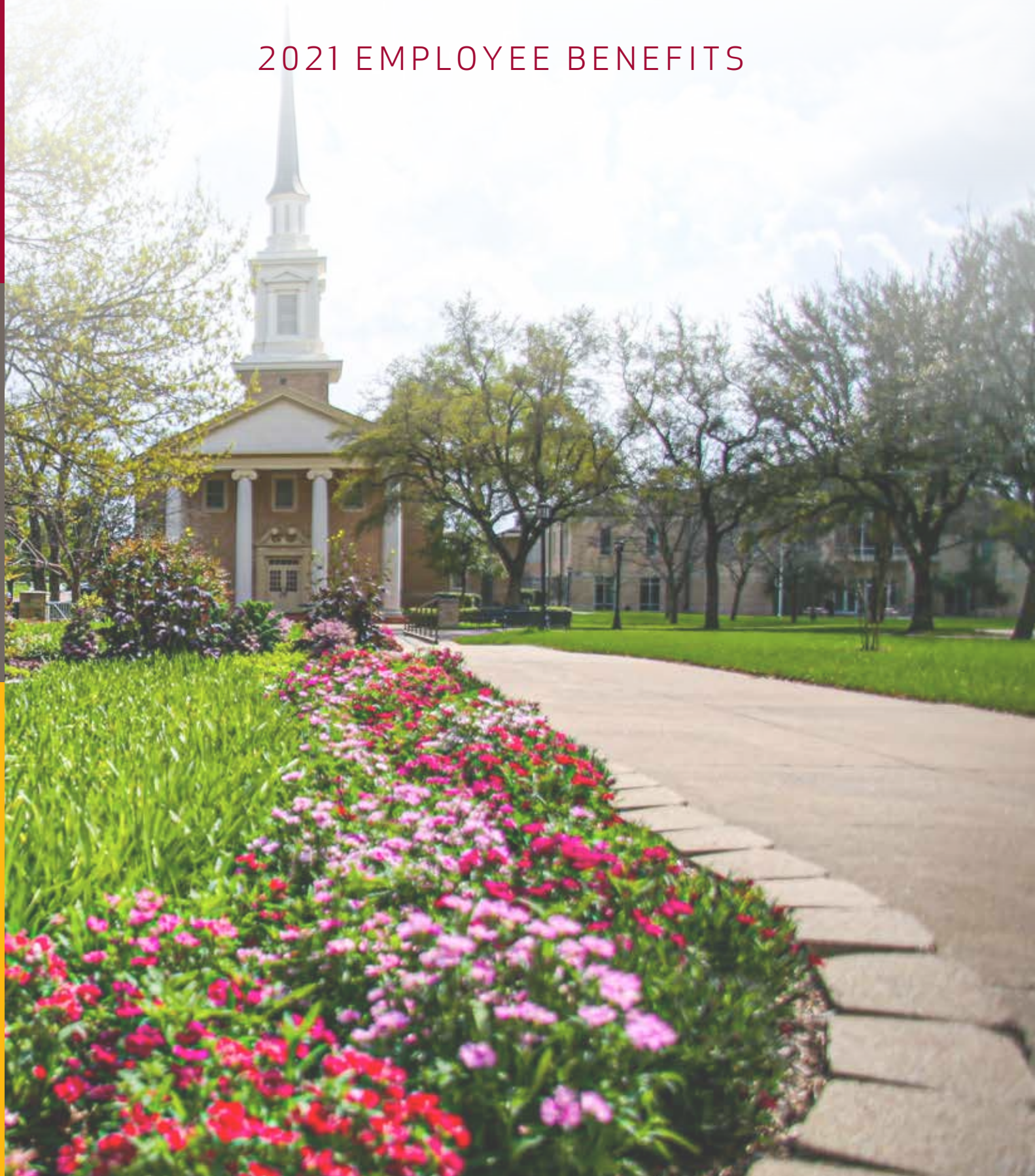
AUSTIN COLLEGE

2021 EMPLOYEE BENEFITS



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Welcome

This brochure highlights the main benefits options available for Austin College employees for 2021. Please review it carefully so you can choose the coverage that is right for you and your family.

To get the best value from your health care plan, please take the time to evaluate your coverage options and determine which plans best meet your health care and financial requirements. By being a wise consumer, you can support your health and maximize your health care dollars.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 19 for more details.

Eligibility

Benefit eligibility is determined by college policy and the respective plan document. For those that are eligible for benefits, most of your benefits are effective on the first day of the month following your date of hire.

You may enroll your eligible dependents for coverage once you are eligible. **Your eligible dependents include:**

- Your legal spouse, same sex domestic partner, or common law spouse
- Children under the age of 26, regardless of student, dependency, or marital status

Dependents

Austin College offers dependent coverage for spouses and children. Employees who currently have one or more dependents enrolled do not need to re-submit proof of dependent eligibility to Human Resources.

If you are adding a new dependent to your plan (medical, dental, vision or to the Cafeteria Plan), please take the following actions:

- Add your dependents and submit the dependent eligibility documentation (i.e., birth certificate and Social Security card)
- Provide additional information to Human Resources

Note: Austin College is required to provide a tax form to benefits eligible employees (1095C). In order to produce this form, we may need additional information from you.

Qualified Life Events

You may only change your benefit elections during the annual enrollment period. However, you may change your benefit elections during the year if you experience a Qualified Life Event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change of employment status by you or your spouse
- A significant change in your or your spouse's health coverage due to your spouse's employment
- Qualification by the plan administrator of a Medical Child Support Order
- Obtaining coverage under Medicare Part B

You must notify Human Resources within 31 days (60 days of birth, adoption, or placement for adoption) of the Qualified Life Event. Depending on the type of event, you may need to provide proof of the event. **With the exception of divorce**, if you do not contact Human Resources within 31 days of the qualified event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

About CARES

CARES
Collegiate Association REsource of the Southwest

Austin College belongs to a consortium Collegiate Association Resource of the Southwest (CARES) that was founded in 2004 to help select colleges and universities in the Southwest pool their resources to provide quality medical, prescription drugs, Employee Assistance Plan (EAP), and Flexible Spending Accounts (FSAs). CARES provides medical and pharmaceutical benefits currently to more than 1.300 faculty, staff and dependents. CARES role has recently been expanded to include dental, group Life and Accidental Death and Dismemberment (AD&D), voluntary Life, and Long-Term Disability (LTD) benefits.

Partially Self-Funded Health Coverage

The medical and pharmaceutical coverage provided through CARES is a partially self-insured plan (Plan). To minimize the risk of self-insurance, the College purchases stop-loss coverage for individual and group claims exceeding a predetermined limit. Both the College and all covered members — employee, early retiree, and their dependent(s) — share in the cost of premiums. Should a qualifying event occur, covered individuals also have COBRA continuation rights. Premiums for employees and dependents are established annually.

Your Medical Insurance Options

Preferred Provider Organization (PPO)

This type of plan lets you visit the doctor of your choice. Although you may see a provider who doesn't participate in the plan's network, in most cases your benefits are greater (and your out-of-pocket expenses smaller) when you see a network provider.

Once you reach the applicable out-of-pocket maximum in any calendar year, the plan will pay 100% of additional covered in-network expenses during the rest of that year, subject to plan rules. The out-of-pocket maximum, however, does not include penalties (such as late cancellation fees for doctor's appointments).

High Deductible Health Plan (HDHP)

The HDHP is similar to the PPO in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all health care expenses, including those for prescription drugs. Once the deductible has been met, the plan pays 80% of medical costs and you pay 20%; you will continue to pay a prescription copay until your out-of-pocket maximum is met, then the plan pays 100%.

BlueCross BlueShield of Texas

Medical Plan Comparison

In-network benefits are illustrated	2021 Benefit Plan Choices			
				HSA Benefit Option
	PPO 90 (Closed)	PPO 80	PPO 70	High Deductible
Deductible				
Individual	$550	$950	$1,350	$2,800
Individual + Children	$950	$1,350	$2,550	$5,600
Individual + Spouse or Family	$1,100	$1,500	$2,700	$5,600
Out-of-Pocket Maximum (includes Deductible)				
Individual	$3,050	$5,950	$6,350	$6,450
Individual + Children	$5,950	$11,350	$12,700	$12,900
Individual + Spouse or Family	$6,100	$11,500	$12,700	$12,900
Your Coinsurance	10%	20%	30%	20%
Typical Medical Services	**You Pay**	**You Pay**	**You Pay**	**You Pay**
Primary Care Office Visit	$30	$35	$40	20%*
Specialist Office Visit	$50	$60	$70	20%*
MDLIVE Virtual Visit	$10	$10	$10	$44
Preventive Care	$0	$0	$0	$0
Hospital Admission	$200 then 10%*	$200 then 20%*	$200 then 30%*	20%*
Laboratory and Radiology	10%*	20%*	30%*	20%*
Outpatient Facility	$100 then 10%*	$100 then 20%*	$100 then 30%*	20%*
Emergency Room	$125 then 10% (Deductible does not apply)	$125 then 20% (Deductible does not apply)	$125 then 30% (Deductible does not apply)	20%*
Urgent Care Facility	$75 then 10% (Deductible does not apply)	$75 then 20% (Deductible does not apply)	$75 then 30% (Deductible does not apply)	20%*
Pharmacy				
Retail Rx (up to 30-day supply)				
Generic	$10	$10	$10	$10*
Brand	$35	$35	$35	$35*
Non-Formulary	$50	$50	$50	$50*
Specialty	$100	$100	$100	$100*
Mail Order Rx (up to 90-day supply)				
Generic	$20	$20	$20	$20*
Brand	$70	$70	$70	$70*
Non-Formulary	$100	$100	$100	$100*

* After deductible

Health Savings Account

The High Deductible Health Plan (HDHP) also allows you to open a Health Savings Account (HSA) with the bank of your choice. An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with after-tax dollars.

You can use the money in your HSA to pay for qualified medical expenses now or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP.

Unlike a Flexible Spending Account, there is no **"use it or lose it"** rule — the money in your account will automatically roll over year after year. For additional information consult with the financial institution of your choice.

Who Is Eligible To Open An HSA?

You are eligible to open and fund an HSA if you:

- Are enrolled in an HSA-eligible HDHP
- Are not covered by other non-high deductible health plans, such as your spouse's health plan, Health Care Flexible Spending Account, or Health Reimbursement Account
- Are not eligible to be claimed as a dependent on someone else's tax return
- Are not enrolled in Medicare or TRICARE
- Have not received Veterans Administration benefits

Maximum Contributions

HSA contributions may not exceed the annual maximum amount established by the IRS. The annual contribution maximum is based on the coverage option you elect.

- **Individual** — $3,600
- **Family (filing jointly)** — $7,200

Employees age 55 and older are allowed to make an additional annual "catch-up" contribution of up to $1,000.

Opening An HSA

Austin College offers an HSA, which is administered by HSA Bank. Once you're enrolled in the HSA, you'll receive a debit card from HSA Bank for managing your HSA reimbursements. If you open an account with HSA Bank, you will be charged $1.75 monthly for account administration. Funds available for reimbursement are limited to the balance in your HSA. To view your account information, go to **www.hsabank.com**.

You (not Austin College) are responsible for maintaining all records and receipts for HSA reimbursements in the event of an IRS audit.

Always ask your doctor or provider to file charges with BlueCross BlueShield so the network discount can be applied. Then, pay the provider with your HSA debit card based on the balance due after discount.

Please note: You may open an HSA at any financial institution of your choice. However, payroll deductions are available only for HSAs through HSA Bank.

Voluntary Dental Plan

You have two dental plan options available with Cigna: the PPO plan with a $1,250 annual maximum and the Dental HMO plan with $5 copays and no annual maximums.

Preventive and diagnostic services are encouraged in order to avoid the development of more serious and costly conditions. Therefore, the plan pays benefits for covered preventive and diagnostic services with no need for you to pay a deductible (whether services are obtained in-network or out-of-network).

Note: You may elect dental coverage for 2021 whether or not you elect medical coverage.

	DHMO PLAN (Only available in certain states)	DPPO PLAN
	IN-NETWORK ONLY	IN-NETWORK
Calendar Year Deductible		
Individual	$0	$75
Family	$0	$225
Calendar Year Maximum Benefit		
Per Individual	Unlimited	$1,250 per individual (Preventive, Basic, and Major Services combined)
Typical Dental Services	**You Pay**	**You Pay**
Preventive Care		
Exams, Cleanings, X-rays, Fluoride Treatments	$5 copay	$0
Basic Services		
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	Various copays apply. Refer to Patient Charge Schedule	20%*
Major Procedures		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	Various copays apply. Refer to Patient Charge Schedule	50%*
Orthodontia		
24-Month Treatment Fee — Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding		
Adults	Various copays apply. Refer to Patient Charge Schedule	Not covered
Children (up to 19th birthday)		50% up to a lifetime maximum benefit of $1,250 per individual; deductible waived

*After deductible

Voluntary Vision Plan

Vision coverage is available through Superior Vision. The Superior Vision Plan utilizes the Superior Select Network and is a materials only plan; it does not cover eye exams. **Vision exams are covered under all medical plans, as a preventive service.**

The Vision Care Plan offers discounts and copays for materials such as plastic lenses, lens options (UV treatment, scratch coating, etc.), frames, or contact lenses. Your cost for 2021 reflects the family members you cover. **Note: You may elect vision coverage for 2021 whether or not you elect coverage under Austin College medical plan.**

	In-Network	Out-of-Network
Materials Copay	$20	$20
Frames (every 24 months)	$125 retail allowance	Up to $70 retail
Lenses (every 12 months)		
Single Vision	Covered in full	Up to $25 retail
Bifocal	Covered in full	Up to $40 retail
Trifocal	Covered in full	Up to $45 retail
Progressive	See description[1]	Up to $45 retail
Lenticular	Covered in full	Up to $80 retail
Contact Lenses[2] (every 12 months)		
Standard	$150 retail allowance	Up to $80 retail
Medically Necessary	Covered in full	Up to $150 retail
Laser Vision Correction	$200 retail allowance[3]	

Copays apply to in-network benefits; copays for out-of-network visits are deducted from reimbursements.

[1] Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable copay.

[2] Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit.

[3] LASIK Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations.

Cost of Coverage

Medical	Your Cost		Austin College Cost
	Semi-Monthly	Monthly	Monthly
Medical PPO 90			
Individual	$157.86	$315.72	$571.14
Individual + Spouse	$434.31	$868.61	$1,571.31
Individual + Child	$248.73	$497.45	$899.88
Individual + Family	$529.02	$1,058.04	$1,913.98
Medical PPO 80			
Individual	$94.43	$188.85	$548.86
Individual + Spouse	$259.79	$519.58	$1,510.02
Individual + Child	$151.08	$302.16	$878.16
Individual + Family	$316.45	$632.89	$1,839.32
Medical PPO 70			
Individual	$48.79	$97.57	$527.88
Individual + Spouse	$134.22	$268.44	$1,452.30
Individual + Child	$78.06	$156.11	$844.61
Individual + Family	$163.49	$326.98	$1,769.03
Medical HDHP			
Individual	$28.62	$57.23	$482.68
Individual + Spouse	$78.73	$157.45	$1,327.97
Individual + Child	$45.09	$90.17	$760.51
Individual + Family	$95.90	$191.79	$1,617.56

Dental	Your Cost	
	Semi-Monthly	Monthly
Dental DHMO		
Individual	$6.82	$13.64
Individual + Spouse	$12.97	$25.93
Individual + Child	$13.65	$27.30
Individual + Family	$19.45	$38.89
Dental PPO		
Individual	$20.39	$40.78
Individual + Spouse	$43.44	$86.87
Individual + Child	$47.20	$94.39
Individual + Family	$78.23	$156.46

Vision	Your Cost	
	Semi-Monthly	Monthly
Individual	$2.14	$4.27
Individual + Spouse	$3.65	$7.30
Individual + Child	$3.86	$7.72
Individual + Family	$5.79	$11.57

Austin College Cafeteria Plan

We provide a "Flexible Benefits Plan" for eligible employees. Under this Plan, you are able to choose among certain benefits that can be purchased or contributed to on a pretax basis. The benefits include a Premium Expense Account, a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. If you participate in either of the Flexible Spending Accounts, you will be charged $3.10 monthly for account administration.

Premium Expense Account

A Premium Expense Account allows you to use tax free dollars to pay for certain premium expenses under various insurance programs that we offer you. These premium expenses include:

- Health care premiums under our partially self-funded health plan.
- Dental insurance premiums.
- Cancer insurance premiums.
- Vision insurance premiums.
- Other eligible insurance coverage that we may provide.

Health Care FSA

When you open a Health Care FSA, the money you elect to fund the account is available to you on day one, even though the total amount you elect is collected over 12 months (or the remaining months in the year if you participate as a new hire). To access these funds, you will receive a debit card from ConnectYourCare, the Administrator. Use your card to pay for eligible medical, pharmaceutical, dental and or vision care expenses to include: coinsurance, copays, or other approved expenses.

Remember: if you don't spend all the money in this FSA by the deadline, IRS regulations state you forfeit the balance in your account. Other rules apply.

Dependent Care FSA

When you open a Dependent Care FSA, the money you elect to fund the account is available to you as you fund the account over 12 months (or the remaining months in the year if you participate as a new hire). The maximum reimbursement is limited to what you have paid and to the balance in your account. This benefit does not utilize a debit card. You must request reimbursement for expenses paid by submitting the proper paperwork to ConnectYourCare, the Administrator.

Remember: if you don't spend all the money in this FSA by the deadline, IRS regulations state you forfeit the balance in your account. Other rules apply.

Account Type	Eligible Expenses	Annual Contribution Limits
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)	Maximum contribution is $2,750 per year
Dependent Care FSA	Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is $5,000 per year ($2,500 if married and filing separate tax returns)

FSAs Help You Save On Your Taxes

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

Account Type	With FSA	Without FSA
Your taxable income	$50,000	$50,000
Pretax contribution to Health Care FSA and Dependent Care FSA	$2,000	$0
Federal and Social Security taxes	$11,701	$12,355
After-tax dollars spent on eligible expenses	$0	$2,000
Spendable income after expenses and taxes	$36,299	$35,645
Tax savings with the Health Care and Dependent Care FSAs	$654	N/A

College-Provided Life and Accidental Death & Dismemberment (AD&D) Insurance

Life and AD&D coverage through Mutual of Omaha Life Insurance Company helps protect your loved ones in the event of your death or serious injury. Beneficiaries can use your Life insurance benefits to pay off your debts, such as credit cards, mortgages, and other final expenses.

Basic Life insurance and AD&D coverage are provided at no cost to you, and you're not required to enroll in any other health and protection program. You are automatically covered 1.5 times annual salary up to $50,000 maximum.

Dependent Life insurance coverage may also be elected—$10,000 for your spouse and $5,000 for each covered child ($100 coverage if child is 14 days to 6 months old). Cost is $1.50 per month regardless of the number of dependents covered.

Evidence of Insurability (EOI) may be required if coverage is elected after your initial enrollment opportunity. If you leave Austin College, you may take the insurance with you by paying premiums directly to the insurance company. Your benefit amounts reduce to 67% at age 70 and reduce to 50% at age 75.

Designating a Beneficiary

Choosing a Life and AD&D beneficiary ensures that your benefits are paid according to your wishes in case of your death. You can name more than one beneficiary, and you can change beneficiaries at any time. If you name more than one beneficiary, indicate the benefit amount for each. Be sure all names are correct on the Beneficiary Designation form and that your form is on file with Human Resources.

Mutual of Omaha

Voluntary Life Coverage

Eligible employees may purchase additional Life insurance at favorable group rates. If you decline Voluntary Life insurance when first eligible or if you elect coverage and later wish to increase your benefit amount, Evidence of Insurability (EOI) may be required before coverage is approved. You pay for this coverage with after-tax dollars.

You must elect Voluntary coverage for yourself in order to elect coverage for your spouse.

Coverage for	Coverage available
Employee	Increments of $10,000 up to 5 times your salary or $500,000.
Spouse	Increments of $5,000 up to $250,000 — not to exceed 100% of Employee coverage. Available up to age 75.

Guaranteed Issue and Evidence of Insurability

When you are first eligible (at hire) for Voluntary Life, you may purchase up to 5 times your base annual salary up to Guaranteed Issue (GI) without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective. If you enroll your spouse when first eligible, you may buy up to $50,000 without providing EOI. Your spouse will need to provide EOI to be eligible for coverage over GI, or if coverage is requested at a later date.

Voluntary Life	Rate per $1,000
Employee & Spouse	
< 25	$0.05
25-29	$0.05
30-34	$0.05
35-39	$0.07
40-44	$0.10
45-49	$0.15
50-54	$0.23
55-59	$0.37
60-64	$0.50
65-69	$0.85
70-89	$1.96

College-Provided Long-Term Disability Insurance

If you're suddenly unable to earn a paycheck due to illness or an accident, disability insurance can help you meet expenses and maintain your standard of living. It can help you pay bills like your mortgage, tuition and car payments, and to help cover expenses for food, clothing and utilities. Disability insurance can help provide financial security until you are able to return to work.

Long-Term Disability

Long-Term Disability (LTD) covers 60% of your monthly salary to an $8,000 maximum. Benefit begins after 180 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. In the event of disability, this disability payment will be considered taxable unless you make a special election to pay tax on the premium that Austin College pays on your behalf. Contact Human Resources for more details.

Planning for Retirement

Smart saving and investing is the foundation for financial security during your retirement years. The Austin College 403(b) plan is designed to help you reach your retirement goals and can be a powerful tool in your secure financial future.

How the 403(b) Plan Works

Austin College is proud to partner with Teachers Insurance and Annuity Association (TIAA) a leader in serving the financial needs of people in academic, government, medical, cultural and other nonprofit fields) to provide two 403(b) retirement plans. In addition, TIAA provides additional support to our employees by providing a representative on campus once a month in the fall and spring. A schedule is sent via e-mail to employees with the dates, times and a contact number to set up an appointment.

Participation in Austin College Retirement Plan is mandatory as a condition of employment, once you meet the eligibility requirements. A participating employee must contribute 2% of their base salary to the Retirement Plan. In addition, the college currently contributes an additional 8% of that employee's base salary to the Retirement Plan. All contributions (employee and college) are immediately 100% fully vested. Employees may also make voluntary contributions to the Austin College Tax-Deferred Annuity Plan, subject to certain conditions and limitations.

Contact Human Resources for additional information concerning the Austin College Retirement Plan or the Austin College Tax-Deferred Annuity Plan.

Additional Benefits

Austin College, through CARES, is providing several programs to help you get the most from your benefits programs.

MDLIVE Virtual Visits

Talk to a Doctor Anytime

MDLIVE gives you 24/7/365 access to U.S. board-certified doctors through the convenience of a phone call. This is a great alternative to Urgent Care and Emergency Room visits because services you receive through MDLIVE are a part of the medical plan. An MDLIVE doctor can give you a diagnosis. The doctor can even prescribe medications if needed.

- **PPO plan: $10**
- **HDHP plan: $44**

When Can I Use MDLIVE?

When you need care and:

- You are considering the Emergency Room or Urgent Care Clinic for a non-emergency issue
- You are on vacation, on a business trip, or away from home
- Short-term prescription refills

Get the Care You Need

MDLIVE doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infections
- Respiratory infections
- Sinus problems

Ways to connect

You can easily activate your account or connect with an MDLIVE doctor by using one of the following methods:

- Phone: 888-726-3171
- Website: **www.mdlive.com**
- Download the MDLIVE App from the App Store

Member Rewards

BlueCross BlueShield of Texas (BCBSTX) Member Rewards — a program that offers cash rewards when a lower-cost, quality provider is selected from several offered possibilities. Employees receiving $600 or above in cash rewards during the year are subject to taxation, per IRS guidelines, and will receive a Form 1099-Misc.

How Does It Work?

1. When a doctor recommends treatment, log into Blue Access for Members at **http://www.bcbstx.com**
2. Click Doctors and Hospitals Tab – then on Find a Doctor or Hospital — and Shop for Procedures
3. Choose a Member Rewards eligible location, and you may earn a cash reward
4. Complete your procedure and, once verified, you will receive a check within 4 to 6 weeks

Questions?
Call the customer service number on the back of your member ID card.

Voluntary Smart90

With Smart90, you have two ways to get up to a 90-day supply of your long-term maintenance medication at your local Walgreens. You can conveniently fill those prescriptions either through home delivery from the Express Scripts Pharmacy or at a Walgreens near you.

What are some benefits to Voluntary Smart 90?

- Members have a choice of home delivery or retail for their 90-day maintenance medications
- You have the same copay whether you choose a 90-day supply via mail or retail

Benefits Value Advisor (BVA)

You have a choice when deciding where to go for care. Benefits Value Advisor (BVA) can help you choose cost-effective doctors and facilities for procedures such as: MRIs, childbirth, knee surgery, endoscopies, etc.

BVA is a one-call solution that can help members find quality health care and save money. Benefit Value Advisors offer cost estimates for various providers, facilities and procedures. Lower pricing and cost savings are dependent on the provider of the facility of your choosing. To reach BVA call 888-762-2190.

How Can a Benefits Value Advisor help me?

- **Find in-network doctors and hospitals to help avoid out-of-network costs.** BVA provides information on local in-network providers and estimated cost comparisons for procedures such as MRI, Colonoscopy, CT scans, outpatient surgery facilities and etc.
- **Provide cost estimates and schedule appointments.** BVA provides member with information on local in-network providers including estimated costs for procedures as well as benefit requirements for predetermination. BVA can assist members with precertification and scheduling of appointments.
- **Understand your benefits.** BVA can assist members with a better understanding of their benefits and the cost comparisons of procedures, X-rays and diagnostic testing.

Employee Assistance Program (EAP)

When You Need an Extra Hand

Family and work activities are stressful at times. Counseling and referrals are available through the Employee Assistance Program (EAP), provided by Mutual of Omaha, at no cost to you. All employees and their dependents may utilize the program regardless of participation in AC's medical insurance plan.

When to Use the EAP

Counseling is available through the EAP for personal issues such as:

- Family and marital conflicts
- Parenting concerns
- Emotional difficulties
- Health coaching and support
- Drug and alcohol dependency
- Stress management
- Grief over death of loved one or other losses
- Eating disorders
- Questions about legal or financial concerns
- Questions about child or elder care

How to Use the EAP

If you need assistance, you can call and speak to an EAP counselor, who is available 24 hours a day, including holidays. Contact Mutual of Omaha at 800-316-2796.

Sometimes a telephone call is all it takes. But if you want or need additional counseling, you can schedule an appointment with an EAP counselor for face-to-face assessment. There are five in-person sessions per issue provided at no cost per calendar year. The EAP can also provide referrals to other providers or community resources if you need additional assistance.

The EAP Online

Access the EAP services online at **www.mutualofomaha.com/eap**. You can contact an EAP specialist or review a complete collection of articles, resources, and interactive tools to assist you with situations affecting your work and life.

- CARES Member phone number: 800-316-2796
- **www.mutualofomaha.com/eap**
- Group Number: G000B53V

Legal and Financial Services Include:

- Valuable resources available via the Mutual of Omaha website
  - » Legal and financial libraries and tools
  - » Legal forms
  - » Legal and financial tools
  - » Financial educational resources
  - » Assisted document preparation online
- Telephonic financial consultation
- Up to five face-to-face (or telephonic) legal consultations per issue, per calendar year at no cost to you
- Covers estate planning, elder law, will preparation, civil, family, real estate, etc.

Amplifon — Hearing Discount Program

- **Custom hearing solutions** — we find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers
- **Risk-free 60-day trial** — 100 percent money-back guarantee on hearing aid purchase
- **Hearing aid low price guarantee** — if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5 percent
- **Continuous Care** — one-year free follow-up, two years of free batteries and a three-year warranty

To learn more visit **amplifonusa.com/mutualofomaha** or call Amplifon at 1-888-534-1747

Will and Legal Document Preparation

You, your spouse and dependents up to the age of 26 have access to no cost, online will, power of attorney, health care directive, and living trust preparation services provided by Epoq.

How it works

- Log on to **www.willprepservices.com**
- Use the code MUTUALWILLS to register
- Answer the simple questions and watch the customization of your document happen in real time

Confidentiality is Key

Any assistance you receive from the EAP is completely confidential. Your name, records, and other confidential information are not shared with Austin College.

Travel Assistance Program

The Travel Assistance program offers toll-free emergency assistance to you, your spouse and your dependents 24 hours a day, seven days a week when traveling 100 miles or more from your primary home for 90 days or less.

Worldwide Travel and ID Theft Assistance Services available for business and personal travel 24 hours a day, seven days a week. For inquiries within the U.S.:

- Within the U.S. call toll free: 800-856-9947
- Outside the U.S. call collect: 312-935-3658

Travel Assistance

Travel Assistance can help you, your spouse and dependent children avoid unexpected bumps in the road anywhere in the world.

Experiencing an emergency while traveling can be especially difficult. Knowing who to call for medical problems, currency exchange issues or lost luggage is critical. Travel Assistance, brought to you by Mutual of Omaha, travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

- **Pre-Trip Assistance** — know before you go about inoculations, currency exchange, travel advisories, and more
- **Identity Theft Assistance** — education, prevention and recovery information to help you protect your identity
- **Medical Assistance** — help locating medical providers, obtaining prescription drugs, travel arrangements and other needs
- **Emergency Travel Support** – 24-hour access to translation services by phone, help replacing lost documents or luggage, and more

Enjoy your trip — Travel Assistance will be there if you need it!

Services available for business and personal travel of more than 100 miles from home, 24 hours a day, seven days a week.

- Within the U.S. call toll free: 800-856-9947
- Outside the U.S. call collect: 312-935-3658

Accident — Aflac

Aflac's Accident insurance pays a fixed benefit directly to you in the event of an accident, regardless of any other coverage you may have. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

Accident Advantage	Your Monthly Cost
Individual	$21.97
Individual + Spouse	$31.20
Individual + Child(ren)	$36.92
Individual + Family	$47.84

Cancer/Specified-Disease – Aflac

Aflac's cancer/specified-disease policy designed to provide a fixed benefit for the early detection, incidence and treatment of cancer as well as related expenses. Proceeds can be used any way you choose — to pay your mortgage, clear debts, or replace lost income, for instance — and do not have to be used to pay for treatment.

Cancer Care Plan Classic	Your Monthly Cost
Individual	$31.72
Individual + Spouse	$53.95
Individual + Child(ren)	$31.72
Individual + Family	$53.95

Hospital Confinement Indemnity — Aflac

Hospital Confinement Insurance provides financial assistance to enhance your current coverage. It helps you avoid utilizing your savings or having to borrow to cover out-of-pocket costs health insurance was never intended to cover. It can help with expenses such as transportation and meals for family members, help with child care, or time away from work.

Hospital Advantage Preferred	Your Monthly Cost
	Option 2 (ages 18-75)
Individual	$39.65
Individual + Spouse	$63.57
Individual + Child(ren)	$57.98
Individual + Family	$72.41
	Option 4 (ages 18-75)
Individual	$56.42
Individual + Spouse	$94.38
Individual + Child(ren)	$75.92
Individual + Family	$99.58

Critical Care and Recovery (Specified Health Event) — Aflac

Specified Health Event Protection pays a fixed benefit if you are diagnosed with a covered critical illness after your coverage effective date. This coverage helps with the cost associated with a critical illness, such as lost income, child care, travel to and from treatment, high deductibles and copays. It provides payments for first occurrence, heart attack, coronary artery bypass surgery, stroke, coma, paralysis, reoccurrence, end stage renal failure, major human organ transplant, major third degree burns, intensive care stay for injury or sickness, and wellness.

Critical Care Protection	Your Monthly Cost	
Age	**Individual**	**Individual + Spouse**
18-35	$17.81	$34.19
36-45	$25.22	$45.24
46-55	$37.18	$69.68
56-70	$51.48	$99.32
Age	**Individual + Child(ren)**	**Individual + Family**
18-35	$30.29	$38.74
36-45	$35.75	$49.27
46-55	$46.02	$73.84
56-70	$64.87	$106.34

Important Notices

For Your Files

This guide contains legal notices for participants in group health plans sponsored by Austin College

The notices included in this guide are:

- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plan is affected-and your options for coverage-when you become eligible for Medicare.
- **COBRA Rights Notice**
- **Notice of Privacy Practices** that explains how the group health plans protect your personal medical information.
- **Women's Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Newborn & Mothers Health Protection Notice**
- **Notice of Special Enrollment Rights** that explains when you can enroll in the plan due to special circumstances.
- **Wellness Program and Reasonable Alternatives Notice** that informs employees of what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential, as well as options for those who have a medical condition that makes wellness program participation difficult.

IMPORTANT NOTICE 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 Collegiate Association Resource of the Southwest, Inc. (CARES) 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. CARES has determined that the prescription drug coverage offered by CARES 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 CARES coverage may be affected. If you do decide to join a Medicare drug plan and drop your current CARES 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 CARES 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 our office for further information. You may also contact Express Scripts for assistance with questions about the formulary list of covered drugs toll free at 866-776-0056 or by visiting the following website: **www.express-scripts.com**.

For more information regarding CARES prescription drug coverage, please refer to the attached prescription drug benefit schedule.

Note: you will 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 available through the CARES Health Plan 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 800-MEDICARE (800-633-4227). TTY users should call 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 800-772-1213 (TTY 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	October 15, 2020
Name of Entity/Sender	CARES
Contact/Office	Executive Director
Address	3824 Cedar Springs Rd, Suite 583, Dallas, TX 75219
Phone Number	972-663-7304

COBRA Rights Notice

You are receiving this notice because you have recently become eligible for coverage under CARES (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under CARES. This notice generally explains COBRA continuation coverage, when it may become available to you and your family and what you need to do to protect the right to receive it.

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 when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review your Summary Plan Description or contact the CARES Benefits Team.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of group health plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event occurs, 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 a qualifying event. Qualified beneficiaries who elect COBRA continuation coverage must pay for that coverage. You will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

Your spouse will become a qualified beneficiary if he or she loses coverage under the Plan because any of the following qualifying events happens:

- Your hours of employment are reduced;
- Your employment ends for any reason other than your gross misconduct;
- Your death;
- Your entitlement to Medicare benefits (under Part A, Part B or
- both); or
- You become divorced or legally separated.

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

- Your hours of employment are reduced;
- Your employment ends for any reason other than your gross misconduct;
- Your death;
- Your entitlement to Medicare benefits (under Part A, Part B or both);
- Your divorce or legal separation; or
- The dependent stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

CARES will offer COBRA continuation coverage to qualified beneficiaries only after it has been notified that a qualifying event occurred. For the following qualifying events, CARES will notify the administrator for COBRA continuation coverage, of the qualifying event:

- Your hours of employment are reduced;
- Your employment ends;
- Your death; or
- Your entitlement to Medicare benefits (under Part A, Part B or both).

You Must Give Notice of Some Qualifying Events

For the following qualifying events, you or a qualified beneficiary must notify Human Resources within 60 days after the qualifying event occurs:

- Your divorce or legal separation; or
- Your dependent's loss of eligibility for coverage as a "dependent child."

You must notify Human Resources of the qualifying event.

How Is COBRA Coverage Provided?

Once the COBRA 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. You may elect continuation coverage on behalf of your spouse and dependent children. Your spouse may also elect continuation coverage on behalf of your dependent children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is one of the following events, COBRA continuation coverage lasts for up to a total of 36 months

for your spouse and dependent children:

- Your death;
- Your divorce or legal separation; or
- Your dependent stops being eligible for coverage under the plan as a "dependent child."

When the qualifying event is one of the following events, COBRA continuation coverage lasts for up to a total of 18 months for qualified beneficiaries:

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

When the qualifying event is your reduction in hours or your termination of employment and you were entitled to Medicare benefits prior to the qualifying event, additional coverage for your spouse and dependents may be available. Your spouse and dependents would be eligible to receive up to 36 months of COBRA continuation coverage from the date of your entitlement to Medicare.

For example, if you became entitled to Medicare eight months before the date your employment terminates, COBRA continuation coverage for your spouse and dependent children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months prior to the qualifying event).

There are two ways in which an 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-Month Period of Continuation Coverage

COBRA coverage may be available for you and your family up to a total of 29 months at a higher premium if:

- You, your covered spouse or your covered dependents (including newborn and newly adopted children) are determined to be disabled, as defined by the Social Security Act, prior to the qualifying event or during the first 60 days of COBRA coverage;
- The Social Security Administration's disability determination is received within the disabled individual's 18 months of COBRA coverage;
- The disability lasts at least until the end of the 18-month period of continuation coverage; and
- CARES is notified of the Social Security Administration's disability determination within 60 days of the disabled individual's receipt of a Social Security Disability award. If the disability determination occurred before COBRA coverage started, you're required to notify CARES within the first 60 days of COBRA coverage.

You, your covered spouse or your covered dependents must notify CARES within 60 days of receipt of the disability determination and prior to the end of the initial 18-month continuation period in order to receive the coverage extension. To notify CARES of the disability determination, call 972-663-7304.

You, your covered spouse or your covered dependents must notify CARES within 30 days of the date the disability ends by calling 972-663-7304.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, your spouse and dependent children can receive up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months. Additional continuation coverage is available only if the event would have caused your spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. These events include:

- Your death;
- Your entitlement to Medicare (under Part A, Part B or both);
- Your divorce or legal separation; or
- Your dependent stops being eligible for coverage under the plan as a "dependent child."

You, your covered spouse or your covered dependents must notify CARES within 60 days after the event occurs in order to receive this additional coverage. To notify CARES of the qualifying event, call 972-663-7304.

Events That May Change Continued Coverage

Once your COBRA coverage begins, you may be able to change your COBRA coverage elections based on plan rules if you experience a qualified change in status. You, your covered spouse or your covered dependents must notify CARES by calling 972-663-7304 within 60 days of the qualified change in status to change your COBRA coverage. See your Summary Plan Description for detailed information on allowable changes in status.

Adding family members to COBRA coverage may result in a higher premium for this additional coverage.

You may also change COBRA coverage if a child is born to the covered employee or placed for adoption with the covered employee during the 18, 29 or 36 month continuation period. In such case, you must notify CARES by calling 972-663-7304 within 60 days of the birth or placement to cover the new dependent as a qualified beneficiary under COBRA. There may be a higher premium for this additional coverage.

Events That End Continued Coverage

COBRA coverage will end automatically upon the expiration of the 18, 29 or 36 month continuation periods described on the previous pages. In addition, COBRA coverage will end automatically if any of the following situations occur:

- Austin College/CARES stops providing group health benefits;
- Premiums are not paid within 30 days of the due date (with the exception of the initial premium which is due within 45 days of your election date); or
- A person eligible for continued benefits becomes covered under any other group health plan (unless the health plan has an enforceable pre-existing condition clause) or becomes entitled to Medicare.

If your coverage ends because of expiration of the 18, 29 or 36 month limit, you may be able to convert coverage to an individual policy if this right currently exists in the Plan.

Address Information

Be sure to keep your current address information up to date with CARES. Doing so is the only way to ensure that important benefit information will reach you.

Your Rights Under ERISA

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), 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) or visit the EBSA website at **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

For More Information

If you have any questions about COBRA continuation coverage, call CARES Benefits Team at 972-663-7304.

Paperwork Reduction Act Statement

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

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

Notice of Availability Collegiate Association Resource of the Southwest, Inc. (CARES) Notice of Privacy Practices

This notice describes how you may obtain a copy of the plan's notice of privacy practices, which describes the ways that the plan uses and discloses your protected health information.

CARES (the "Plan") provides health benefits to eligible employees of participating college or university members of CARES and their eligible dependents as described in the summary plan descriptions for the Plan. The Plan creates, receives, uses and maintains, and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses PHI. To receive a copy of the Plan's Notice of Privacy Practices you should contact the Executive Director, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individual's privacy rights.

You can reach this contact person by mail addressed to:

Executive Director
CARES
3824 Cedar Springs Rd, Suite 583
Dallas, TX 75219
972-663-7304

Women's Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act of 1998 (WHCRA) requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits 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
- Treatment of physical complications of the mastectomy, including lymphedema

Our plan complies with these requirements. Benefits for these items generally are comparable for those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician.

Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements. If you would like more information about WHCRA required coverage, you can contact your Human Resources Department.

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).

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage and within 60 days of birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources.

Wellness Program and Reasonable Alternatives Notice

Live Well 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 a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for [be specific about the conditions for which blood will be tested. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of $50 gift card for completing the HRA and biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive a gift card.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as Naturally Slim or other health improvement programs. You also are encouraged to share your results or concerns with your own doctor.

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 Austin College may use aggregate information it collects to design a program based on identified health risks in the workplace, Live Well 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 a medical technician, nurse, or health coach 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 decision. 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 Austin College wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources 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 considering your health status.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Melanie Oelfke at 903-813-2433 or **moelfke@austincollege.edu**.

Important Contacts

Coverage	Contact	Phone	Website
Medical	BlueCross BlueShield of Texas	888-762-2190	www.bcbstx.com
Prescription Drugs	Express Scripts / Rx Benefits	800-334-8134	www.express-scripts.com
Health Savings Account	HSA Bank	855-731-5220	www.hsabank.com
Virtual Visits	MDLIVE	888-726-3171	www.mdlive.com
Dental	Cigna	800-244-6224	www.mycigna.com
Vision	Superior Vision	800-507-3800	www.superiorvision.com
Flexible Spending Accounts	ConnectYourCare	833-229-4435	www.connnectyourcare.com
Life and AD&D	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Long-Term Disability	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Employee Assistance Program	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap
Travel Assistance	Worldwide Travel Assistance	800-856-9947 (within the U.S.) 312-935-3658 (outside the U.S.)	www.mutualofomaha.com/employer-based-plans/employer-programs/emergency-travel-assistance
Supplemental Insurance	Aflac	912-877-0999	www.aflac.com
Benefits Advocacy & Support	Benefits Value Advisor	888-762-2190	www.bcbstx.com

Note: Must be enrolled in medical plan to be eligible for Virtual Visits

This brochure highlights the main features of the Austin College Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Austin College reserves the right to change or discontinue its employee benefits plans at any time. This brochure serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

AUSTIN COLLEGE