

Southwestern University



2025 Benefits Summary

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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 37 where Notice of Creditable Coverage begin for more details.

Contact Information

Benefit	Carrier	Group Number/Network	Customer Service	Website
Medical	BlueCross BlueShield	PPO Group # 055863 HDHP Group # 155271 Network: BlueChoice PPO	800-521-2227	www.bcbstx.com
MDLive	BlueCross BlueShield/MDLive		888-680-8646	www.mdlive.com/bcbstx.com
Mail Order Prescriptions	Express Scripts		833-715-0942	www.bcbstx.com
Dental PPO	Humana	Group # 409605 Network: PPO/Traditional Preferred	800-233-4013	www.humana.com
Vision	Humana	Group # 409605 Network: Humana Insight Network	866-995-9316	www.humana.com
Group Term Life and AD&D	The Standard	Group # 755212-A	800-628-8600	www.standard.com
Long-Term Disability	The Standard	Group # 755212-B	800-628-8600	www.standard.com
Health Savings Account (HSA)	Wex Inc.		866-451-3399	www.wexinc.com
Flexible Spending Account (FSA)	Wex Inc.		866-451-3399	www.wexinc.com
Employee Assistance Plan	The Standard		888-293-6948	www.healthadvocate.com/standard3
Retirement	TIAA	Plan # 103470 Contacts: Joy Doss	800-842-2733	www.tiaa.org/southwestern
COBRA	Wex, Inc.		866-451-3399	www.wexinc.com
Nurseline	BlueCross BlueShield		800-581-0393	
Medicare Supplemental Assistance	Via Benefits – Southwestern University		1-855-801-9765	https://my.viabenefits.com/southwestern
Benefit Advocate Center (BAC)	Gallagher Benefit Services		833-237-8315	bac.southwesternadvocates@aig.com

benefits OVERVIEW

Southwestern University is proud to offer a comprehensive benefits package to eligible, full time employees who work 30 hours per week or more. The complete benefit package is briefly summarized in this booklet. Plan booklets, which give you more detailed information about each of these programs, can be obtained by contacting Human Resources.

You share the costs of some benefits, and Southwestern University provides other benefits at no cost to you. In addition, there are voluntary benefits that you can purchase with reasonable group rates through Southwestern University payroll deductions.

when am I ELIGIBLE for benefits?

You and your dependents are eligible for Southwestern University group health benefits immediately, with Medical benefits effective on your date of hire. Dental and Vision benefits begin on the first of the month after your date of hire. Eligible dependents are your spouse, children up to age 26, and disabled dependents of any age.

Elections made now will remain in effect until the next open enrollment period unless you or your family members experience a qualifying event. If you experience a qualifying event or have questions regarding what events are qualified, you must contact HR to complete the necessary paperwork within 30 days of the event.

Important

This document provides an overview of benefits offered by Southwestern University. Please refer to your Summary Plan Description (the "SPD") and the insurance policies governing the benefits for additional information regarding the benefit coverage, exclusions, limitations, and conditions which may apply. To obtain a copy of the SPD, please contact the Human Resources department. This document is intended to provide you with general information and should not be considered as, nor is it intended to provide legal or tax advice. If you have questions regarding plan coverage, please contact the Human Resources department. If you have questions regarding your individual circumstances, please contact your personal legal and/or tax advisor.

what BENEFITS are available to me?

- Medical
- Dental
- Vision
- Life Insurance / AD&D
- Dependent Life Insurance
- Long Term Disability
- Flexible Spending Account (FSA)
- 403(b) Retirement
- Health Savings Account (HSA)

additional benefits

- Bookstore
- Check Cashing
- Personal Computer Purchase
- Community-Wide Events
- Library
- Dining Services (Aramark)
- Sarofim School of Fine Arts
- Pirate Card
- Sports and Recreation
- Tuition Assistance

For more information regarding your benefits, please visit the Human Resources website at

www.southwestern.edu/human-resources/employee-benefits.



What are my options for **MEDICAL COVERAGE?**

Administered by BlueCross BlueShield of Texas www.bcbstx.com

Comprehensive and preventive healthcare coverage plays an important part in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way -- especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. By identifying health problems early, you can reduce your risk of more serious illness and reduce out of pocket healthcare expenses.

Southwestern University offers you a choice of three medical plans. All three plan options utilize the same BCBS network and cover your preventive care at 100%. In addition, none of these plans require that you designate a Primary Care Physician (PCP) or for you to seek referrals in order to see a specialist.

- **High Deductible Health Plan (HDHP)** - You choose where you receive your medical services. All services on this plan will be subject to the deductible/coinsurance except preventive care. If you elect the HDHP you may also be eligible to take advantage of a tax-advantaged Health Savings Account (HSA). Out-of-network benefits are available but you will save money by choosing network providers.
- **Base and Buy-Up PPO Plans** - You choose where you receive your medical services. These plans offer co-pays for your office visits and prescription drugs. All other expenses will be subject to the deductible and co-insurance. Out-of-network benefits are available, but you will save money by choosing network providers.



Medical Benefits

MEDICAL coverage

Administered by Blue Cross Blue Shield of Texas - www.bcbstx.com

	In-Network Benefits*		
	HDHP with HSA**	Base PPO	Buy-Up PPO
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$3,500 Single \$7,000 Family	\$2,000 Single \$4,000 Family	\$1,250 Single \$2,500 Family
Annual Out-of-Pocket Maximum (Includes deductible and all co-pays)	\$5,500 Single \$11,000 Family	\$6,000 Single \$12,000 Family	\$4,000 Single \$8,000 Family
Co-insurance (you pay)	20%	30%	30%
Doctor's Office			
Primary Care Office Visit	Subject to Deductible and Co-insurance	\$40 co-pay	\$30 co-pay
Specialist Office Visit	Subject to Deductible and Co-insurance	\$50 co-pay	\$40 co-pay
Virtual Visit - through MDLive	Subject to Deductible and Co-insurance (\$48 per visit)	\$10 co-pay	\$10 co-pay
Urgent Care Visit	Subject to Deductible and Co-insurance	\$50 co-pay	\$40 co-pay
Wellness Care (routine exams, immunizations, well baby care and associated lab work)	100% of allowable amount	100% of allowable amount	100% of allowable amount
Physical, Occupational and Manipulative Therapy Services 35 visits per calendar year	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance Airrosti - \$40 co-pay	Subject to Deductible and Co-insurance Airrosti - \$30 co-pay
Prescription Drugs (Administered by Express Scripts Pharmacy Mail Order)			
Generic Drug Retail (31 day supply) Mail Order (90 day supply)	Subject to Deductible and Co-insurance	\$15 co-pay \$30 co-pay	\$15 co-pay \$30 co-pay
Brand Name Drug - Formulary Retail (31 day supply) Mail Order (90 day supply)	Subject to Deductible and Co-insurance	\$35 co-pay \$70 co-pay	\$25 co-pay \$50 co-pay
Brand Name Drug - Non-Formulary Retail (31 day supply) Mail Order (90 day supply)	Subject to Deductible and Co-insurance	\$75 co-pay \$150 co-pay	\$50 co-pay \$100 co-pay
Specialty Medications Retail (31 day supply) Mail Order not available	Subject to Deductible and Co-insurance	25% co-pay up to a maximum of \$500	25% co-pay up to a maximum of \$500

* **Please note:** The benefit charts in this Benefits Summary refer only to in-network benefit levels unless otherwise mentioned. For a comprehensive list of covered services and non-network benefits, please refer to SBCs and the Plan document available from Human Resources.

** **Please note:** Employees electing the HDHP will receive a monthly tax-free contribution to their HSA from the University. Please see page 10 for more details.



Medical Benefits

In-Network Benefits			
	HDHP with HSA	Base PPO	Buy-Up PPO
Hospital Services			
Emergency Room Facility	Subject to Deductible and Co-insurance	\$200 co-pay, then Deductible and Co-insurance	\$100 co-pay, then Deductible and Co-insurance
Emergency Room Physician Charges	Subject to Deductible and Co-insurance	30%	30%
Inpatient	Subject to Deductible and Co-insurance	\$250 co-pay, then Deductible and Co-insurance	\$250 co-pay, then Deductible and Co-insurance
Outpatient Surgery	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance
Mental Health Services			
Inpatient Services (Refer to your full policy for a complete outline of this benefit)	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance
Outpatient Services (Refer to your full policy for a complete outline of this benefit)	Subject to Deductible and Co-insurance	\$40 co-pay	\$30 co-pay
Other Services			
Maternity Services	Subject to Deductible and Co-insurance	\$40/\$50 co-pay (initial visit)	\$30/\$40 co-pay (initial visit)
All other maternity hospital/physician services	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance

Semi-Monthly Rates			Monthly, First Year, and Visiting Faculty			10-Month Faculty (paid over 10 months)		
HDHP with HSA	Your Cost	SU Cost	HDHP with HSA	Your Cost	SU Cost	HDHP with HSA	Your Cost	SU Cost
Employee	\$0	\$460.19	Employee	\$0	\$920.37	Employee	\$0.00	\$1,104.44
Employee + Spouse	\$145.07	\$660.88	Employee + Spouse	\$290.14	\$1,321.76	Employee + Spouse	\$348.17	\$1,586.11
Employee + Child(ren)	\$62.13	\$628.14	Employee + Child(ren)	\$124.25	\$1,256.28	Employee + Child(ren)	\$149.10	\$1,507.54
Family	\$208.99	\$835.95	Family	\$417.97	\$1,671.90	Family	\$501.57	\$2,006.28
Base PPO	Your Cost	SU Cost	Base PPO	Your Cost	SU Cost	Base PPO	Your Cost	SU Cost
Employee	\$54.50	\$399.64	Employee	\$109.00	\$799.27	Employee	\$130.80	\$959.12
Employee + Spouse	\$207.75	\$587.61	Employee + Spouse	\$415.51	\$1,175.21	Employee + Spouse	\$498.61	\$1,410.25
Employee + Child(ren)	\$108.99	\$572.21	Employee + Child(ren)	\$217.99	\$1,144.42	Employee + Child(ren)	\$261.58	\$1,373.30
Family	\$300.56	\$730.66	Family	\$601.12	\$1,461.31	Family	\$721.34	\$1,753.57
Buy-Up PPO	Your Cost	SU Cost	Buy-Up PPO	Your Cost	SU Cost	Buy-Up PPO	Your Cost	SU Cost
Employee	\$99.46	\$397.85	Employee	\$198.93	\$795.69	Employee	\$238.71	\$954.83
Employee + Spouse	\$304.84	\$566.13	Employee + Spouse	\$609.69	\$1,132.25	Employee + Spouse	\$731.63	\$1,358.70
Employee + Child(ren)	\$186.49	\$559.47	Employee + Child(ren)	\$372.98	\$1,118.93	Employee + Child(ren)	\$447.58	\$1,342.72
Family	\$451.69	\$677.55	Family	\$903.39	\$1,355.10	Family	\$1,084.07	\$1,626.12

Virtual Visits



BlueCross BlueShield of Texas

Powered by
MDLIVE®

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.¹

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold/flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems

Base & Buy-Up Plans: \$10 Copay

HDHP/HSA Plan: \$48 fee (toward deductible)

Higher fees apply to behavioral health.

Virtual Visits

First Step – Register Now

If you are enrolled in Southwestern's medical plan and would like to participate in this service, please visit www.mdlive.com/bcbstx to register or you can register via phone at 888-680-8646.

We have found that the registration process takes time, so it is a good idea to register early, so you have quick access when you need to take advantage of the service.

- Each member of the family must be registered separately.
- You will need the following information to register: First Name, Last Name, Date of Birth, BCBSTX member ID number (can be found on your medical card.)

How Virtual Visits Work

By Telephone

- Call MDLIVE's toll-free hotline (888-680-8646) any day, any time
- Speak with a health service specialist to confirm a virtual visit is appropriate
- Speak with an available doctor or schedule a future appointment

By Online Video – if available in your state (it is available in Texas)

- Visit MDLIVE's website <https://members.mdlive.com/bcbstx/member> login and log in with username and password
- Receive system assistance to confirm a virtual visit is appropriate and view a list of doctors meeting criteria
- Automatically connect with an available doctor via online portal or schedule a future appointment

By Mobile App

- Log in to the Blue Access for Members (BAM) app with username and password
- www.bcbstx.com/member/register Receive system assistance to confirm a virtual visit is appropriate and view a list of doctors or schedule a future appointment



Telephone:

- Call MDLIVE (888-680-8646)
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

¹ In the event of an emergency, this service should not take place of an emergency room or urgent care center. MDLIVE doctors do not take the place of your primary care doctor. Proper diagnosis should come from your doctor, and medical advice is always between you and your doctor.

² Internet/Wi-Fi connection is needed for computer access. Data charges may apply when using your tablet or smartphone. Check your phone carrier's plan for details. Video on-demand consultations for behavioral health are available by appointment. Service is limited to interactive-audio consultations (phone only), along with the ability to prescribe, when clinically appropriate, in Texas. Service is limited to interactive-audio/video (video only), along with the ability to prescribe, when clinically appropriate, in Idaho, Montana, New Mexico and Oklahoma. Virtual visits are currently not available in Arkansas. Service availability depends on member's location. Virtual visits may not be available on all plans.

MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

Health Savings Account

participants in the Southwestern University **HIGH DEDUCTIBLE HEALTH PLAN (HDHP)** may be eligible to open a **HEALTH SAVINGS ACCOUNT**.

A Health Savings account (HSA) is a tax-advantaged personal savings account that works in conjunction with a high deductible health plan (HDHP). Participants can pay for **qualified** medical expenses with **tax-free** dollars from their HSA. There is no 'use-it-or-lose-it' requirement, the account is **portable** and the balance plus earnings (from interest and/or investments) carries over year after year, all **tax-free**. If HSA monies are used for **non-qualified** medical expenses prior to age 65, a 20% penalty *plus* ordinary income tax must be paid to the IRS.

eligibility REQUIREMENTS:

In order to open a Health Savings Account, you **MUST** meet the following requirements:

- Be covered by the Southwestern University qualified HDHP
- **NOT** be covered by another health insurance plan that is not a qualified HDHP including:
 - A spouse's medical plan
 - Medicare
 - Tricare
 - Note: Does not apply to specific injury, accident, disability, dental care, vision care and/or long term care insurance plans.
- **NOT** participating in an employer-sponsored Flexible Spending Account
- **NOT** claimed as a dependent on someone else's tax return
- Your spouse must also **NOT** participate in a Healthcare Flexible Spending Account. The Dependent Care FSA will not disqualify you from opening an HSA.

HSAs ALLOW:

- **Tax-free** contributions by employer, employee or others
- **Tax-free** growth of interest or investment earnings
- **Tax-free** distributions of principal and interest to pay for qualified medical expenses
- **Accumulation** of unused funds and **portability** between employers. No "Use it or Lose it" rules. Portable from employer to employer and across state lines.
- **Flexible use** – You choose whether or when to use the account for health expenses, now or after employment.

in addition to paying for current expenses, **FUNDS CAN BE USED TO PAY FOR:**

- COBRA premiums
- Long-term Care premiums
- Out-of-Pocket expenses for Medicare
- Medical insurance during unemployment
- Services not covered under a future health plan

If you are covered under the qualified High Deductible Health Plan and meet the eligibility requirements you may open a Health Savings Account (HSA). HSA plans are intended to be used to pay for healthcare for the individual and his/her covered dependents. Distributions from an HSA to pay for qualified medical expenses are not taxable.

Qualified health care expenses are expenses which are:

- Incurred for the individual, his/her spouse or a tax dependent;
- Eligible as defined in Internal Revenue Code Section 213(d) – generally defined as expenses for the diagnosis, cure, mitigation, treatment or prevention of disease;
- Not reimbursed by insurance or another health plan; and
- Not deducted on the individual's tax return.

Medical expenses that may be reimbursed through a Health Savings Account under IRS Code Section 213 include (but are not limited to) the following:

- Deductible payments;
- Coinsurance payments;
- Dental care not provided through another health insurance plan;
- Prescription drugs;
- Emergency ambulance service;
- Chiropractic services;
- Eyeglasses and/or contact lenses;
- Hearing devices;
- Psychiatric care;
- Psychologists' fees;
- Acupuncture
- Over the Counter Drugs



Health Savings Account

CONTRIBUTING to your HSA

When you participate in an HSA, you set aside money to pay for eligible out-of-pocket expenses. Money can be contributed to your HSA by you, Southwestern University, or anyone else. The IRS 2025 calendar year maximums for these savings accounts are as follows:

2025 Contribution Amounts	IRS Maximum	Southwestern Contribution
Employee Only	\$4,300	\$75 per month (\$900 per year)
Employee + Dependent	\$8,550	\$150 per month (\$1,800 per year)
Catch-Up Contribution (55+)	\$1,000	N/A

Please note that the contribution provided by the University counts towards the IRS Maximum. When making your contributions, be sure to factor in the amount that Southwestern University contributes in order to avoid exceeding the annual contribution limit and thereby incurring penalties.

A Calendar Year is the 12-month period of January 1st - December 31st.

If you are age 55 or older, you can make an additional contribution amount of \$1,000. The HSA cannot receive contributions after the individual has enrolled in Medicare. For the most current HSA contribution information, please go to the U.S. Dept. of Treasury web site at <http://www.ustreas.gov/offices/public-affairs/hsa>.

Note for Newly-Eligible and Partial Year Participants:

If you become newly eligible to contribute to an HSA during the year, you may contribute the maximum contribution for the year (without incurring taxes or a penalty on the amount of the contribution) provided you continue to remain eligible for a 13 month period beginning December 1 of the year in which you become eligible and ending on December 31st of the following year. If you are eligible to contribute to an HSA for a partial year (less than 12 months between January 1st and December 31st) and do not remain eligible for a 13 month period shown above, your excess contributions will be subject to federal income tax and may be subject to the 6% excise tax. Please contact your tax advisor for assistance determining if your partial year contributions will be subject to taxes and penalties.

USING your HSA

With an HSA, your contributions, earnings and eligible withdrawals are all tax-free. As long as your withdrawals are used to pay for qualified health care expenses, you won't pay taxes. Contributions that Southwestern University makes to your HSA are yours. There are no vesting requirements or forfeiture provisions. Unlike flexible spending accounts, HSAs do not have a "use it or lose it" requirement. Your account balance rolls over from year to year and will earn interest tax-free.

TAX FILING

You will receive a 1099SA and a 5498SA and be required to file Form 8889 with your annual tax return. Please see your tax advisor if you have any questions.

OPENING an HSA

Southwestern University offers an employer-sponsored Health Savings Account through Wex Inc. The Wex Inc. account allows you to have HSA contributions deducted from your paycheck on a pre-tax basis. If you do not wish to open a Wex Inc. account, you may contact the financial institution of your choice for HSA options. Fees for other accounts will be the responsibility of the employee and pre-tax payroll deductions will not be accommodated. You will need to contribute your money after-tax and take the tax deduction when you file your 1040.

You are responsible for the eligibility of all items and keeping receipts for tax purposes.

Not all expenses that are qualified health care expenses under the HSA count towards the satisfaction of the calendar year deductible.



Flexible Spending Account

FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by Wex, Inc.

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pre-tax basis and use them for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income. When you have an eligible health care or dependent day care expense, you can pay for it with tax-free money. Be sure to plan wisely when making your annual election as unused funds do NOT carry over from year to year. A grace period is included, which allows you additional time to use your funds. You have until March 15th of the following year to incur expenses and use your funds. Those claims must be received by Wex Inc. by March 31st of that following year in order for you to be reimbursed, or 45 days after your termination date.

	Annual Contribution Maximum	PPO Copay Plans	HDHP Plan
Healthcare FSA - HDHP participants may not elect (per plan year)	\$3,300	✓	✗
Dependent Care FSA (combined family maximum per calendar year)	\$5,000	✓	✓
Limited Purpose FSA - HDHP participants may elect this plan to use on dental and vision expenses	\$3,300	✗	✓

The Wex Inc. Debit Card

Participants in the FSA plans will receive a debit card, which gives you direct and immediate access to your FSA funds for approved expenditures. Swipe your debit card instead of filing manual claims when you pay co-pays at the doctor or pharmacy, or when you purchase eligible items. This takes funds directly from your account instead of you waiting to be reimbursed after filing a manual claim. The debit card is only for medical flexible spending expenses. It is not to be used for dependent care expenses.



Dental

DENTAL coverage

Administered by Humana

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Southwestern University dental benefit plan. Southwestern University offers two dental plans to meet the needs of both you and your family.

	PPO Plans	
	LOW PLAN	HIGH PLAN
Annual Deductible Applies to Basic and Major services	\$50 per person \$150 per family	\$50 per person \$150 per family
Annual Benefit Maximum (per person)	\$1,500	\$2,500
Preventive Dental Services (cleanings, exams, x-rays)	Member responsibility 0%	Member responsibility 0%
Basic Dental Services (fillings, simple extractions, oral surgery, root canals, periodontics)	Member responsibility 20%	Member responsibility 20%
Major Dental Services (crowns, inlays, onlays, bridges, dentures)	Member responsibility 50%	Member responsibility 50%
Orthodontia Services (covered to age 19)	Not Covered	50% to \$1,500 Lifetime Maximum
Out-of-Network Reimbursement Level	Based on Humana's in-network fee schedule. You may be charged the difference between the Plan's reimbursement (fee schedule) and billed charges. Visiting an out-of-network dentist will result in higher balance-billing by the provider vs. on the High plan.	Based on the 90th percentile of Usual & Customary (U&C). You may be charged the difference between the Plan's reimbursement (U&C) and billed charges. This plan is better for members who visit out-of-network dentists on a regular basis.

Semi-Monthly Rates		Monthly and First Year Visiting Faculty Rates		10 - Month Faculty Rates (paid over 10 months)	
LOW PLAN		LOW PLAN		LOW PLAN	
Employee	\$11.75	Employee	\$23.50	Employee	\$28.20
Employee + Spouse	\$23.49	Employee + Spouse	\$46.98	Employee + Spouse	\$56.38
Employee + Child(ren)	\$26.43	Employee + Child(ren)	\$52.86	Employee + Child(ren)	\$63.43
Family	\$40.53	Family	\$81.05	Family	\$97.26

Semi-Monthly Rates		Monthly and First Year Visiting Faculty Rates		10 - Month Faculty Rates (paid over 10 months)	
HIGH PLAN		HIGH PLAN		HIGH PLAN	
Employee	\$17.00	Employee	\$34.00	Employee	\$40.80
Employee + Spouse	\$33.99	Employee + Spouse	\$67.97	Employee + Spouse	\$81.56
Employee + Child(ren)	\$42.88	Employee + Child(ren)	\$85.76	Employee + Child(ren)	\$102.91
Family	\$64.28	Family	\$128.55	Family	\$154.26

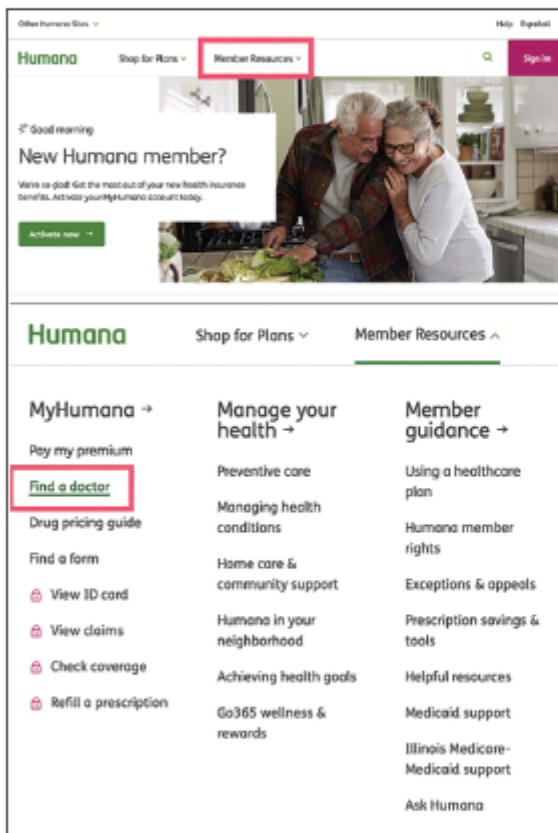
Dental

How to find a dentist

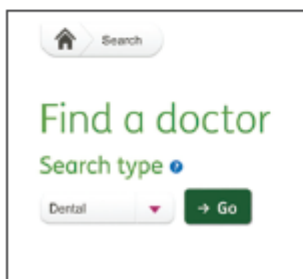
To see if your dentist is available with the plan you choose—or if you need to find a dentist—get started at [Humana.com](https://www.humana.com) with Humana’s “Find a doctor” tool.

1. Go to [Humana.com](https://www.humana.com)

Select “Find a doctor” under the “Member Resources” menu.



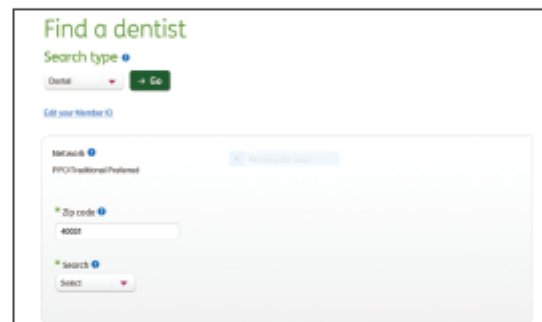
2. Choose “Dental” search type and select “Go”



3. Enter search criteria

• Already a member:

- Select “Member ID” tab and enter your ID number.
- Enter your ZIP code.
- Select “name, specialty or all” under “Search.” Type in the name or specialty.



• Not a member:

- Select the “Just Looking” tab.
- Select “Coverage type.”
- Enter your ZIP code.
- Select “Network.”
- Select “name, specialty or all” under “Search.” Type in the name or specialty.



Vision

VISION coverage

Administered by Humana

Regular eye examinations cannot only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone, even if you are not a contact or glasses wearer.

	IN-NETWORK (Humana Insight Network)	OUT-OF-NETWORK (Reimbursement)
Eye Exam - once every calendar year	Covered in full (up to \$39 co-pay for retinal imaging)	Up to \$30
Prescription Glasses	\$15 co-pay	
Single Vision Lenses Lined Bi-focal Lenses Lined Tri-focal Lenses	Included in Prescription Glasses co-pay	Up to \$25 Up to \$40 Up to \$60
Frames - once every other calendar year	Included in Prescription Glasses co-pay \$180 allowance 20% savings on amount over your allowance	Up to \$65 allowance
Contact Lenses (in lieu of glasses) once every calendar year	\$130 allowance for contacts 15% savings on amount over your allowance Up to \$40 co-pay for the fitting fee	Up to \$104 allowance for conventional and disposable Up to \$200 for medically necessary

Semi-Monthly Rates		Monthly and First Year Visiting Faculty Rates		10 - Month Faculty Rates (paid over 10 months)	
Employee	\$3.19	Employee	\$6.38	Employee	\$7.66
Employee + Spouse	\$6.37	Employee + Spouse	\$12.74	Employee + Spouse	\$15.29
Employee + Child(ren)	\$6.06	Employee + Child(ren)	\$12.11	Employee + Child(ren)	\$14.53
Family	\$9.52	Family	\$19.03	Family	\$22.84



Vision

How to Find a Humana Vision Provider

1. Go to: <https://finder.humana.com/finder/vision?customerId=1>
2. Select Purchased through my employer or on my own and click Continue

Find a doctor

Use the tabs to help you search for a doctor, dentist, vision care provider, or pharmacy.

Medical

Dentist

Vision care

Pharmacy

Vision care

What type of vision care coverage do you have?

☒ Purchased through my employer or on my own

☐ Medicare

☐ Medicaid

☐ I'm just browsing

Continue

3. Select Humana Vision Humana Extend (Humana Insight Network)

Just looking?

Click on the plan you are considering. A new window will open, allowing you to search for eye doctors within that network.

[Medicare Advantage and Medicare Supplement plans \(non-Puerto Rico plans\)](#)

[Puerto Rico non-Medicare plans](#)

[Puerto Rico Medicare Advantage plans](#)

[Humana Vision/Humana Extend \(Humana Insight Network\)](#)

[Humana Vision PLUS \(Humana Insight Network\)](#)


[Vision Care Plan - VCP \(Coverage through an employer\)](#)


[Vision Care plan - VCP \(Coverage on your own\)](#)


[EyeMed plan \(Optimum, Focus, Advantage, Dental Savings Plus\)](#)

4. Enter Zip Code and Click Search by Zip

Find an eye doctor

 [Search by location](#)

 Search by doctor

 Online & Lasik

USE MY LOCATION

 OR

Zip code

SEARCH BY ZIP

Vision



Humana Vision plans at a glance

Wellness & savings are in sight

Our Humana Vision Plans focus on providing the best vision care for your employees' and their families' whole person health – along with built-in savings.



Choice of providers close to home

Members will find plenty of locations nearby with a choice from more 135,000 access points nationwide, including independent, retail and online options.



LENSCRAFTERS



Walmart  sam's club 



Vision care is healthcare

Our plans encourage proactive healthcare with eye exams that not only help with vision correction, but can sometimes be the first to detect signs of serious health conditions.



Built-in savings

Humana Vision plan members save an average of 80% off retail prices with our fixed copays and allowances.



Convenient online shopping

Members can choose from hundreds of brand-name frames and contacts from participating online providers, like **LensCrafters**, **Target Optical**, **Ray-Ban**, **Glasses.com** and **ContactsDirect**. In-network benefits are instantly applied at checkout.



GLASSES.com

contactsdirect

See the savings with Humana Vision plans:

	Retail	Humana Vision In-network providers
Eye Exam	\$119	\$10
Lenses	\$153	\$50
Average retail frame cost	\$184	\$184
Average frame allowance	none	– \$130
Discount on balance over frame allowance	none	– 20%
MEMBER COST:	\$456	\$103

This is an example only for illustrative purposes. Based on weighted average of sample transactions. Actual savings will depend on benefits, as well as frame selection. Retail cost based on industry averages.



On average,
Humana vision
members save

80%

off retail prices

Humana.

GCHLRWBEN 0123

Wellness Program



The path to greater wellbeing starts here

Welcome to the Southwestern University Wellbeing program!

We're so happy you're here. Visit the platform to learn more about the program. We can't wait to share all the holistic tools you can use to enhance your wellbeing in all the parts of life that make you feel healthy, happy, and whole.

Earn rewards

Be well and earn rewards along the way! Use the tracking table on the platform's home page to earn and to submit your progress. Check out the program overview for more information on rewards.

Learn and grow

Enjoy resources like videos, articles, and other tools to support you in each area of wellbeing including financial, physical, mental, and emotional health.

Enjoy yourself!

Who said taking care of yourself had to be a chore? Join the fun with personal and group challenges, create your own "snap challenges," and share your successes on the platform.

You also have the option to sync apps and devices, discover nutritious recipes, monitor your hydration, track your sleep, and more. No matter what your wellbeing goals are, you'll have the tools and resources to help you be well.



Access your account

Visit the platform to get started.

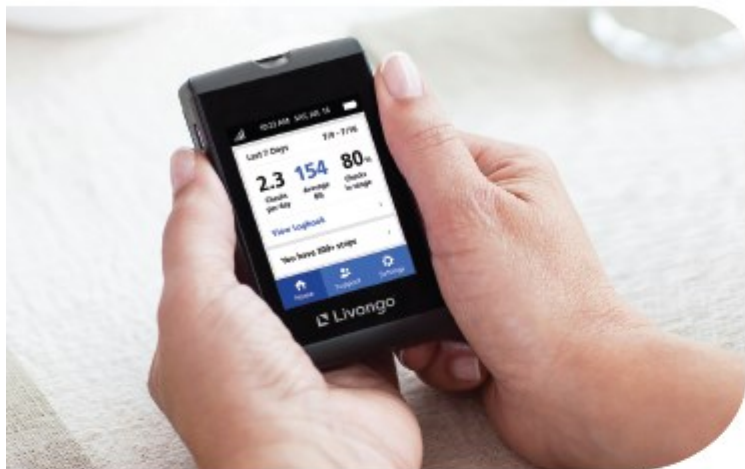


After creating your account, don't forget to download the Navigate Wellbeing app for a convenient and easy way to track your activities. The app is available as a free download in the Apple App Store and Google Play App Store! Scan the QR code to download.

Questions

info@navigatewell.com | (888) 282-0822

Diabetes Management



Diabetes management, your way

Get an advanced blood glucose meter and as many strips and lancets as you need, paid for by your plan sponsor—all at no cost to you.



Personalized tips with each blood sugar check



Real-time support when you're out of range



Strip re-ordering right from your meter



Optional alerts to keep contacts in the loop



Send a Health Summary Report directly from your meter



Automatic uploads mean no more paper logbooks

Get started

Join by visiting TeladocHealth.com/Register/BCBSTX-HEALTH or call **800-835-2362** and use registration code: **BCBSTX-HEALTH**

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone, tablet or smartwatch.

Las comunicaciones del programa Teladoc Health están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiere para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-835-2362 o visite TeladocHealth.com/BienvenidoBCBSTX-HEALTH

The program is provided to you and your family members with diabetes and coverage through Blue Cross and Blue Shield of Texas (BCBSTX).

Hypertension Prevention

OMADA FOR PREVENTION & HYPERTENSION

Frequently Asked Questions



What is Omada?

Omada is a virtual health program that helps members lose weight and lower blood pressure. Through your benefits, you may be eligible to join one of the following programs:

- **Omada for Prevention®**
- **Omada for Hypertension®**

Each program provides expert guidance from one-on-one coaching and tools for real-time feedback, so you'll learn simple changes over time—and at your own pace—that will help you feel better and live life with more confidence.

How much does it cost?

If eligible, Omada is at no cost to you (up to a \$1,400 value).

What do the personal health coach and specialist do?

Your **personal health coach** will provide dedicated 1-on-1 support and guidance to help you improve your health (mind and body) while cheering you on every step of the way. Whether you want to lose weight, or lower your blood pressure, your health coach will help you create a plan that fits your life. If you are enrolled in the hypertension program, you will also be connected with a **clinical specialist** who will help answer questions and help you keep your blood pressure under control.

What do I get as a member?

At no cost to you, you get:

- ✓ A personal health coach
- ✓ A clinical specialist*
- ✓ All the smart devices you need
- ✓ A personalized care plan
- ✓ Weekly lessons
- ✓ Tools for managing stress
- ✓ Online peer group and communities

Who is eligible for this program?

If you or your adult family members are enrolled in the Blue Cross and Blue Shield of Texas health plan and are at risk for type 2 diabetes or heart disease or are living with high blood pressure, the Omada program is included in your benefits.

Get Started Today

Scan the code using your mobile device or visit the website below.

omadahealth.com/BCBSTX



Weight Management



Weight loss isn't one-size-fits-all

Meet Wondr, the weight-loss program that fits you.

Wondr is a skills-based digital weight-loss program that teaches you the skills to:

- ✓ Lose weight
- ✓ Increase your energy
- ✓ Improve your sleep

and be your healthiest self—while eating the foods you love. Our program is based on behavioral science and takes a personalized approach that fits into your life—at no cost to you.*



Get started today at wondrhealth.com/southwestern



Science-backed video lessons

Every week, experts in diet, exercise, sleep, stress, and more, will teach you behavior-change skills to feel better and live stronger, for life.



Content tailored to YOU

Based on your health profile, we serve up relevant, bite-sized content from our library, that addresses your unique challenges and goals.



Exclusive rewards

Celebrate progress toward your health goals with rewards like exclusive recipes and meal plans to help keep you accountable along the way.



A supportive community

WondrLink is our online community, where our coaches are ready to support and encourage you every step of the way. Plus, you can share and gain tips and tricks from participants like you.

*Employees, spouses and covered dependents age 18 and over enrolled in the BC8STX medical plan are eligible to apply to the program.

wondr

Life & Disability

voluntary **LIFE** and **AD&D INSURANCE**

Administered by The Standard

Life Insurance provides financial security for the people who depend on you. You may elect coverage of 2 x your annual base salary rounded up to the nearest \$1,000, to a maximum of \$1,000,000, at a cost of 0.167 per \$1,000 of coverage. The University covers one-half of the premium up to \$50,000. This voluntary benefit is effective the first of the month following your date of hire.

voluntary **DEPENDENT LIFE** insurance

Administered by The Standard

You may also purchase Life Insurance for your spouse and dependent children up to age 26 (disabled dependents of any age), if you purchase coverage for yourself. Coverage is effective on the first day of the month following date of hire.

Option 1: \$25,000 for spouse, \$10,000 for dependents

Option 2: \$10,000 on spouse, \$5,000 for dependents

Employee pays full cost

Option 1: \$5.80 monthly, \$2.68 biweekly

Option 2: \$2.40 monthly, \$1.11 biweekly

accidental death and dismemberment (**AD&D**) insurance



Administered by The Standard

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident.

LONG TERM disability insurance

Administered by The Standard

Long Term Disability is provided to full-time employees after 90 days of employment. Coverage provides income replacement if you become disabled and are unable to work. This premium is fully paid for by Southwestern University.

Long Term Disability payment is reduced by other income received during your disability, such as Social Security payments and state disability income.

Coverage begins after 90 days of disability and continues until you recover or reach your Social Security Normal Retirement Age, whichever occurs first. You can receive 60% of your base salary (limitations apply).



Employee Assistance Program

A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents



Contact EAP

888.293.6948
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.com/standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Retirement Plan

RETIREMENT PROGRAM 403(B) REGULAR RETIREMENT PLAN

Administered by: Teachers Insurance and Annuity Association (TIAA)
Customer Service: 800-842-2733
Local Austin Office: 866-842-2952
Website: www.tiaa.org/southwestern

Southwestern University provides a retirement program as outlined in a resolution passed by the Board of Trustees on November 10, 2000, and as subsequently amended.

University/Employer Contribution: Effective 7/1/2010: Southwestern will contribute 7% of an employee's base salary to a TIAA LifeCycle Index Fund after the employee meets eligibility requirements:

1. First of the month following 12 months continuous months of employment with Southwestern (exceptions may apply) **OR** 100% vested in their previous employers' contribution to a qualified requirement plan
2. Worked over 1,000 hours
3. Age 21 or over

Employee Contribution: All employees are eligible to participate (age 21 or older)

1. Employees may contribute the month following their hire date.
2. Full time employees will be automatically enrolled at 3% of their regular salary on a pre-tax basis as soon as reasonable within payroll deadlines after approximately 30 days of employment.
3. Employees may change their elections at any time at <https://www.tiaa.org/public/tcm/southwestern>

There is a one-year waiting period before Southwestern University will begin making retirement contributions on behalf of the employee. However, this waiting period is waived if the employee can provide documentation which confirms that he/she was fully vested in employer contributions made under the terms of a retirement plan sponsored by the employer that employed the eligible employee immediately prior to the University. The Retirement Plan Eligibility Worksheet is provided by Human Resources at the time of employment to determine eligibility.

The University will contribute an amount equivalent to seven percent (7%) of the employee's base monthly salary to the retirement plan. The contribution is fully vested in the name of the employee and deposited at the end of each pay period. It is the employee's responsibility to allocate the funds among the various investment options. Deposits to the retirement program are not cashable.

All employees over age 21 are eligible to participate in the Regular Retirement Plan on a voluntary basis even if they are not eligible for the employer contribution. Within limits set by the Internal Revenue Code, an employee may enter into an agreement with the University whereby the employee's salary is reduced and the amount of reduction is allocated among plan investment options as directed by the participant. Contributions elected by the employee are not taxed at the time of the contribution unless the Roth option is elected.

When a fringe benefit requires an affirmative action (application, proof of eligibility, beneficiary designation, benefit allocation, or similar acknowledgement or election) on the part of the employee, failure to promptly and timely respond to requests for action from the Human Resources department will temporarily suspend eligibility for the benefit until all employee required actions are completed. In such instances, the University will be under no obligation to retroactively reinstate or otherwise compensate the employee for any loss of benefits attributable to the failure to respond.

Additional Benefits

VACATION / SICK TIME

Southwestern University offers generous vacation and sick leave benefits for full-time members. Please see the Human Resources website for more details.

HOLIDAYS

Southwestern University provides 16 paid holidays per year: (*specific days will vary according to calendar)

New Year's Day	Good Friday
Memorial Day	Junteenth
Independence Day	Labor Day
Wednesday through Friday for Thanksgiving	*Christmas Eve through New Year's Day
Martin Luther King Jr.'s Birthday (Observed)	

Pay Days and Pay Checks:

Exempt employees are paid on a monthly basis on the 25th of every month.

Non-exempt employees are paid on a bi-weekly basis every other Friday.

(If the payday falls on a weekend or holiday, employees will be paid on the preceding workday.)

Social Security

All Social Security taxes paid for by an employee are matched equally by the University.

Worker's Compensation:

All employees are covered for work related injuries or illnesses under the University's plan with Travelers Insurance.

Unemployment Insurance:

All eligible employees are covered for unemployment benefit insurance.

Via Benefits:

If you or your spouse are gaining Medicare eligibility, you can contact Via Benefits at (881) 801-9765 for assistance with researching and selecting supplemental plans. There is no cost for their services and you are not required to use their services.

Additional Benefits

BOOKSTORE BENEFITS

Employees receive a 10% discount on all items in the store except textbooks. Present your Pirate Card ID at checkout.

CHECK-CASHING

The Business Office will cash personal checks (including second-and-third-party checks) for University employees up to \$100 between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday.

COMMUNITY-WIDE SOCIALS

Employees are invited to several events throughout the year. These events are advertised through various University communication channels.

DINING SERVICES (Aramark)

Dining Services at the University are managed by Aramark, who strive to meet all campus dining needs, whether it's a steaming hot cup of coffee with breakfast, a home style dinner, or a formal catered function for hundreds of people. Employees can purchase discounted meals in the Mabee Commons (all-you-care-to-eat buffet) or eat in the Cove (a la carte grill/snack bar). Meal rates, menus and hours of operation are available online at:

www.southwestern.edu/human-resources/employee-benefits/fringe-benefits/dining-services/

LIBRARY

The A. Frank Smith, Jr. Library is open to all employees with a Pirate Card. Books, DVDs and other items are available for check-out.

PERSONAL COMPUTER PURCHASE

After one year of employment, benefit-eligible employees may request, in writing, a no-interest loan toward the cost of a personal computer purchase. For details contact the Business Office at ext.1932.



Additional Benefits

THE SAROFIM SCHOOL OF FINE ARTS

Employees may receive free admission to all concerts and musical performances throughout the year, as well as, free admission (up to 2 free tickets) to all theatrical plays with reservations. For more information, please visit: <http://southwestern.edu/sarofim/box-office/>

SPORTS AND RECREATION

The Corbin J. Robertson Center provides recreation and sports facilities free of charge to campus community members. Facilities include a weight room, aerobics room, indoor walking/jogging track, cardio equipment (bikes, stair steppers, elliptical machines, etc.), racquetball/handball courts, outdoor pickleball courts, basketball/volleyball courts and an indoor swimming pool. Additional fee based classes and services, such as aerobics, pilates, aqua fitness, yoga and personal training are available. The SU Intramural and Recreational Activities (SIRA) office provides a variety of outdoor and camping gear for checkout at no charge to SU community members. To check out gear, please contact the SIRA office at ext. 1606 or stop by their office in the Robertson Center. Be aware that SIRA requires a refundable deposit in the form of a check for the gear. Detailed lists of gear availability and check-out policies are available online at <http://www.southwestern.edu/life-at-southwestern/intramural-recreational-activities-sira/outdoor-recreation/outdoor-gear/>. Employees can also participate in a variety of team and individual sports through the intramurals program. Sports vary by semester and a detailed schedule is available online at <https://www.southwestern.edu/life-at-southwestern/intramural-recreational-activities-sira/schedules/>

Admission to most SU athletic events is free. Each employee receives 2 free general admission tickets to all home football games. Additional football tickets are available for purchase, as well as, season tickets.



PIRATE CARD

The Pirate Card includes a campus based debit account, which allows staff and faculty to make purchases while on campus. This is also your University ID, library and copy card. Copy charges are billed to your department. For information on depositing money into your account, go to www.southwestern.edu/offices/piratecard. To activate your Pirate Card for purchases, simply deposit money in your Pirate Buc\$ account. The balance will decline with each purchase you make.

Pirate Buc\$ are for use in on-campus vending machines, in the Cove, and in the Mabee Commons. There are participating Georgetown businesses who will accept the Pirate Card as a debit card.

Additional Benefits

TUITION ASSISTANCE

SU offers tuition assistance to eligible faculty and staff members under the Employee Tuition Assistance Policy.

Faculty and Staff Southwestern Scholarship Program (one year waiting period):

Employees* and their eligible dependents who meet the academic eligibility requirements for admission to Southwestern University may receive a Southwestern Scholarship equal to the cost of tuition and fees (not room and board, books and other related costs) after one year of service. The funds for this benefit are provided by the Grace Pate Downs Scholarship fund. While it is not required, employees are encouraged to contribute to the fund to ensure the continued level of contributions needed to offset the cost of this benefit.

Tuition Exchange Programs:

The university participates in tuition exchange programs which provide the possibility for employees and their family members to attend other member institutions.

- **Council of Independent Colleges (CIC) Tuition Exchange Program (one year waiting period):** The University participates in the CIC Tuition Exchange Program which awards scholarships to the matriculating students based upon guidelines agreed to by the participating institutions.
- **Tuition Exchange, Inc. Program (three year waiting period and possibility for wait list):** The University participates in the Tuition Exchange Inc. programs which awards scholarships to the matriculating students based upon guidelines agreed to by the participating institutions.

Other opportunities:

In addition to the programs listed above, the University also has bilateral tuition scholarship arrangements with a number of other institutions, including Austin College, Trinity University, and tuition exchange with the Associated Colleges of the South (ACS).

*As with other employee benefits, employees must work a minimum of thirty hours per week (75% FTE) to be eligible for this benefit. The value of the benefit is prorated according to the employee's FTE for the Southwestern Scholarship only. None of the other programs allow for part-time/prorated scholarships. For more information, please refer to the Human Resources Employee Benefits webpage at <https://www.southwestern.edu/human-resources/employee-benefits/fringe-benefits/employee-tuition-assistance-program/> or contact Admission at 512-863-1200.

Legal Notices

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Southwestern University is committed to the privacy of your health information. The administrators of the Southwestern University Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Jennifer Charles - AVP for Human Resources at 512)863-1441 or jcharles@southwestern.edu.

HIPAA Special Enrollment Rights

Southwestern University Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Southwestern University Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Jennifer Charles - AVP for Human Resources at 512)863-1441 or jcharles@southwestern.edu.

Legal Notices

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Women's Health & Cancer Rights Act

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

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

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

Plan 1: HDHP with HSA (Individual: 20% coinsurance and \$3,500 deductible; Family: 20% coinsurance and \$7,000 deductible)

Plan 2: Base PPO (Individual: 30% coinsurance and \$2,000 deductible; Family: 30% coinsurance and \$4,000 deductible)

Plan 3: Buy-Up PPO (Individual: 30% coinsurance and \$1,250 deductible; Family: 30% coinsurance and \$2,500 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at (512)863-1441 or jcharles@southwestern.edu.

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Legal Notices

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

Legal Notices

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Jennifer Charles.

How is COBRA continuation coverage provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Legal Notices

Are there other coverage options besides COBRA Continuation Coverage?

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

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

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

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

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Southwestern University
Jennifer Charles - AVP for Human Resources
1001 E University Ave
Georgetown, Texas 78626-6100
United States

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihhipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	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	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: http://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhpp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Notice of Creditable Coverage

Important Notice from Southwestern University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Southwestern University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Southwestern University has determined that the prescription drug coverage offered by the medical 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 Southwestern University coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. Please see the Medical Benefit Plan for specific details about the prescription drug coverage.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits and your coverage will coordinate with Medicare.

If you do decide to join a Medicare drug plan and drop your current Southwestern University 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 Southwestern 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 below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Southwestern 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).

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:	January 1, 2025
Name of Entity/Sender:	Southwestern University
Contact - Position/Office:	Jennifer Charles - AVP for Human Resources
Office Address:	1001 E University Ave Georgetown, Texas 78626-6100 United States

Southwestern University