



2023/24

EMPLOYEE BENEFITS

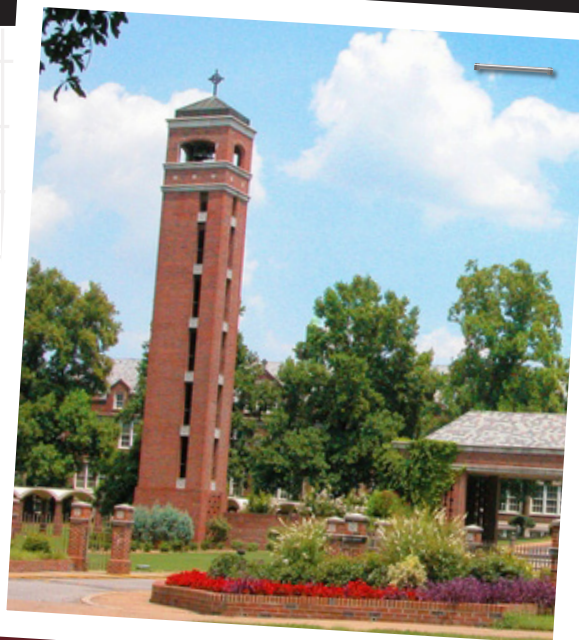
A comprehensive guide
to understanding your
employee benefits program



CONTENTS & CONTACT INFORMATION

Coverage	Provider	Group #	Phone	Website/Email	Page
Welcome & Eligibility Enrollment					3 4
Medical	Cigna	625857	866-494-2111	www.mycigna.com	5
Telehealth	MDLIVE	625857	888-726-3171	www.mycigna.com	6
Prescription Drugs	Cigna	625857	866-494-2111	www.cigna.com/druglist Select: Advantage 3 Tier	9
Dental	Cigna	625857	866-494-2111	www.mycigna.com	10
Vision	Cigna	625857	866-494-2111	www.mycigna.com	11
Basic Life/AD&D Voluntary Life/AD&D Short Term Disability Long Term Disability	The Hartford	920571	888-301-5615	www.thehartford.com	12 13
Flexible Spending Accounts	Wex	34854	866-451-3399	www.wexinc.com customerservice@wexhealth.com	15
Taking Time for You Investing In Your Future Professional Development Onsite Privileges					16 17 18 19
Required Notices					20

HR Department:
901-321-3022 or
humanresources@cbu.edu





WELCOME

Our Employee Benefits Program is an important part of your total compensation.

Christian Brothers University (CBU) offers a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers many of the basic questions you may have about the plans. Please take time to review the guide carefully.

What's New

- Our life and disability benefits will be moving to **The Hartford**. You may choose up to the guaranteed issue amount for yourself and eligible dependents without submitting Evidence of Insurability.



ELIGIBILITY

You are eligible for benefits if you are a regular, full-time employee working an average of 30 hours per week. Your coverage is effective on the first of the month following your date of hire. You may also enroll eligible dependents for benefits coverage. The cost for coverage depends on the number of dependents you enroll and the benefits you choose. When covering dependents, you must select and be on the same plans.

Eligible Dependents

- Your legal spouse
- Children under the age of 26 regardless of student, dependency or marital status (medical, dental and vision)
- Children over the age of 26 who are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal income tax return



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 21 for more details.

Health Coverage Options

Our employee benefits program offers four health coverage options. To see summaries of the options, contact the Human Resources Department at **901-321-3022** or visit **Employee Navigator** (log in instructions are on page 4).



ENROLLMENT

Open Enrollment

Open Enrollment will be held from **March 27-April 7, 2023**. This is an **ACTIVE** enrollment. You must log in to **Employee Navigator** to update your elections. **If you wish to participate in a Flexible Spending Account, you must make your election in Employee Navigator by April 7, 2023.** Elections made during Open Enrollment will become effective May 1, 2023 and remain in effect until April 30, 2024. Plan elections are for the 2023-2024 plan year, unless you experience a Qualified Life Event.

New Hires

You must complete the enrollment process within 30 days of your date of hire. If you do not enroll by your effective date, you will have to wait until the next Open Enrollment to enroll unless you experience a Qualified Life Event.

Important:

If you have a **Qualifying Life Event** and want to request a midyear change, you must notify Human Resources and complete your election changes within **30 days following the event**. Be prepared to provide documentation to support the Qualifying Life Event.

Qualifying Life Events

Your benefit elections remain in effect for the entire plan year until the following Open Enrollment. You may only change coverage during the plan year if you have a Qualifying Life Event such as marriage, divorce, birth or adoption, loss of other coverage, etc. You must notify Human Resources in a timely manner if any of these events occur. Contact Human Resources for a full list of Qualifying Events and the notification timeframes required for requested changes.

Employee Navigator

All new enrollments and changes must be done online in **Employee Navigator**.

- Go to www.employeenavigator.com and click *Login*.
- **Returning Users:** Log in with the username and password you selected or click *Reset a forgotten password*, if needed.
- **First Time Users:** Click on the Registration Link in the email that was sent to you, or click *Register as a new user* to create your account.
- Your company identifier is **CBUMEMPHIS**





MEDICAL

We understand that satisfying your family's health care needs is one of the first things you look for in your employee benefits package. CBU is pleased to offer four plans through **Cigna**.

The key differences between the plans are the payroll deductions and the amount you will pay for health care. The plans also differ in:

- **Calendar year deductibles** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay
- **Out-of-pocket maximums** – the most you pay each year for eligible services, including prescriptions
- **Copays and coinsurance** – the money you pay toward the cost of covered services

All four plans cover in-network preventive care at 100% and they allow you to see an in-network or out-of-network provider for other services. When you use in-network providers, you receive benefits at a discounted network cost. You will pay more for out-of-network providers.

Cigna One Guide®

Cigna One Guide helps you make smarter, informed choices so you get the most from your health care plan. One Guide provides you with tools to help you stay healthy and save money.

- Learn how your plan works
- Get answers to your health care or plan questions
- Manage and track claims
- Access your ID cards

Find a Provider

To find a list of preferred providers, visit www.mycigna.com or call 866-494-2111.

HDHP \$3,000 Plan

The High Deductible Health Plan (HDHP) has a significantly lower payroll deduction, but you must meet a higher deductible before the plan begins to pay.

PPO Plans

There are three traditional Preferred Provider Organization (PPO) plans:

- **PPO \$1,000 Plan**
- **PPO \$400 Plan**
- **PPO \$300 Plan**

The PPO plans have a lower deductible and a higher payroll deduction. Providers typically charge a copay before the plan begins to pay.

- Find in-network doctors, labs and hospitals
- Refill prescriptions
- Get cost estimates for care and prescriptions
- Compare prices
- Speak to a nurse

To access Cigna One Guide, download the **myCigna app**, visit www.mycigna.com or call **866-494-2111**.



TELEHEALTH

As a Christian Brothers University employee, you have access to quality telehealth services as part of your medical plan through **MDLIVE**.

MDLIVE offers you access to minor medical and behavioral/mental health virtual care 24/7/365.

Cost:

- **HDHP \$3,000 Plan:** 10% after deductible
- **PPO \$1,000 Plan:** 15%
- **PPO \$400 Plan:** 15%
- **PPO \$300 Plan:** \$20 copay

Get the Care you Need

MDLIVE gives you access to doctors and therapists via video or phone.

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Sore throat
- Headache
- Stomach ache
- Cold and flu
- Allergies
- Fever
- UTIs

Licensed counselors and psychiatrists can provide nonemergency behavioral and mental health care for conditions such as:

- Addictions
- Bipolar/Eating/Panic disorders
- Child/Adolescent issues
- Grief/Loss
- Depression/Stress
- Parenting/Relationship/Marriage issues
- Men's or Women's issues
- Trauma/PTSD

Ways to Contact MDLIVE

Register with MDLIVE so the service will be ready when you need care.

- Go to www.mycigna.com
- Call 888-726-3171





CIGNA MEMBER RESOURCES



Cigna offers you various tools and programs that you and your family may need to be healthy, secure and prepared for life changes. Programs are available at no cost to you if you are enrolled in one of CBU's medical plans.

Omada[®]

Omada is a personalized program to help you reach your health goals through sustainable lifestyle change. You can get support and the technology to lose weight and take control of your health, by learning to:

- Eat healthier
- Increase activity
- Overcome challenges
- Stay healthy for life

You will receive your own:

- Interactive program
- Wireless smart scale
- Weekly online lessons
- A professional Omada health coach

To get started, register at www.mycigna.com or on the [myCigna app](#).

Employee Assistance Program

The Cigna program can help you when you have questions, concerns or emotional issues regarding life's big and small challenges. This program is available 24/7 to help you and your family find solutions and help restore your peace of mind.

The program offers:

- Three face-to-face visits with a licensed behavioral health provider in Cigna's EAP network

- Unlimited telephone counseling and access to work-life resources
- Access to legal services, including a 30-minute consultation with a network attorney, plus 25% off select fees if the attorney is retained
- Access to financial services, including a 30-minute complimentary phone consultation, plus 25% off tax preparation
- Access to ID theft support, including a 60-minute consultation with a fraud resolution specialist

For more information, call **877-231-1492** or go to www.mycigna.com.

Healthy Pregnancy

If you are expecting, the Cigna **Healthy Pregnancies, Healthy Babies[®]** program provides support throughout your pregnancy and in the days and weeks after your baby's birth. Call **800-615-2906** to enroll.

- Get live support 24/7.
- Talk to a health coach who can help you with everything from tips on how to handle your discomfort during pregnancy to what foods to avoid, birthing classes and maternity benefits.
- Access an audio library of maternity and general health topics.
- Download the **Cigna Healthy Pregnancy app** or visit www.mycigna.com for tools to track your pregnancy week by week, prepare for delivery, and care for your baby.

Medical Plan Benefits

	HDHP \$3,000		PPO \$1,000		PPO \$400		PPO \$300	
Network	Open Access Plus (OAP)							
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	You Pay		You Pay		You Pay		You Pay	
Calendar Year Deductible								
Individual	\$3,000	\$6,000	\$1,000	\$2,000	\$400	\$800	\$300	\$600
Family	\$6,000 ¹	\$12,000 ¹	\$3,000	\$6,000	\$1,200	\$2,400	\$900	\$1,800
Out of Pocket Maximum <i>(Includes deductible)</i>								
Individual	\$5,000	\$12,000	\$2,500	\$12,000	\$1,500	\$12,000	\$2,250	\$12,000
Family	\$10,000	\$36,000	\$7,500	\$36,000	\$4,500	\$36,000	\$6,750	\$36,000
Preventive Care	\$0	50% AD ²	\$0	50% AD	\$0	50% AD	\$0	50% AD
Telemedicine	10% AD	Not Covered	15%	Not Covered	15%	Not Covered	\$20 copay	Not Covered
Physician Office Visit								
Primary	10% AD	50% AD	15%	50% AD	15%	50% AD	\$20 copay	50% AD
Specialist	10% AD	50% AD	15%	50% AD	15%	50% AD	\$20 copay	50% AD
Diagnostic Lab	20% AD	50% AD	\$0	50% AD	\$0	50% AD	\$0	50% AD
X-ray	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Major Imaging <i>(MRI, CT/PET scan)</i>	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Urgent Care	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Ambulance	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD
Emergency Room	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD	20% AD
Inpatient Hospital	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
Outpatient Surgery	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD

¹ The HDHP has an embedded deductible feature. Once a family member meets the individual deductible amount, the plan will begin to pay benefits for that family member.

² AD = After Deductible

Get Help Choosing a Plan

If you can't decide on a Medical plan and need help, **Health Plan Assist** is here for you.

- Go to www.healthplanassist.com
- Enter access code: **CBUHPA**
- Go through 3 easy steps in 5 quick minutes to let Health Plan Assist know more about how you plan to use your benefits.
- Health Plan Assist's software will help you estimate your out of pocket costs and premium responsibility for each of the plans offered and allows you to make comparisons between the plans to choose what is right for you.
- Health Plan Assist is **free to you**, courtesy of CBU.

When you enroll in any of the medical plans, you will receive prescription drug coverage through **Cigna**. The prescription drug coverage benefits are **in-network only**. The HDHP \$3,000 plan prescription drug coverage benefits begin **after your deductible is met**.



Medical Prescription Drugs

	HDHP \$3,000		PPO \$1,000		PPO \$400		PPO \$300	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	You Pay		You Pay		You Pay		You Pay*	
Retail <i>(Up to 30-day supply)</i>								
Generic	\$20 copay*	No Benefit	\$20 copay	No Benefit	\$20 copay	No Benefit	\$20 copay	No Benefit
Preferred Brand	\$35 copay*		\$35 copay		\$35 copay		\$35 copay	
Non-Preferred Brand	\$50 copay*		\$50 copay		\$50 copay		\$50 copay	
Mail Order <i>(Up to 90-day supply)</i>								
Generic	\$40 copay*	No Benefit	\$40 copay	No Benefit	\$40 copay	No Benefit	\$40 copay	No Benefit
Preferred Brand	\$70 copay*		\$70 copay		\$70 copay		\$70 copay	
Non-Preferred Brand	\$100 copay*		\$100 copay		\$100 copay		\$100 copay	

* After Deductible

For a prescription drug list, go to www.cigna.com/druglist and select **Advantage 3 Tier**.

Medical Payroll Deductions

	HDHP \$3,000	PPO \$1,000	PPO \$400	PPO \$300
Monthly				
	You Pay	You Pay	You Pay	You Pay
Employee Only	\$0	\$43.27	\$80.05	\$76.62
Employee + 1	\$154.08	\$413.77	\$483.60	\$477.12
Employee + Family	\$119.85	\$516.14	\$622.81	\$612.92
Semi-Monthly				
	You Pay	You Pay	You Pay	You Pay
Employee Only	\$0	\$21.64	\$40.03	\$38.31
Employee + 1	\$77.04	\$206.89	\$241.80	\$238.56
Employee + Family	\$59.93	\$258.07	\$311.41	\$306.46

DENTAL

Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular dental checkups and orthodontia. Coverage is provided through **Cigna**.



The Dental plan covers both in-network and out-of-network preventive care at 100%. You may choose to see in-network or out-of-network providers for dental care. When you use providers in the network, you receive benefits at a discounted network cost. If you go out-of-network, you may be billed a balance over the in-network cost.

Dental Plan Benefits

	Cigna Dental	
	In-Network	Out-of-Network
You Pay		
Calendar Year Deductible		
Individual	\$50	\$75
Family	\$150	\$225
Calendar Year Maximum Benefit per Individual <i>(All services combined)</i>	\$1,000	\$1,000
Preventive & Diagnostic Care	\$0	\$0
Basic Restorative Care	20% after deductible	20% after deductible
Major Restorative Care	50% after deductible	50% after deductible
Orthodontia <i>(Children up to age 19)</i>	50%	50%
Orthodontia Lifetime Maximum Benefit per Individual	\$1,000	\$1,000

Dental Payroll Deductions

	Cigna Dental	
	Monthly	Semi-Monthly
You Pay		
Employee Only	\$8.74	\$4.37
Employee + 1	\$13.74	\$6.87
Employee + Family	\$27.41	\$13.71



VISION



Our vision plan provides quality care to help preserve your health and eyesight. Coverage is provided through **Cigna**.

You may seek care from any provider, but plan benefits are better if you use a Cigna provider.

Vision Plan Benefits

	Cigna Vision	
	In-Network	Out-of-Network
	You Pay	Reimbursement
Exam <i>(Once every 12 months)</i>	\$10 copay	Reimbursed up to \$45
Materials	\$25 copay	See below
Lenses <i>(Once every 12 months)</i> Single Lined Bifocal Lined Trifocal Progressives Lenticular	Covered in full after \$25 copay	Reimbursed up to \$40 Reimbursed up to \$65 Reimbursed up to \$75 Reimbursed up to \$75 Reimbursed up to \$100
Frames <i>(Once every 24 months)</i>	Covered up to \$120	Reimbursed up to \$72
Contact Lenses <i>(Once every 12 months - in lieu of lenses and frames)</i> Elective Medically Necessary	Covered up to \$120 Covered in full	Reimbursed up to \$105 Reimbursed up to \$250

Vision Payroll Deductions

	Cigna Vision	
	Monthly	Semi-Monthly
	You Pay	You Pay
Employee Only	\$3.52	\$1.76
Employee + 1	\$5.09	\$2.55
Employee + Family	\$9.13	\$4.57



LIFE AND AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D)** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment.

In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable to your beneficiary(ies).

Basic Life and AD&D

Basic Life and AD&D is provided **at no cost** through **The Hartford** for all full-time employees of CBU.

Benefit	Coverage
Employee Life and AD&D	2 times your basic annual earnings to a maximum of \$200,000
Age Reduction	Coverage is reduced by 35% at age 70 and an additional 15% at age 75

Be sure to keep your beneficiary designations up-to-date. You are automatically the beneficiary for Spouse and Child Voluntary Life/AD&D.

Voluntary Life and AD&D

You may purchase Voluntary Life and AD&D for you and your eligible dependents through **The Hartford**. You must purchase coverage for yourself in order to purchase coverage for your dependents. Evidence of insurability (proof of good health) is required if you have not already purchased Voluntary Life. Rates are based on your age and the amount of coverage you elect.

As a newly eligible employee, you may purchase coverage for yourself, spouse and child(ren) up to the Guarantee Issue (GI) limit. You will need to submit Evidency of Insurability (proof of good health) for any amounts requested above the GI limit.

Benefit	Coverage
Employee Life and AD&D	

Amount of Insurance	Increments of \$10,000, to a maximum of \$500,000, not to exceed 5 times your annual earnings
Guarantee Issue Amount ¹	\$150,000
Age Reduction	Coverage is reduced by 35% at age 70 and an additional 15% at age 75

Spouse Life and AD&D	
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Amount of Insurance	Increments of \$5,000, to a maximum of \$500,000, not to exceed the employee coverage
Guarantee Issue Amount ¹	\$50,000
Age Reduction	Coverage is reduced by 35% at age 70 and an additional 15% at age 75

Child Life and AD&D	
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Amount of Insurance	Live birth to 6 months: \$1,000 6 months to 19 years (26 years if full-time student): \$2,000 increments to \$10,000
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¹ Guarantee Issue amount is the amount of coverage you are guaranteed without providing proof of good health.



DISABILITY

Disability insurance replaces a portion of your income when you cannot work due to an illness or non-occupational injury.

Short Term Disability (STD)

STD is provided **at no cost** through **The Hartford** for all regular, full-time employees who have been employed for 90 days with CBU.

STD allows continuation of salary when you are unable to work due to a continuous incapacitating serious health condition caused by an illness, non-work related injury, impairment or physical or mental condition involving: a) inpatient care in a hospital, b) appropriate and continuing treatment by a physician, or c) pregnancy. CBU does not provide benefits for occupational injuries or sicknesses.

In order for you to be covered under this STD policy, your disabling health condition must be certified and approved by a physician and approved by the University's STD administrator.

STD benefits are payable after you have met a waiting period of 5 business days. CBU will pay your regular salary for the 5 day waiting period for the first occurrence in a rolling 12 month period.

Following the 5 day waiting period, STD will pay 60% of your salary, minus all regular deductions, for each day of scheduled work loss for a period up to 90 days.

Once you have been out 90 work days, payments under STD will terminate and coverage under the Long Term Disability plan may commence.

If STD is approved a second or subsequent time in the rolling 12 month period, you may use paid time off for the 5 day waiting period to be paid, or the 5 day waiting period may be unpaid.

Long Term Disability (LTD)

LTD is provided **at no cost** through **The Hartford** for all regular, full-time employees of CBU.

Benefit	Coverage
Percentage of Income You Will Receive	60% of monthly earnings
Maximum Monthly Benefit	\$5,000 per month
When Benefits Begin	After 90 days
Maximum Benefit Duration	Age 65 or SSNRA
Pre-existing Period ¹	3/12

¹ Benefits may not be paid for conditions for which you have been diagnosed or treated for within the past 3 months prior to your effective date until you have been covered under the plan for 12 months.





THE HARTFORD VALUE ADDS

The Hartford provides these programs at no cost to you.

Employee Assistance Program (EAP)

The Hartford's Ability Assist with Health Champions EAP provides you with confidential phone and online access to licensed mental health professionals. The EAP is available 24/7 for you and your family to assist with concerns such as:

- Managing stress
- Handling relationship issues
- Balancing work and life
- Quitting tobacco, alcohol or drug use
- Caring for children or aging parents
- Dealing with conflict or violence
- Working through grief and loss issues
- Controlling depression and anxiety

Help is just a phone call away. Call **800-96-HELPS (800-964-3577)**.

Health Care Support Service

If you or a family member becomes disabled from an accident or are diagnosed with a critical illness, Assist Counseling Services offered through **CompPsych** will provide much needed support. You and your family can access **Ability Assist** any time, as long as you are covered under a fully insured Group policy or Leave Management Services with **The Hartford**. You will get individual counseling from master's level clinicians for a variety of concerns, including legal, financial, medical and benefit-related, and emotional or work-life issues.

Get support now. Call **800-96-HELPS (800-964-3577)**.

Travel Assistance

Travel Assistance with **International Medical Group (IMG)** is provided to you by **The Hartford**. You, your spouse and dependent children (whether traveling together or separately) have 24/7 access to travel, medical, legal and financial assistance plus emergency medical evacuation benefits when traveling domestically or internationally.

In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance and then contact IMG. Have your employer's name and a phone number where you can be reached ready.

The next time you or your family members are traveling and need assistance, call IMG at **800-243-6108** within the United States or call collect **202-828-5885** outside of the United States. Or, email **assist@imglobal.com**.

EstateGuidance Will Services

You and your spouse have access to free resources from **EstateGuidance**. You can create a simple will from the convenience of your home. Online assistance from licensed attorneys is available if you have questions. You may make unlimited revisions at no additional charge. Estate planning services are available for purchase. Visit **www.estateguidance.com** and use the code **WILLHLF** for more details.

Beneficiary Assist Counseling Services

The Hartford offers you **Beneficiary Assist** counseling that can help you or your beneficiaries cope with emotional, financial and legal issues that arise after a loss. Unlimited 24/7 phone access for legal and financial advice or emotional counseling is available for up to a year from the date the claim is filed. For more information, call **800-411-7239**.



FLEXIBLE SPENDING ACCOUNTS



CBU provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts (FSAs). These accounts are administered by **Wex**.

Types of FSAs

- **Health Care FSA**
- **Dependent Care FSA**

A Health Care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents while you and your spouse work.

You should contribute the amount of money that you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the money that you contributed to your Health Care FSA, a maximum of \$610 may be rolled over to the next plan year.

The maximum amount you can contribute to your Health Care FSA for 2023 is \$3,050. The maximum that you can contribute to the Dependent Care FSA is \$5,000, if you are single or married filing jointly, or \$2,500 if you are married and filing separately.

How FSAs Work

You can save approximately 25 percent of each dollar spent on these expenses when you participate in an FSA. Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck that you contribute to your FSA.

Contact Wex:

To manage your account
visit www.wexinc.com
or download the mobile app.

FSA Savings Example

	Without FSA	With FSA
Gross Income	\$45,000	\$45,000
FSA Contributions	\$0	(-\$3,050)
Gross Income	\$45,000	\$41,950
Estimated Taxes	(-\$5,532)	(-\$4,586)
After-Tax Earnings	\$39,468	\$37,364
Eligible Out-of-Pocket Expenses	(-\$3,000)	(-\$150)
Remaining Spendable Income	\$36,468	\$37,214
Spendable Income Increase	--	\$746



TAKING TIME FOR YOU

Employee Assistance Program

The Employee Assistance Program through **Methodist Health Care** is free to any CBU faculty, administration, and staff.

This program helps employees and members of their household resolve problems as well as helps leaders manage their team. Some of the problems that the program assists with are alcohol and/or drug abuse, anxiety and/or depression, marital and/or family issues, grief, stress, work-life balance, and major life transitions.

All sessions are confidential, except when required by law or client's written consent. The program offers ten free sessions per issue.

You can reach the Methodist Healthcare Employee Assistance Program by calling **(901) 683-5658** or Toll Free at **(800) 888-5658**. You can also visit them at **www.methodisteapcanhelp.org**.

Paid Time Off

Holidays

Up to 18 days per year for observance of regularly scheduled holidays such as:

- New Year's Day
- Martin Luther King Day
- Easter Holidays
- Memorial Day
- Juneteenth
- July 4th
- Labor Day
- Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve

Paid Time Off (PTO) / Vacation

Three (3) weeks granted on day of hire.

*24-hour
Crisis Telephone Response:*

901-683-5658 or 800-888-5658

www.methodisteapcanhelp.org





INVESTING IN YOUR FUTURE

The Christian Brothers Employee Retirement Plan (CBERP)

All full time employees are eligible for enrollment in the defined benefit plan. This plan provides a traditional form of retirement benefits, also known as a pension plan.

- Enrollment is automatic, with no action required on your part.
- The plan is funded entirely by the University. After your one-year work anniversary, CBU will begin paying a percentage of annual your gross wages into the plan..
- After four (4) years and nine (9) months of full time employment with CBU, you will qualify as “vested” in the plan. Should you leave before the end of the vesting period, you will not receive a benefit. The vesting period begins on your first day of work.
- Early retirement is available at age 55 for vested employees, but at a reduced benefit. Normal retirement age is your full retirement age under Social Security.
- Benefits are calculated according to set formulas. The formulas use both length of service and average salary during employment at CBU in their calculations.
- In October, you will receive an annual statement and benefit forecast from our plan provider, Christian Brothers Services.

403(b) Plan

Teachers Insurance & Annuity Associates (TIAA CREF)

730 Third Avenue
New York, NY 10017-3206
(800) 842-2252

Steps to set up a 403(b)

1. Complete the **403(b) Election & Salary Reduction Form**.
2. Submit completed form to **Payroll** (payroll@cbu.edu).
3. Contact Millennium Advisory Services at **(877) 435-2489, Option 1**, for financial planning assistance.
4. Contact **TIAA** at **1-800-842-2252** to set up your account.
5. Provide TIAA with CBU's Plan **#348006**.

Southern Security Federal Credit Union

CBU has selected **Southern Security Federal Credit Union** to serve as the University's official credit union. All employees are welcome to enroll free of charge and are entitled to a variety of services that are not offered through traditional banks.



PROFESSIONAL DEVELOPMENT

Tuition Remission

100% for Employee after six (6) months of employment (18 credit hours per year), and 50% after one year and 100% after two (2) years for dependents.

Tuition Exchange Program and The Council of Independent Colleges

Provide a reciprocal scholarship exchange program for family members of full-time faculty, staff, and Brothers among its members of over 700 prestigious colleges and universities around the world. After completing one (1) year of continuous employment, full-time employees are eligible to participate.

Service Awards

CBU recognizes all full-time regular employees at the end of their fifth year of continuous service and every five years thereafter at an annual service awards program. If an employee changes status to less than full-time regular or leaves CBU's employment, the employee's new service date will be the date of re-hire or re-classification to full-time regular.





ONSITE PRIVILEGES

University Bookstore

Employees of CBU are given a 20% discount on many items in the campus bookstore. Employees should ask at the checkout counter in the bookstore as to what specific items are covered by this discount.

Athletic Events

Employees may attend regular scheduled season athletic events on campus without paying admission fees. This will also apply to one accompanying immediate family member. (Because of NCAA Division II regulations this benefit will not apply to playoffs.)

Cafeteria

CBU offers employees a choice of three dining options on campus for their convenience. Two locations for dining are located in the **Thomas Center**, and one is in **De La Salle Hall**. Hours may vary during the summer.

The Buccaneer Snack Bar (Thomas Center, lower level)

Monday – Friday
10:00 am – 11:00 pm

Alfonso Dining Hall, Cafeteria Style (Thomas Center, upper level)

Monday – Friday
Breakfast – 7:30 am – 10:00 am
Continental – 10:00 am – 11:00 am
Lunch – 11:00 am – 1:30 pm
Salad & Sandwich – 1:30 pm – 4:30 pm
Dinner – 4:30 pm – 7:00 pm (Friday at 6:30 pm)

Saturday – Sunday
Brunch – 10:45 am – 1:30 pm
Salad & Sandwich – 1:30 pm – 4:30 pm
Dinner – 4:30 pm – 6:30 pm

Canale Cafe (De La Salle Hall)

Irregular Hours during the week, open for all games in Canale Arena.

Fitness Center

Canale Arena Fitness Center is available to students, faculty and staff. One guest may accompany a CBU student, faculty member, or staff member. All visitors will be required to sign-in, leave their State-Issued or Military ID with the attendant(s) during their visit, and remain with the CBU student, faculty, or staff member until their departure from the facility. Guest ID will be returned upon leaving the facility.

General Operating Hours

Monday – Friday
10:00 am – 11:00 pm
Saturday – Sunday
12:00 pm – 4:00 pm

Summer Hours

Monday – Friday
4:00 pm – 9:00 pm
Saturday – Sunday
12:00 pm – 4:00 pm

Swimming Pool Privileges

The CBU swimming pool may be enjoyed during designated hours by employees and members of the employee's immediate family. An employee identification card is required. Designated hours and days are posted at the pool.



REQUIRED NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- 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; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

SPECIAL ENROLLMENT RIGHTS

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children's Health Insurance Program (CHIP)

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later 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 enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for, such assistance.

Marriage, Birth or Adoption

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

For More Information or Assistance

To request special enrollment or obtain more information, contact:

Christian Brothers University
Human Resources
650 E. Pkwy S.
Memphis, TN 38104
901-321-3022



REQUIRED NOTICES

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 Christian Brothers University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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. Christian Brothers University has determined that the prescription drug coverage offered by the Christian Brothers University medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting Christian Brothers University at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current Christian Brothers University prescription drug coverage, be aware that you and your dependents may not be able

to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

For more information about this notice or your current prescription drug coverage:

Contact the Human Resources Department at **901-321-3022**.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

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 will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription 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 **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at **www.socialsecurity.gov**, or you can call them at **800-772-1213**. TTY users should call **800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, 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 whether or not you are required to pay a higher premium (a penalty).

May 1, 2023
Christian Brothers University
Human Resources
650 E. Pkwy S.
Memphis, TN 38104
901-321-3022



REQUIRED NOTICES

NOTICE OF HIPAA PRIVACY PRACTICES

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan – whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by Christian Brothers University, hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resources Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

Complaints: If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Privacy Officer.

Christian Brothers University
Human Resources
650 E. Pkwy S.
Memphis, TN 38104
901-321-3022

Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. The Plan intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

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 are 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 are not 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, 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 go to 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 are not 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 January 31, 2023. Contact your State for more information on eligibility.

ALABAMA – MEDICAID
Website: http://www.myalhipp.com/ Phone: 1-855-692-5447
ALASKA – MEDICAID
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
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (1-855-692-7447)



REQUIRED NOTICES

CALIFORNIA- MEDICAID

Website: Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - HEALTH FIRST COLORADO (MEDICAID PROGRAM) AND CHILD HEALTH PLAN PLUS (CHP+)

Health First Colorado (Medicaid) 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

FLORIDA - MEDICAID

Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA - 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

INDIANA - MEDICAID

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

IOWA - MEDICAID AND CHIP (HAWKI)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS - MEDICAID

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-766-9012

KENTUCKY - MEDICAID

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

LOUISIANA - MEDICAID

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

MAINE - MEDICAID

Enrollment Website: 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: 800-977-6740
TTY: Maine Relay 711

MASSACHUSETTS - MEDICAID AND CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 617-886-8102

MINNESOTA - MEDICAID

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI - MEDICAID

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA - MEDICAID

Website: <https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA - MEDICAID

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178



REQUIRED NOTICES

NEVADA – MEDICAID

Website: <http://dhcfnv.gov>
Phone: 1-800-992-0900

NEW HAMPSHIRE – MEDICAID

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number HIPP program: 1-800-852-3345 ext.5218

NEW JERSEY – MEDICAID AND CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – MEDICAID

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – MEDICAID

Website: <https://medicaid.ncdhhs.gov>
Phone: 919-855-4100

NORTH DAKOTA – MEDICAID

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – MEDICAID AND CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – MEDICAID

Website: <https://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – MEDICAID AND CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – MEDICAID AND CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – MEDICAID

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - MEDICAID

Website: <https://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – MEDICAID

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – MEDICAID AND CHIP

Medicaid Website: <https://medicaid.utah.gov>
CHIP Website: <https://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT- MEDICAID

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – MEDICAID AND CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp/>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – MEDICAID

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – MEDICAID AND CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN – MEDICAID AND CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – MEDICAID

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other States have added a premium assistance program since **January 31, 2023**, or for more information on special enrollment rights, you can 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



REQUIRED NOTICES

CONTINUATION OF COVERAGE RIGHTS UNDER COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you are covered under the Company group health plan you and your eligible dependents may be entitled to continue your group health benefits coverage under the Company plan after you have left employment with the company. If you wish to elect COBRA coverage, contact your Human Resources Department for the applicable deadlines to elect coverage and pay the initial premium.

Plan Contact Information

Christian Brothers University
Human Resources
650 E. Pkwy S.
Memphis, TN 38104
901-321-3022

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that have not signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

- Emergency services – If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.
- Certain services at an in-network hospital or ambulatory surgical center – When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing is not allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may contact your insurance provider. Visit www.cms.gov/nosurprises for more information about your rights under federal law.



NOTES



NOTES

This brochure highlights the main features of the Christian Brothers University 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.

Christian Brothers University reserves the right to change or discontinue its employee benefits plans at any time.



Lipscomb  Pitts

INSURANCE

— A HIGGINBOTHAM COMPANY —