic money management, getting out of debt, saving for college or retirement, purchasing a home, marriage or divorce, loss of income, death in the family, and more.

Accessibility to your Money Coach, educational webinars, and a library of financial tools is all available through an easy-to-use online portal.

To access My Secure Advantage, you can call 888.724.2262 Monday – Friday from 9:00am to 11:00pm ET. If you prefer to visit online, you can go to **Cinga.MySecureAdvantage.com.**



WHATEVER LIFE THROWS AT YOU - THROW IT OUR WAY.

Life Assistance Program℠

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Call us anytime, any day.

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist.

You have three face-to-face sessions with a behavioral counselor available to you - and your household members. Call us to request a referral.

Monthly Webinars

Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

Achieve work/life balance.

For help handling life's challenges go on line for articles and resources including on family, care giving, pet care, aging, grief, balancing, working smarter, and more.

Legal consultation and referrals*
Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.

Financial consultations.
Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

Life Assistance Program – 24/7 support

Phone: **800.538.3543**
website: **www.cignalap.com**

Together, all the way.®

Cigna®

Offered by: Life Insurance Company of North America or Connecticut General Life Insurance Company.

*Legal consultations and discounts are excluded for employment-related issues.

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. These programs are not available under policies insured by Cigna Life Insurance Company of New York (New York, NY).

Cigna Group Insurance®

ADDITIONAL PROTECTION WHEN YOU TRAVEL

Emergencies can happen while traveling, but help is only a phone call away with Cigna Secure Travel.

Cigna Secure Travel® offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365 – in an emergency you can even call collect.

PRE-TRIP PLANNING

- Immunization requirements
- Visa and passport requirements
- Embassy/consular referrals
- Foreign exchange rates
- Travel advisories and weather conditions
- Cultural information

TRAVELING ASSISTANCE

- 24-hour multilingual assistance and referral to interpretation and translation services
- Referrals to physicians, dentists, medical facilities and legal assistance providers
- Arrangements for payment of medical expenses up to $10,000 if required prior to treatment**
- Assistance with lost or stolen items, including luggage and prescription replacement services**
- Emergency cash advances, up to $1,500**
- Advancement of bail**

EMERGENCY ASSISTANCE*

- Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility***
- Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency
- Cover round-trip transportation as well as accommodations, up to $150 per day for up to seven days, for a family member or friend to visit a covered person who is hospitalized more than 100 miles away from home for more than seven days
- Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial
- Emergency message relay, toll-free
- Assistance with making emergency travel arrangements**

Cigna Secure Travel

From the United States and Canada, call 888.226.4567
From other locations, call collect 202.331.7635
Fax: 202.331.1528 Email: Cigna@gga-usa.com

Emergency services must be coordinated through Cigna Secure Travel®. Services coordinated outside of this program may not be eligible for payment.

Policyholder name: _____

Policy # _____ Group# 57

To learn more call 888.226.4567

* Emergency Assistance services may be insured under a group or blanket insurance policy issued by Life Insurance Company of North America or Cigna Life Insurance Company of New York. All other Cigna Secure Travel services are NOT insurance and do not provide reimbursement of expenses or financial losses. Expenses for medical care are not covered.

** Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.

*** Initial transport by ambulance following a covered medical emergency is excluded.

Together, all the way.®

Cigna Secure Travel is provided under a contract with Generali Global Assistance (GGA). GGA and Cigna do not guarantee the quality of any medical services provider or medical facility. The final selection of a local medical provider or facility is the covered person's right and responsibility. The medical professionals or attorneys suggested or designated by GGA are solely responsible for their services. They are not employees or agents of GGA or Cigna. In any case where benefits are provided through insurance, the terms of the insurance policy shall govern. All other services are provided by GGA and are subject to the terms of the service agreement with GGA. Presented here are highlights of the Cigna Secure Travel program. See the plan documents for details.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Life Insurance Company of North America and Cigna Life Insurance Company of New York (New York, NY). Policy Forms: GA-00-1000 et al.; BA-01-1000 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

ACU LEAVE POLICY

Holidays

All full-time, reduced full-time and half-time employees are eligible for paid university holidays which are posted on the HR website at **www.acu.edu/hr**. Halftime employees will receive the holiday only if it falls during designated work hours.

Please note: The Abilene and Dallas campuses have different holiday schedules.

Holidays – Abilene Campus	
New Year's Day	Memorial Day
Martin Luther King Day	Independence Day
Spring Break (Friday)	Fall Break
Good Friday	Thanksgiving (3 days)
Christmas (Christmas Eve and the week between Christmas and New Year's Day)	

Holidays – Dallas Campus	
New Year's Day	Independence Day
Martin Luther King Day	Labor Day
Good Friday	Thanksgiving (3 days)
Memorial Day	One Floating Holiday
Christmas (Christmas Eve and the week between Christmas and New Year's Day)	

Sick Leave

Sick leave accrues at the rate of 12 hours per month for all full-time faculty and staff. The maximum time an employee may accrue is 1,040 hours. Sick leave may be granted for the employee or the care of an immediate family member. Sick leave may also be used by an employee due to a death in the immediate family of the employee or the employee's spouse.

Reduced full-time and half-time employees accrue sick leave on a prorated basis.

Shared Leave Bank

The purpose of the Shared Leave Bank is to provide a safety net against salary interruption for employees who have a catastrophic health condition (for themselves or immediate family) causing them to be unable to perform their assigned job duties. Donations of sick leave hours by employees provide income to an affected employee who would otherwise be on unpaid leave. The purpose is not to provide unlimited sick leave for any medical reason. Visit **www.acu.edu/hr** to download an application for shared leave.

Vacation

Full-time, reduced full-time and half-time staff employees earn vacation based on years of service. Vacation leave is earned from an employee's first day of employment and may be taken as accrued. Vacation accrues according to the schedule below. The next level of vacation is awarded on the employee's annual anniversary date. Employees may rollover up to 80 hours of accrued and unused vacation at the end of each calendar year. Reduced full-time and half-time employees accrue vacation on a prorated basis.

Years of Service	Amount of Vacation
0 to 4	80 hours per year
5 to 9	120 hours per year
10 to 14	140 hours per year
15+	160 hours per year

ACU has partnered with Holmes Murphy to provide dedicated customer service support and assistance in navigating the health care system. It is important to our organization to know that our employees have a confidential resource to help answer questions when you and your family need it.

If you have questions about your benefits or plan options, your dedicated Benefit Coordinator, Elsa Dunson, is ready to answer questions such as:

- When am I eligible to enroll in my benefits?
- I've lost my ID card; how do I get a new one?
- How do I make changes to my benefits? What is a qualifying life event?
- Where can I find a list of in-network providers?
- What is my deductible and what does "co-insurance" mean?
- What can I use my HSA funds for?
- I received a bill from my doctor – was my claim paid correctly?
- What is an "EOB" and how do I read it?
- And many more!

As an alternative to contacting Human Resources or waiting on hold to speak to your insurance carrier's customer service, you may contact your experienced Benefits Coordinator.

Elsa Dunson	**800.325.1174**	**edunson@holmesmurphy.com**
Hours of Assistance:	Monday – Friday	8am to 5pm (Central Time)

ABILENE CHRISTIAN UNIVERSITY

REQUIRED NOTICES

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at 325-674-2359. 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.

3. Employer name Abilene Christian University		3. Employer Identification Number (EIN) 75-0851900
4. Employer address ACU Box 29106		5. Employer phone number 325-674-2359
6. City Abilene	7. State TX	8. ZIP code 79699
9. Who can we contact about employee health coverage at this job? Crystal Cox		
10. Phone number (if different from above)	11. E-mail address Crystal.cox@acu.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 full time employees working at least 30 hours per week.

- With respect to dependents, we do offer coverage. Eligible dependents are: your legal spouse, a child under the limiting age shown in your schedule of coverage, a child of your child who is your dependent for federal income tax purposes at the time application for coverage of the child is made, and any other child included as an eligible dependent under the plan.

[X] 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, **www.healthcare.gov** will guide you through the process.

ACU Notice of Privacy Practices

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

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the ACU (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 11/5/2018.

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

Protected Health Information

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

How We May Use Your Protected Health Information

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

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

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

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

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

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

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization.

Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

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

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

Your Rights

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

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

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

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

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

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

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

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

Our Legal Responsibilities

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

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

Wendy Jones
Abilene Christian University, 213 Hardin Administration Building, Abilene, TX 79699
325-674-2359 / jonesw@acu.edu

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and

Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit **www.hhs.gov/ocr** for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Important Notice from Abilene Christian University 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 Abilene Christian University 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. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. **There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **ACU has determined that the prescription drug coverage offered by ACU plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

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

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

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

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

You should also know that if you drop or lose your current coverage with ACU and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

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

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

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

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: 1/1/20

Name of Entity/Sender: Abilene Christian University / Contact/Office: Human Resources

Address: 213 Hardin Administration Building, Abilene, TX 79699 / Phone Number: 325-674-2359

General Notice of COBRA Continuation Coverage Rights

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA continuation coverage?

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

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

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

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

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."
- Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to ACU, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;

- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days [or enter longer period permitted under the terms of the Plan] after the qualifying event occurs. You must provide this notice to ACU HR.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

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

Second qualifying event extension of 18-month period of continuation coverage

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

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period1 to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit **https://www.medicare.gov/medicare-and-you.**

If you have questions

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

www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

For more information about the Marketplace, visit **www.HealthCare.gov.**

Keep your Plan informed of address changes

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

Plan contact information

Date: 1/1/20
Name of Entity/Sender: Abilene Christian University
Contact/Office: Human Resources
Address: 213 Hardin Administration Building, Abilene, TX 79699
Phone Number: 325-674-2359

Wellness Program and Reasonable Alternatives Notice

The ACU Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete your annual preventive exam and additional points for completing wellness activities within the wellness portal. You are not required to complete any of the wellness activities.

However, employees who choose to participate in the wellness program will receive an incentive of a monthly premium differential for completing the annual preventive exam and additional points for completing wellness portal activities. Although you are not required to complete the annual preventive exam or additional points, only employees who do so will receive the premium differential.
If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Crystal Cox at 325-674-6551.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and ACU may use aggregate information it collects to design a program based on identified health risks in the workplace, ACU's Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Mobile Health in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decisions.

Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Reasonable Alternatives

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under the ACU Wellness Program, you

might qualify for an opportunity to earn the same reward by different means. Contact Crystal Cox at 325-674-6551 and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Crystal Cox at 325-674-6551.

Patient Protection Disclosure

Abilene Christian University generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources at 325-674-2359. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from ACU or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources at 325-674-2359.

60-Day Special Enrollment Period

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

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

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in Abilene Christian University medical coverage 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 no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in ACU medical coverage as long as you request enrollment by contacting the benefits manager no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact ACU, Human Resources at 325-674-2359.

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery. However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Women's Health and Cancer Rights Act of 1998

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

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

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

IMPORTANT CONTACTS

Resource	Phone Number / Web Address
Medical and Prescription	**Medical: Group and Pension Administrators, Inc.** Group # H870841 / 800.827.7223 / **www.gpatpa.com** Non-DFW Residents: **www.multiplan.com** (PHCS Network) DFW Residents Only: **www.imsppo.com** (IMS Network) **Prescription: CVS Caremark** **www.caremark.com** / 1.800.334.8134 **Balance Billing: ELAP Services** 800.977.7381 / **balancebills@elapservices.com**
Dental	Cigna – Group #3343195 800.997.1654 / **www.cigna.com**
Vision	VSP – Group #1109154 / 800.852.7600 / **www.vsp.com**
Health Savings Account	HSA Bank / 800.357.6246 / **www.hsabank.com**
Flexible Spending Accounts	Discovery Benefits / 866.451.3399 / **www.discoverybenefits.com**
Life and AD&D Insurance	Cigna – Basic Life/AD&D Group #FLX969261/ OK970706 Cigna – Voluntary Life/AD&D Group # FLX969262/ OK970707 1.800.238.2125
Disability Coverage (STD and LTD)	Cigna - STD Group #VDT962976 Cigna - LTD Group # LK966155 1.800.362.4462
Employee Assistance Program	Cigna / 800.926.2273
Telemedicine	TimelyMD / **www.wildcat.care**
403(b) Retirement Plan	TIAA–CREF / 800.842.2733 / **www.tiaa.cref.org/acu**
Identity Theft	AIG – Group #7077631 / 866.434.3572
GPA Nurse Navigator Team	Local :972.238.7900 or Toll Free: 800.827.7223 **memberservices@gpatpa.com**
ACU Benefits Coordinator	Elsa Dunson / 800.325.1174 **edunson@holmesmurphy.com** Hours: Monday – Friday 8am – 5pm (Central Time)