

STEVENSON

UNIVERSITY

2024 Employee Benefits Guide

January 1, 2024–December 31, 2024



Scan the QR code or visit
www.brainshark.com/hilbgroup/SU
to view a presentation about your
benefits!

WHAT'S INSIDE

- 3 Employee Resources
- 4 Employee Contributions
- 5 Medical and Prescription
- 6 Medical and Prescription Plan Highlights
- 7 CareFirst Member Resources
- 8 Dental Plan Highlights
- 9 Vision Plan Highlights
- 10 Flexible Spending Accounts
- 12 Life & Disability Insurance
- 13 Voluntary Life Insurance

- 14 Accident Insurance
- 15 Critical Illness Coverage
- 16 Hospital Indemnity Insurance
- 17 403(b) Plan
- 18 Additional Benefits
- 20 Required Federal Notices
- 21 Important Notice About Your Prescription Drug Coverage and Medicare
- 22 Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

Welcome to your 2024 employee benefits guide

At Stevenson University, we recognize that our employees are our most important resource. Without you, our success would not be possible.

Your health and well-being are important to us, and it is our goal to provide you with a benefit package that is cost effective and comprehensive in design. We are continually striving to provide you with the best available plan options.

This guide has been prepared as an easy reference to the benefit plans offered. Take a few minutes to review the guide and complete any necessary enrollment steps in a timely manner to ensure coverage.

Full-time employees working 30 or more hours per week are eligible for benefits. For new hires, benefits are effective on the first of the month following your date of hire.

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- **Spouse:** a person to whom you are legally married by ceremony
- **Child(ren):** your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status
- **Disabled Dependent:** a child who is unmarried and is dependent on you or your spouse as a result of mental or physical incapacity, and who was disabled prior to reaching the maximum age allowed under the plan.

Change-in-Status Events

The benefits plan year runs January 1 through December 31. Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to your benefits until the next Open Enrollment period.

Benefit changes must be consistent with your change-in-status event. Changes must be submitted to Human Resources within 30 days of the event; documentation supporting the change will be required.

Some examples of change-in-status events are highlighted below:

Important Notice about Your Prescription Drug Coverage and Medicare—see page 21.

Please read the notice and share it with any of your Medicare-eligible dependents.



Marriage or divorce



Birth, adoption, or death



Change in employment, or employment status for you, your spouse, or your dependent child



Change in coverage under another employer plan, such as a change made during your spouse's Open Enrollment

EMPLOYEE RESOURCES

Who to contact when you have questions about your benefits

Plan	Phone/Website
Medical/Prescription CareFirst	1-833-960-4049 www.carefirst.com
Dental CareFirst	1-833-960-4049 www.carefirst.com
Vision Group Vision Services	1-866-265-4626 www.groupvisionservice.com
Flexible Spending Accounts WEX	1-866-451-3399 www.wexinc.com
Life and Disability The Hartford	Life: 1-888-563-1124 Disability: 1-800-549-6541 www.thehartford.com
Accident, Critical Illness, and Hospital Indemnity Insurance The Hartford	1-866-547-4205 www.thehartford.com
Pet Insurance Nationwide	1-877-738-7874 www.petinsurance.com/stevenson
Legal and ID Theft Plans Legal Resources	1-800-728-5768 www.legalresources.com
Auto and Home MetLife	1-800-438-6388 www.metlife.com/mybenefits
403(b) Retirement Plan TIAA	1-800-842-2252 www.tiaa.com/stevenson
Employee Assistance Program BHS	1-800-327-2251 www.bhsonline.com
Enrollment and Human Resources Stevenson	443-334-2264 SU Portal, Self Service hr@stevenson.edu
Ethics Hotline Lighthouse	1-833-340-0066 www.lighthouse-services.com/stevenson
Council of Independent Colleges Tuition Exchange Program CIC-TEP	HR: 443-334-2264 www.cic.edu/member-services/tuition-exchange-program
The Tuition Exchange TE	HR: 443-334-2264 www.tuitionexchange.org



Have questions about your benefits?

- Questions regarding eligibility and benefits
- Claims questions and issue resolution
- Enrollment support during Open Enrollment and for new hires
- Qualified change-in-status events

The PSA Benefits Hotline is available Monday–Friday, 8:30 a.m.–5 p.m. ET.

Phone: 1-877-716-6618,
Email: SU@psafinancial.com.

Please provide your Member ID and date of birth when submitting an email and/or have that information handy when calling the Benefits Hotline. You may be required to complete a HIPAA authorization form.

How to enroll in benefits

Benefit Enrollment will need to be completed through the Benefit menu on Self Service for Faculty/Staff. You will need to add or update your beneficiaries and/or dependents before selecting your benefits.

EMPLOYEE CONTRIBUTIONS

	Medical							
	Low Option		Low Option—Bloom*		High Option		High Option—Bloom*	
	Bi-weekly	Monthly	Bi-weekly	Monthly	Bi-weekly	Monthly	Bi-weekly	Monthly
Employee	\$97.77	\$195.54	\$40.53	\$81.06	\$130.45	\$260.89	\$80.40	\$160.79
Employee + Child(ren)	\$235.30	\$470.59	\$169.41	\$338.82	\$296.19	\$592.38	\$230.31	\$460.61
Employee + Spouse	\$360.87	\$721.73	\$294.99	\$589.98	\$434.89	\$869.77	\$369.01	\$738.02
Family	\$482.66	\$965.31	\$416.77	\$833.54	\$571.46	\$1,142.91	\$505.57	\$1,011.14

*Please see page five for more details about the Bloom wellness program. While you are not required to participate in the wellness program, only those who do will receive the discounted medical premiums.

	Dental			
	Low Option		High Option	
	Bi-weekly	Monthly	Bi-weekly	Monthly
Employee	\$16.08	\$32.16	\$18.34	\$36.67
Employee + Child(ren)	\$23.64	\$47.28	\$27.81	\$55.62
Employee + Spouse	\$29.39	\$58.77	\$34.58	\$69.15
Family	\$39.47	\$78.94	\$46.33	\$92.66

	Vision	
	Bi-weekly	Monthly
Employee	\$3.89	\$7.78
Employee + Child(ren)	\$7.78	\$15.56
Employee + Spouse	\$8.11	\$16.21
Family	\$11.65	\$23.29

MEDICAL AND PRESCRIPTION

Stevenson University offers medical and prescription drug coverage through CareFirst to keep you and your family in good health.

Bloom Wellness Program

The Stevenson University community prides itself on being one of the healthiest workplaces in our area and strives to not only maintain, but also further this achievement. We offer our employees a great incentive to promote the healthy lifestyle choices we all value. We provide employees the opportunity to save money on their 2024 medical premiums by completing the requirement below:

- Complete the RealAge assessment at www.carefirst.com/wellbeing and get your annual physical before November 30, 2024.



Understanding the BlueChoice Advantage Network

If you are receiving care inside the CareFirst service area

- When care is rendered in MD, DC, or Northern VA (known as the CareFirst service area), by a provider in the BlueChoice network, care is reimbursed at the in-network level.
- You must use a **LabCorp** facility for any laboratory services.
- Any provider not participating in the BlueChoice network will be considered out-of-network.

If you are receiving care outside the CareFirst service area

- If you seek care outside the CareFirst service area, you will pay lower costs by using a national BlueCard PPO provider, and care received will be considered in-network.
- If you require laboratory services outside of MD, DC, or Northern VA, you may use any participating BlueCard PPO laboratory to receive in-network benefits.
- Any provider not participating in the BlueCard PPO network will be considered out-of-network.

Choosing the right type of care

Knowing where to go when you need care is the key to achieving the most cost savings. Except for emergencies, your first call should be to your primary care provider (PCP), who best understands your health and can coordinate care. But, if you get sick or injured when your doctor's office is closed, you have access to multiple services for 24/7 care at www.carefirst.com/needcare. In the event of a life-threatening condition, call 911 or go straight to the Emergency Room.



Summary of Benefits and Coverage (SBC)

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important information in a standard format, is available for review for each plan. The SBCs are located at now.stevenson.edu/depts/hr/Pages/Benefits.aspx. A paper copy is also available, free of charge, by contacting Human Resources.

MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS

Stevenson University is pleased to offer two medical plan choices for you and your family through **CareFirst**. Under both plans, you may see any provider you choose; however, in-network providers are the most cost-effective. All options include prescription drug coverage. To locate a provider in the BlueChoice Advantage network, visit www.carefirst.com/doctor.

Plan Features	Low Option		High Option	
	In-Network YOU PAY	Out-of-Network YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY
Annual Deductible¹ Amount you must pay before the plan will begin to pay for certain services	\$1,000 individual \$3,000 family	\$3,000 individual \$9,000 family	\$500 individual \$1,500 family	\$1,500 individual \$4,500 family
Annual Out-of-Pocket Maximum² Maximum amount you pay per year for covered expenses	\$3,000 individual \$6,000 family	\$9,000 individual \$18,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family
Primary Care Provider Selection/ Specialist Referrals Required?	No/No		No/No	
Preventive Services	No charge	Deductible, then 20% (deductible waived for well child under age 17 and mammograms)	No charge	Deductible, then 20% (deductible waived for well child under age 17 and mammograms)
Office Visits, Labs, and Testing				
PCP Office Visits	\$30	Deductible, then 20%	\$20	Deductible, then 20%
Specialist Office Visits	\$45	Deductible, then 20%	\$20	Deductible, then 20%
Diagnostic Test (x-ray, blood work)	Office: \$30 PCP/\$45 Specialist Hospital: Deductible, then 20%	Office: Deductible, then 20% Hospital: Deductible, then 40%	Office: \$20 Hospital: Deductible, then 10%	Office: Deductible, then 20% Hospital: Deductible, then 30%
Imaging (CT/PET scans, MRIs)	Office: Deductible, then no charge Hospital: Deductible, then 20%	Office: Deductible, then 20% Outpatient: Deductible, then 40%	Office: Deductible, then no charge Hospital: Deductible, then 10%	Office: Deductible, then 20% Hospital: Deductible, then 30%
Hospital				
Inpatient	Deductible, then 20%	Deductible, then 40%	Deductible, then 10%	Deductible, then 30%
Outpatient	Deductible, then 20%	Deductible, then 40%	Deductible, then 10%	Deductible, then 30%
Urgent and Emergency Care				
Urgent Care Facility	\$50	\$50	\$50	\$50
Hospital Emergency Room (Waived if admitted)	Deductible, then \$150		Deductible, then \$100	
Mental Health/Substance Abuse				
Office Visits	\$30	Deductible, then 20%	\$20	Deductible, then 20%
Inpatient Services	Deductible, then 20%	Deductible, then 40%	Deductible, then 10%	Deductible, then 30%
Prescription Drugs				
Prescription Deductible	None		None	
Prescription Out-of-Pocket Maximum	Combined with medical		Combined with medical	
Retail Pharmacy, up to 34-day supply				
Tier 1	\$15	Paid as in-network	\$15	Paid as in-network
Tier 2	\$35	Paid as in-network	\$35	Paid as in-network
Tier 3	\$60	Paid as in-network	\$60	Paid as in-network
Tier 4	50% up to \$100 max	Not covered	50% up to \$100 max	Not covered
Mail Order, 90-day supply				
Tier 1	\$45	Paid as in-network	\$45	Paid as in-network
Tier 2	\$105	Paid as in-network	\$105	Paid as in-network
Tier 3	\$180	Paid as in-network	\$180	Paid as in-network
Tier 4	50% up to \$300 max	Not covered	50% up to \$300 max	Not covered

This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.

¹Embedded Deductible—If an individual in the family reaches the individual deductible before the family deductible is met, their services will be paid by the carrier.

²Embedded Out-of-Pocket Max—If an individual in the family reaches the individual out-of-pocket maximum before the family out-of-pocket maximum is met, their services will be covered at 100% for the remainder of the plan year.

CAREFIRST MEMBER RESOURCES

CareFirst My Account

View personalized information on your claims and out-of-pocket costs online with My Account. Simply log on to www.carefirst.com/myaccount for real-time information about your plan. View your deductible status, review your claims, request an ID card, and sign up for electronic communications to get your information faster and more securely.

Behavioral Health Digital Resource

CareFirst is working with 7 Cups, the world's largest behavioral health support system, to offer you the emotional care you need, 24/7. You can also connect to a caring, accepting community and learn new skills to help you grow stronger. To set up your free account, login to your CareFirst My Account, scroll down to the "Featured Resources," and select "Behavioral Health Digital Resource."

CareFirst WellBeing with Blue Rewards

To get started earning your rewards, visit carefirst.com/wellbeing to download the CareFirst WellBeing app and register for your account. If you have been using Sharecare through CareFirst, you can download the app and log in with your current user name and password. You and your spouse can choose which activities you want to complete. Rewards will be earned for accomplishing one, or all, of the activities below.

1. **Earn \$200:** Participate in health coaching.
Session 1 = \$30; Session 2 = \$70; Session 3 = \$100
Sessions must be held 2-60 days apart and must be completed before end of the benefit period.
2. **Earn \$100:** Select a primary care provider (PCP) and complete a health screening. You can visit your PCP or a CVS MinuteClinic® to complete a screening. Complete this step within 180 days of the effective date.
3. **Earn \$50:** Consent to receive wellness emails and take the RealAge® test. The RealAge test is a simple questionnaire that will help you determine the physical age of your body compared to your calendar year. Complete this step within 180 days of the effective date.
4. **Earn \$25:** Retake the RealAge® test. If you earned the reward for taking the test initially, you can earn an additional reward for retaking it after 90 days. RealAge answers must be updated or confirmed no earlier than 90 days after the original assessment, and before the end of the benefit period.

Your CareFirst Blue Rewards Visa® Incentive Card

After you complete one or more of the activities, you'll receive your incentive card in about 10-14 days. The incentive card can be used toward your annual deductible or other out-of-pocket costs like copays or coinsurance related to eligible expenses (medical, prescription drug, dental and vision) under your CareFirst BlueCross BlueShield (CareFirst) health plan. Make sure to always save your receipts as proof of your expense. Keep the card as long as you are a CareFirst member as any future incentives you earn will be automatically added to the same card. You have until the end of your benefit period to use your reward, plus an additional 90 days to reimburse yourself for any eligible expense that occurred within that benefit period.



CloseKnit

CloseKnit is a virtual-first primary care practice. That means that most illnesses are treated over video or phone without going into a doctor's office. Visits can be done online anytime, anywhere, 24/7/365—from primary and urgent care to therapy and more through your desktop or by phone using the convenient CloseKnit mobile app.

Primary Care services include:

- Well care, preventive, and sick visits
- Mental health counseling
- 24/7 chat with your dedicated Care Team
- Health Guides who can answer health, benefits, and billing questions
- Available to all members age 18+

Urgent Care services include:

- Same-day care with an average wait time of 30 minutes or less
- Visits for common conditions such as cold/flu symptoms and minor injuries
- Pediatric urgent care for dependents ages 2-17
- 24/7 access anywhere in the U.S.
- Available to all members age 2+

CloseKnit also offers:

- Behavioral Health Services
- Lactation Support
- and Diet & Nutrition Counseling

Learn more and register at closeknithealth.com. After registering, you can begin a virtual visit online or by downloading the CloseKnit app.

DENTAL PLAN HIGHLIGHTS

Your dental health is an important part of your overall health.



Can I go to any dentist I want?

Yes, both plans offer the flexibility of receiving care in-network and out-of-network.

How do I find a participating dentist?

Visit www.carefirst.com/doctor and log in or continue as a guest. Select the BlueDental network and enter your location. You may browse by category (dental) and/or by names and specialties.

Prevention first!

Make sure you take advantage of your preventive dental visits. Preventive care services are not subject to the deductible, and the plan covers 100% of the cost if you visit an in-network provider!

ID Cards

Please note: you will receive a separate ID card for dental coverage, should you enroll.

Stevenson University offers dental coverage for you and your family through **CareFirst**. You have the freedom to select the dentist of your choice; however, when you visit a participating, in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.

Plan Features	Low Option		High Option	
	In-Network YOU PAY	Out-of-Network YOU PAY*	In-Network YOU PAY	Out-of-Network YOU PAY*
Annual Deductible <i>Per calendar year; waived for preventive</i>	\$50 individual \$150 family		\$50 individual \$150 family	
Annual Benefit Maximum <i>Per calendar year</i>	Plan pays \$1,000 per person per calendar year		Plan pays \$2,000 per person per calendar year	
Preventive Care	No charge	No charge*	No charge	No charge*
Basic Services	Deductible, then 20%	Deductible, then 20%*	Deductible, then 20%	Deductible, then 20%*
Major Surgical Services	Deductible, then 20%	Deductible, then 20%*	Deductible, then 20%	Deductible, then 20%*
Major Restorative Services	Deductible, then 50%	Deductible, then 50%*	Deductible, then 50%	Deductible, then 50%*
Orthodontia <i>Up to age 19</i>	Not covered		50%, no deductible; plan pays up to \$2,000 lifetime maximum	

This chart is intended for comparison purposes only. If there are any discrepancies, the plan description will govern. Limitations or exclusions may apply.

**In-network dentists accept the allowed benefit as payment for covered services. Out-of-network reimbursement is based on the 90th percentile; out-of-network dentists may balance bill you for their charges that exceed the allowed benefit payment.*

VISION PLAN HIGHLIGHTS

Vision insurance can make routine eye care more affordable, especially if you are among the majority of people who wear prescription eyeglasses or contact lenses.

Your vision coverage provides a full range of vision care services provided through **Group Vision Services (GVS)**. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider in-full at the time of service and submit a claim form to GVS for reimbursement.

Plan Features	In-Network	Out-of-Network Reimbursement
Vision Exam Once every 12 months	\$10 copay	Up to \$32
Eyeglass Frames Once every 12 months	\$180 plan allowance + 20% off balance for selection costing more than the plan allowance	Up to \$80
Eyeglass Lenses Once every 12 months		
Single vision	No charge	Up to \$30
Lined bifocal	No charge	Up to \$45
Lined trifocal	No charge	Up to \$75
Standard lenticular	No charge	Up to \$75
Contact Lenses Once every 12 months in lieu of spectacle lenses		
Fitting and Exam	Standard: \$40 Premium: 10% discount	N/A N/A
Single/Bifocal and Disposable lenses	Up to \$180	Up to \$160
Medically necessary lenses	Covered in full up to \$250	Up to \$200

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations and exclusions may apply.

Hearing Coverage through GVS

Hearing Exam—a hearing indemnity benefit of \$70. If an EPIC provider (otolaryngologists and audiologists) is utilized, the exam is covered in full.

Hearing Aid (per ear)—EPIC Provider—EPIC has negotiated a 30-60% discount off the Manufacturer’s Suggested Retail Price (MSRP) for hearing aids however, member may seek services from any provider.



Need to locate a participating, in-network provider?

Visit www.groupvisionservice.com and click “Find a Provider” at the top of the screen.

Did you know your eyes can tell an eye care provider a lot about you?

Routine eye exams are essential to preserve your vision and safeguard your eye health. In addition to getting a vision screening, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won’t always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

FLEXIBLE SPENDING ACCOUNTS

Set aside pre-tax dollars to pay for eligible health care and dependent care expenses.



Do I need to enroll each year?

In order to participate in the FSA, **you must enroll each plan year**. Your annual contribution stays in effect during the entire plan year (January 1 through December 31). The only time you can change your election is during Open Enrollment or if you experience a qualified life event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document.

Over-the-Counter (OTC) Medications

You may use your Health Care FSA to pay for over-the-counter (OTC) medications at a pharmacy, supermarket, or other retail store without a prescription. Insulin, prescription medicines, and some OTC supplies—such as bandages, crutches, blood sugar test kits, contact lens solution, and menstrual products—are also eligible for reimbursement.

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family.

There are two types of FSAs: Health Care FSA and Dependent Care FSA. You can elect to participate in one or both of these accounts. The FSAs are administered by **WEX**.

Health Care FSA

Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to **\$3,050** annually, which is deducted out of your pay throughout the year on a pre-tax basis. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental expenses, and vision expenses. You can use the FSA for expenses for yourself, your spouse, and your dependent children—even if they are not covered under your medical or dental plan!

Your annual contribution amount is deposited into your account and is available to you at the beginning of the plan year. As you incur expenses, simply use your debit card to pay for your expenses or submit a claim to be reimbursed.

Rollover feature

The Health Care FSA has a carryover provision that allows you to rollover up to \$610 from one year to the next. If you have any money left in your account at the end of the year, the balance (up to \$610) will rollover to the next year. You must enroll in the Health Care FSA in the new plan year in order for funds to rollover. Any additional amount over \$610 will be forfeited. You will have 90 days after the end of the plan year to submit claims incurred during that plan year.

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to **\$5,000** annually in pre-tax dollars, or \$2,500 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. It includes daycare (center or individual daycare), before/after school care, summer day camp, and elder care.

Eligible expenses are listed below:

- Care for your dependent child who is under the age of 13 that you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

Use-it-or-lose it

Any remaining funds in your Dependent Care FSA at the end of the plan year will be forfeited. You will have 90 days after the end of the plan year to submit claims incurred during that plan year.



When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements. You may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided.

\$5,000 Dependent Care FSA pre-tax savings example

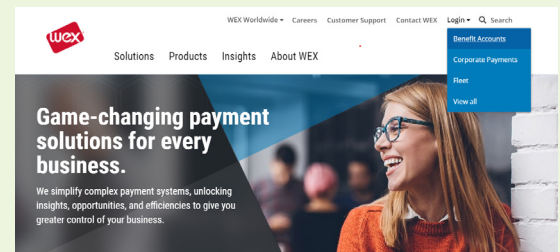
	Without FSA	With FSA
Gross Pay	\$50,000	\$50,000
FSA Contribution	\$0	- \$5,000
Taxable Income	\$50,000	\$45,000
Taxes*	- \$12,500	- \$11,250
Take Home Pay after Taxes	\$37,500	\$33,750
Eligible Expenses	- \$5,000	- \$5,000
Available Income before reimbursement	\$32,500	\$28,750
Tax-Free Reimbursement from FSA	\$0	\$5,000
Net Income	\$32,500	\$33,750

That's a potential savings of \$1,250 for the year!

** Taxes are based on the participant having a combined federal, state and social security tax rate of 25%. Example is for illustrative purposes only, actual dollar amounts and tax savings will vary.*

Manage your FSA online!

Visit www.wexinc.com and log in to access your account details online. You can also download the WEX Mobile smartphone app available for Apple or Android devices to manage your account on-the-go!



LIFE & DISABILITY INSURANCE

Financial protection for you and your family in the event of a disability or your death.



Pre-existing Condition Limitations for LTD

If you received medical treatment, advice or consultation, care or services including diagnostic measures, or took prescribed drugs or medications for a sickness or injury in the three months prior to your effective date of coverage, a disability caused by, contributed to, or resulting from that pre-existing condition will not be covered until you have been enrolled in the plan for 12 consecutive months or if you have been treatment-free for three consecutive months.

Company-Paid Basic Life and AD&D

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident.

Stevenson University provides you with basic life insurance in the amount of one times your salary up to a maximum benefit of \$350,000 though **The Hartford** at **no cost to you**. If you die as a result of an accident, your beneficiary will receive an additional benefit equal to the basic life insurance. For other covered losses, the amount of the benefit is a percentage of the AD&D insurance coverage amount. Evidence of good health is not required.

Don't Forget to Designate a Beneficiary!

Choosing who will receive your life insurance benefits is an important decision. Please make sure your beneficiary information is up-to-date.

Company-Paid University Medical Leave

To protect your income in the event of a disability, university medical leave is provided at no cost to you. This benefit continues 80%-100% of your salary. Benefit duration up to 11 weeks based on medical necessity for staff, 12 weeks for faculty.

Company-Paid Long-Term Disability (LTD)

Long-term disability insurance is designed to provide you with continuing income in the event of a prolonged illness or injury. LTD is provided though **The Hartford** at **no cost to you**. The Hartford must determine that you are totally disabled as defined under the terms of the policy.

The plan will provide you with a monthly benefit equal to 60% of your basic monthly earnings, up to a maximum benefit of \$10,000 per month. Benefit payments will begin after you have been disabled for 90 days and will last as long as you remain disabled or until age 65 or your Social Security Normal Retirement Age (whichever is later). Pre-existing condition limitations apply.

Voluntary Long-Term Disability Buy-Up Option

You can elect to receive a benefit of 70% of your basic monthly earnings instead of 60% if you enroll in this buy-up option. The cost is \$0.20 per \$100 of monthly benefit.

VOLUNTARY LIFE INSURANCE

You have the ability to purchase additional coverage for added protection. Coverage is provided through **The Hartford**. You may purchase voluntary life insurance for yourself, your spouse, and/or your dependent children. Participation is voluntary, and **premiums are 100% employee-paid**.

Important: In order to purchase coverage for your spouse and/or dependent children, you must first elect Employee Voluntary Life insurance.

Employee Voluntary Life Insurance

- Elect coverage in increments of one to five times your annual salary, up to a maximum benefit of \$750,000.
- The guaranteed issue amount is \$200,000 when first eligible.
- Benefits are subject to a reduction schedule and begin to reduce at age 65.

Spousal Voluntary Life Insurance

If you purchase life insurance for yourself, you may purchase insurance for your spouse.

- Elect coverage in increments of \$10,000 up to a maximum benefit of \$50,000, not to exceed 50% of the amount you elected for yourself.
- The guaranteed issue amount is \$30,000 when first eligible.

Dependent Child Voluntary Life Insurance

If you purchase life insurance on yourself, you may purchase insurance for your dependent children up to age 26.

- Elect a \$5,000 or \$10,000 benefit per child ages six months to 26 years.
- Evidence of Insurability is not required.

Supplemental Life and AD&D Monthly Rates per \$1,000 of coverage

Age	Employee and Spouse
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.06
35-39	\$0.06
40-44	\$0.10
45-49	\$0.15
50-54	\$0.22
55-59	\$0.36
60-64	\$0.63
65-69	\$0.73
70-74	\$1.35
75+	\$2.06

Children

Life: \$0.06

Employee and spouse rates are based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. The child unit can consist of more than one child.



Evidence of Insurability (EOI)

The Hartford requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called Evidence of Insurability (EOI).

- If you are enrolling for the first time after your initial eligibility period, any amount elected will be subject to EOI.
- EOI is required for any amount over the guarantee issue amount—\$200,000 for employee, \$30,000 for spouse.

Coverage that requires EOI will not be in effect until you receive approval from The Hartford.

Don't Forget to Designate a Beneficiary!

Choosing who will receive your life insurance benefits is an important decision. Please make sure your beneficiary information is up-to-date.

ACCIDENT INSURANCE

Additional protection for you and your family against life's accidents.

With Accident Insurance through **The Hartford**, you will receive a lump-sum payment for a covered injury and related services. You can use the payment any way you choose, to help cover day-to-day living expenses or any other expenses not covered by your medical plan. No medical questions asked!

- Coverage is available for you, your spouse, and dependent children up to age 26.
- Direct payment to you or to your beneficiary.
- If you experience one of the covered accidental injuries or related services, you will be paid a lump-sum benefit (varies based on service)—organized sports are included.

Some examples of covered benefits are listed below:

Plan Features	Plan Benefit
Wellness Benefit*	\$50
Diagnostic Exam	\$200 once per accident within 90 days
Emergency Care Treatment	\$150 once per accident within 72 hours
Ground Ambulance	\$500 once per accident within 90 days
Air Ambulance	\$1,500 once per accident within 72 hours
Urgent Care	\$100 once per accident within 72 hours
Appliances	\$100 once per accident within 90 days
X-Rays	\$100 once per accident within 90 days

*The plan includes a \$50 per year wellness benefit for completing certain routine wellness screenings or procedures.

Examples of covered injuries

- Accidental death
- Accidental dismemberment
- Broken bones
- Burns
- Torn ligaments
- Eye injuries
- Ruptured discs
- Concussion
- Lacerations
- Coma due to covered injury

Examples of covered expenses

- Emergency room treatment
- Urgent care visit
- Hospital admission
- Ground and air ambulance
- Medical imaging test

Monthly Accident Insurance Cost

Employee	\$6.12
Employee + Child(ren)	\$10.13
Employee + Spouse	\$9.62
Family	\$15.98

CRITICAL ILLNESS COVERAGE

If you are diagnosed with a critical illness, you can prepare for the financial consequences.

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences that an illness may have on your personal finances. The critical illness insurance policy from **The Hartford** can help with the treatment costs of a covered critical illnesses such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

While major medical insurance may pay for a good portion of the costs associated with the illness, there are a lot of expenses that are just not covered, from deductibles and copays, to living expenses. With the critical illness plan, you receive cash benefits directly (unless otherwise assigned), giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Plan Features

- Benefits are paid directly to you, unless you choose otherwise
- Coverage is available for you, your spouse, and dependent children up to age 26
 - **Employee coverage:** \$20,000
 - **Spouse coverage:** \$10,000
 - **Child(ren) coverage:** \$5,000
- You can take your coverage with you if you change jobs or retire (with certain stipulations)

Monthly Critical Illness Cost

Age	Employee	Employee + Spouse	Employee + Child(ren)	Family
18-24	\$1.60	\$2.40	\$2.75	\$3.55
25-29	\$2.80	\$4.20	\$3.95	\$5.35
30-34	\$3.80	\$5.90	\$4.95	\$7.05
35-39	\$5.40	\$8.50	\$6.55	\$9.65
40-44	\$8.00	\$12.60	\$9.15	\$13.75
45-49	\$13.20	\$20.80	\$14.35	\$21.95
50-54	\$18.40	\$29.30	\$19.55	\$30.45
55-59	\$24.40	\$39.00	\$25.55	\$40.15
60-64	\$33.80	\$54.20	\$34.95	\$55.35
65-69	\$48.60	\$76.50	\$49.75	\$77.65
70-74	\$61.60	\$96.80	\$62.75	\$97.95
75-79	\$76.20	\$119.60	\$77.35	\$120.75
80+	\$87.60	\$137.60	\$88.75	\$138.75

Examples of covered illnesses

- Cancer
- Heart attack
- Stroke
- Kidney failure (end-stage renal failure)
- Major organ transplant
- Bone marrow transplant
- Sudden cardiac arrest
- Coronary artery bypass surgery
- Non-invasive cancer
- Skin cancer

HOSPITAL INDEMNITY INSURANCE

If you have an unexpected hospital stay, you are financially covered.

Even if you have one of the best medical plans out there, it's unlikely that your plan will cover all the costs incurred by a hospital stay. Aside from hospital bills, there may be additional costs attached to time away from home, like meals, travel and lodging expenses for loved ones. That's where hospital Indemnity insurance through **The Hartford** can help. It can give you the peace of mind to focus on what's most important—getting better.

Hospital Indemnity insurance provides a cash benefit in the event of an unexpected hospital stay for a covered illness and/or injury. You and your covered dependents are paid a set benefit amount, depending on your plan and the length of your stay. You can use the payment in any way you choose—from medical expenses like deductibles, to every day costs, like housekeeping and child care.

Coverage is available for you, your spouse, and dependent children up to age 26.

Covered Benefits	Plan Features
Covered Events	Injuries and illnesses
Hospital Admission	\$1,000 once per year
Daily ICU Confinement	\$200 up to 30 days per year
Daily Hospital Confinement	\$100 up to 30 days per year

Monthly Hospital Indemnity Insurance Cost

Employee	\$13.52
Employee + Child(ren)	\$23.71
Employee + Spouse	\$27.85
Family	\$39.73

403(B) PLAN

Start saving for your future today.

Whether retirement is way down the road or just around the corner, it's important to have savings goals and specific investment objectives. To help you meet your goals and objectives, we offer a 403(b) Retirement Savings Plan, administered by **TIAA**, with multiple investment options and a company match. Key details and features of our plan are listed below.

Employee Contributions

Maximum contribution limits will be determined by the IRS. Those who have elected to contribute to the maximum will automatically have their deductions correspond with the IRS limits. Contributions are pretax. Employees are permitted to make changes to their contribution percentages at any time throughout the year.

Employer Contributions

The University will match your contribution dollar-for-dollar up to 4%. Employees who contribute 5% or more will receive a 7.5% match of their salary from the University.

Vesting

Vesting refers to your ownership of the money in your 403(b). You will be 100% vested in the company match immediately. (You are always 100% vested in your contributions to the plan.)

Contribution Options

Employees may now participate in pre-tax contributions, ROTH contributions, or both, as long as you are not contributing the maximum amount. If you contribute the maximum amount, then you must choose between the pre-tax or ROTH option.



More information

- Employees who have worked full-time at the University for at least one year are eligible for the University match.
- TIAA has many different investment options for you to choose from, along with tools and resources you can use to determine which options best meet your investment objectives. For additional details about the 403(b) Retirement Savings Plan or to change your investment elections, visit www.tiaa.com/stevenson.

Time Off

Vacation, Sick, and Personal Time (for Staff Only)

SU generously provides employees with paid time off. Full-time staff members accrue vacation and sick leave each pay period and receive three days of personal leave each year. Employees with longer service receive a greater accrual of vacation time.

Holidays

Stevenson University recognizes 14 paid holidays each year:

- New Year's Day
- Martin Luther King Day
- Good Friday
- Independence Day
- Memorial Day
- Juneteenth
- Labor Day
- Yom Kippur
- Wednesday before Thanksgiving
- Thanksgiving
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve

Pet insurance

You can purchase health insurance, administered by **Nationwide**, for your dog, cat, bird or other exotic animals. A pet insurance policy can help you plan for your pet's health care—and offset costs for routine care and unexpected illness or injury. Premium is not impacted by your pet's age, and Nationwide will only use species, state, and the benefits chosen when providing a rate. For more information, a quote or to enroll, visit www.petinsurance.com/Stevenson.

ADDITIONAL BENEFITS

Employee Assistance Program (EAP)

Everyone experiences occasional difficulties. Your Employee Assistance Program (EAP) through **BHS** is a free, company-sponsored benefit, which provides you and your household members with confidential assistance to help with family, personal, or work-related problems.

The EAP can help you handle issues such as the below:

- Stress management
- Family problems
- Child care/parenting
- Legal/financial concerns
- Grief/loss
- Work-related issues
- Substance abuse

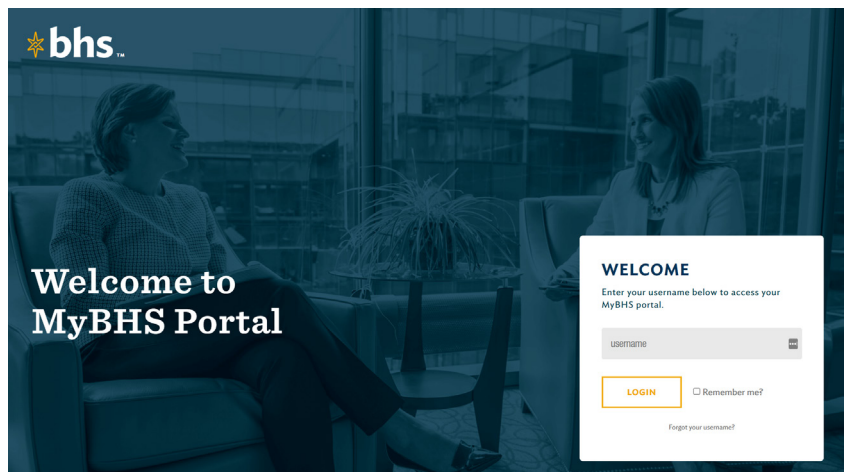
Your EAP services include the below:

- Six face-to-face or telephonic counseling services per issue, per covered person, per year
- Work/life services
- Employee wellness
- Informational website
- Liaison with health insurance carriers
- Community/resource referrals



You don't have to handle your problems alone

Don't delay if you need help. Call 1-800-327-2251 to speak to a care coordinator 24/7 or visit www.bhsonline.com (username Stevenson).



Lighthouse Ethics Hotline

The Ethics Hotline is a confidential way for faculty and staff to anonymously report procedural infractions, misdeeds, and ethical concerns. The types of issues handled by the Ethics Hotline include accounting and auditing matters, conflict of interest, illegal activities, sexual harassment, and unsafe working conditions. A trained hotline professional will create a confidential summary report which is then forwarded to the appropriate Stevenson representative. You need not fear retaliation for reporting abuses when calling the Ethics Hotline. Call Lighthouse at: 833-340-0066 or visit www.lighthouse-services.com/stevenson/LHILandingPage.asp.

Educational Benefits

As a Stevenson University full-time employee, you may also be eligible for the following benefits:

Tuition Concession Program

Full-time employees, spouse and eligible dependents may take undergraduate classes at Stevenson University tuition free.

Tuition Exchange Programs

Stevenson University participates in the Council of Independent Colleges and Tuition Exchange, Inc. tuition exchange programs, offering scholarship awards for full-time employees and their eligible dependents.

House Keys for Employees (HK4E)

The HK4E program offers first-time home buyers additional down payment and/or closing cost assistance for qualified borrowers using the Maryland Mortgage Program (MMP) loan. Stevenson offers eligible employees a \$1,000 grant to assist in the purchase of their first home.

Identity Theft Protection

The plan through **Legal Resources** is designed to protect your identity and assets through identity, credit and social media monitoring. The plan which you can pay through automatic payroll deductions includes:

- Identity and credit monitoring
- Annual credit report and monthly credit score tracking
- Social media reputation monitoring
- Full-service identity restoration

ID Theft Protection Monthly Cost

Employee	\$7.50
Family	\$13.50

Auto and home insurance

MetLife auto and home insurance is designed to help you protect your home and automobile for affordable group rates.

- Auto: In addition to basic liability protection, you can get 24/7 claim service, rental car damage coverage, towing/roadside assistance
- Home: Coverage is designed to fully replace your home in the event of a loss and to prevent you from incurring extra costs.

For more information, a quote or to enroll, visit www.metlife.com/mybenefits.

Legal plan

Legal Resources provides legal representation for you, your spouse and legal dependents at a price that won't break your budget. You can receive legal advice and fully covered legal services for a wide range of personal legal matters from a network-participating plan attorney. Services include:

- General advice and consultation
- Wills and probate
- Traffic violations
- Document review and preparation
- Real estate matters

The plan is available at a low monthly group rate of \$19.00, which you can pay through automatic payroll deductions.

REQUIRED FEDERAL NOTICES

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). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from the insurance carriers for medical, dental, and vision insurance. A copy of the Notice of Privacy Practices for the Health Care Flexible Spending Account is available from Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, 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 section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

Wellness Program—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 your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, your personal information will never be disclosed (either publicly or to the employer), except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. You will not be discriminated against in employment because of medical information you provide as part of participating in the wellness program, nor will you be subject to retaliation if you choose not to participate.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice and share it with any of your Medicare-eligible dependents.

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). If you and your covered dependents are not currently covered by Medicare and will not become covered by Medicare within the next 12 months, this Notice is for informational purposes only.

This notice has information about your current prescription drug coverage with Stevenson 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 included in 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. Stevenson University has determined that the prescription drug coverage offered by Stevenson University is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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 coverage with Stevenson University will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Stevenson University, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

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 Stevenson University 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 on this notice 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 Stevenson University changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook.

You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

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

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

Date: January 1, 2024

Sender: Stevenson University

Contact: David C. Jordan, SPHR, SHRM-SCP

Address: 1525 Greenspring Valley Road
Stevenson, MD - 21153

Phone: 443-334-2176

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan,

contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: medicaid.georgia.gov/programs/third-party-liability/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: www.kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov/

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or
www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid
hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website:
[www.maine.gov/dhhs/ofi/
applications-forms](http://www.maine.gov/dhhs/ofi/applications-forms)
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium
Webpage:
[www.maine.gov/dhhs/ofi/
applications-forms](http://www.maine.gov/dhhs/ofi/applications-forms)
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: [www.mass.gov/masshealth/
pa](http://www.mass.gov/masshealth/pa)
Phone: 1-800-862-4840
TTY: (617) 886-8102

MINNESOTA – Medicaid
Website: [mn.gov/dhs/people-we-
serve/children-and-families/health-
care/health-care-programs/programs-
and-services/other-insurance.jsp](http://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp)
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website:
[www.dss.mo.gov/mhd/participants/
pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)
Phone: 573-751-2005

MONTANA – Medicaid
Website: [dphhs.mt.gov/
MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: [www.accessnebraska.
ne.gov/](http://www.accessnebraska.ne.gov/)
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: [www.dhhs.nh.gov/
programs-services/medicaid/health-
insurance-premium-program](http://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program)
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345,
ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
[www.state.nj.us/humanservices/
dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)
Medicaid Phone: 609-631-2392
CHIP Website: [www.njfamilycare.org/
index.html](http://www.njfamilycare.org/index.html)
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: [www.health.ny.gov/health
care/medicaid/](http://www.health.ny.gov/health-care/medicaid/)
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website:
[www.nd.gov/dhs/services/
medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: www.insureoklahoma.org/
Phone: 1-888-365-3742

OREGON – Medicaid
Website: [healthcare.oregon.gov/
Pages/index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)
[www.oregonhealthcare.gov/index-es.
html](http://www.oregonhealthcare.gov/index-es.html)
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: [www.dhs.pa.gov/Services/
Assistance/Pages/HIPP-Program.aspx](http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx)
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid
Website: www.scdhhs.gov/
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: dss.sd.gov/
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: medicaid.utah.gov/
CHIP Website: health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: [www.greenmountaincare.
org/](http://www.greenmountaincare.org/)
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: [www.coverva.org/en/famis-
select](http://www.coverva.org/en/famis-select)
www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: [dhr.wv.gov/bms/
mywvhipp.com/](http://dhr.wv.gov/bms/mywvhipp.com/)
Medicaid Phone: 304-558-1700
CHIP Toll-free phone:
1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: [www.dhs.wisconsin.gov/
badgercareplus/p-10095.htm](http://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm)
Phone: 1-800-362-3002

WYOMING – Medicaid
Website:
[health.wyo.gov/healthcarefin/
medicaid/programs-and-eligibility/](http://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/)
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

STEVENSON

U N I V E R S I T Y

This guide provides a summary of the benefits available. CLIENT NAME reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. Should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. Benefits are not a guarantee of employment.



A Hilb Group Company