MILLIGAN
UNIVERSITY

2023

EMPLOYEE BENEFITS GUIDE

2023 BENEFITS OVERVIEW

MILLIGAN UNIVERSITY

FOR BENEFITS EFFECTIVE 6/1/23-5/31/24

The Milligan University annual insurance open enrollment period is about to begin.

We recognize the importance of benefits within the overall compensation package provided to all of our eligible employees. This year when we reviewed our employee benefits options, we focused not only on providing quality medical plans but also on controlling the cost and financial risk for our employees. We offer multiple options to meet the individual needs of our employees and their dependents.

SUMMARY OF 2023 CHANGES

- Our medical coverage remains through BCBST with no changes to the plans.
- The pharmacy administrator will continue with Veracity/ProCare RX.
- Members will have an ID card for Medical/Dental/Vision coverage (BCBST) and a separate ID card for Prescription Drug coverage (Veracity/ProCare RX).
- You will not receive a new BCBST Medical/Dental/Vision ID card unless you are changing plans or electing coverage for the first time.
- **New Prescription ID cards will be mailed out after the 6/1/23 enrollment is completed. Please be on the lookout for these cards to arrive in the mail!**
- All other plans, premiums, and carriers remain the same.

NOT SURE HOW TO GET STARTED? DON'T WORRY!

You will receive step-by-step enrollment instructions by email from our HR team.

Until then, it's the perfect time to prepare by doing the following:

- ✔ Reviewing the benefits in which you are currently enrolled,
- ✔ Checking out the plans being offered for the coming year.

In this booklet, you'll find easy-to-understand instructions to help you make your benefit decisions.

TIP REMEMBER! Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.

IMPORTANT DATES

Open enrollment runs

FRIDAY 4/14/23 – FRIDAY 4/28/2023

Enroll online through Employee Navigator by

CLICKING HERE

See Pages 19-20 for Step-by-Step Instructions on setting up your Employee Navigator account and making benefit elections.

If you need assistance

Contact the CBIZ service line at

844-200-2249

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Throughout this guide you will find video and link icons that will take you to resources that provide additional information on the benefits available to you.

CBIZ Service Center
844-200-CBIZ (2249)

Call Toll Free for assistance with:

- Benefit Plan Questions
- ID Cards
- Claims Issues and Resolution
- In-Network Provider Listings

CBIZ Benefits and Insurance Services

CONTACT INFORMATION

MEDICAL
BlueCross BlueShield of Tennessee
www.BCBST.com
1(800)565-9140

PHARMACY
PROCARE RX
https://memberaccess.procarerx.com
1(800)699-3542

DENTAL
BlueCross BlueShield of Tennessee
www.BCBST.com
1(800)565-9140

VISION
BlueCross BlueShield of Tennessee
www.BCBST.com
1(800)565-9140

FLEXIBLE SPENDING ACCOUNTS
Pinnacle Bank
www.pnfp.com
1(800) 264-3613

HEALTH SAVINGS ACCOUNTS
Pinnacle Bank
www.pnfp.com
1(800) 264-3613

CRITICAL ILLNESS, SHORT-TERM DISABILITY & ACCIDENT INSURANCE
Guardian
www.guardianlife.com
1(888)482-7342

LIFE & AD&D, LONG-TERM DISABILITY
USAble Life
www.usablelife.com
1(800)370-5856

YOUR BENEFITS ADMINISTRATOR
Leslie A.M. Bean
Human Resources Director
LABean@milligan.edu

CBIZ SERVICE CENTER
Toll Free: 1(844)200-CBIZ (2249)

MEDICAL INSURANCE

YOUR HEALTH PLAN OPTIONS

As a full-time employee of Milligan University, you have the choice between two medical plan options: **Option 1, which is considered an HDHP or High Deductible Health Plan OR Option 2, which is a traditional PPO plan with a lower deductible.**

For each plan option, your deductible will run from January 1st-December 31st.

While both plans give you the option of using out-of-network providers, you can save money by using in-network providers because BlueCross BlueShield has negotiated significant discounts with them. If you choose to go out-of-network, you'll be responsible for the difference between the actual charge and BCBS UCR (Usual, Customary and Reasonable) charge, plus your out-of-network deductible and coinsurance.

The high deductible plan (OPTION 1) offers you lower premiums than the PPO plan (OPTION 2), and you can establish a Health Savings Account (HSA) with Pinnacle Bank and contribute all or part of the premium savings. These funds can be used to cover medical expenses, including deductibles, and they're yours forever — even if you leave Milligan University.

TIP Get the most out of your insurance by using in-network providers.

FREQUENTLY ASKED QUESTIONS

How many hours do I need to work to be eligible for insurance benefits? You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

Will I receive a new Medical ID card? No, you will not receive a new medical ID card unless you are changing plans or enrolling in coverage for the first time. Please note: All employees will receive a new Rx Card from ProCare Rx.

Can I have both an HSA and FSA? No, the IRS does not allow an individual or tax dependent members of the same household to have access to both types of accounts.

How long can I cover my dependent children? Dependent children are eligible until the end of the month in which they turn age 26.

I just got hired. When will my benefits become effective? Your medical insurance benefits will begin on the 1st of the month following your date of hire.

Medical Plans Explained

HOW TO GET STARTED

1. SELECT YOUR MEDICAL PLAN

- OPTION 1: **HDHP**
- OPTION 2: **PPO**

FIND A PROVIDER

- Go to www.bcbst.com
- Click on "Find Care"
- Enter your zip code
- Select the category for the provider you would like to search

PLAN OPTION 1 - HDHP

OFFERS SEVERAL BENEFITS:

- Lower premium contributions
- Routine preventive exams and labs are covered at 100%
- Catastrophic coverage
- The HSA is owned by you
- You have more control over your health care dollars

PLAN OPTION 2 - PPO

MAY BE FOR YOU IF THE FOLLOWING IS TRUE:

- You are not interested in establishing a Health Savings Account
- You would rather pay more in monthly premiums and less on medical expenses when they occur
- You expect to incur medical expenses at the beginning of the year and don't have the resources to pay for them

MEDICAL INSURANCE

PLAN OPTIONS AND COSTS

BCBST	Option 1 - HDHP	Option 2 - PPO Plan
	Employee Cost - Monthly	Employee Cost - Monthly
Employee Only Employee & Family Two Employees	$143.25 $401.50 $316.25	$247.50 $671.00 $506.00
	In-Network - Network S	In-Network - Network S
Deductible (calendar year) Individual / Family	$3,000 / $6,000	$2,000 / $4,000
Coinsurance (Member Pays)	50%	50%
Out-of-Pocket Maximum Individual / Family *(includes deductible, coinsurance & copays)*	$3,675 / $7,350	$3,000 / $6,000
Office Visit Primary Care Physician / Specialist	50% after deductible	$25 / $45 copay
Preventive Care	Covered at 100%	Covered at 100%
Diagnostics Lab and X-ray Major Diagnostics *(MRI, CT, PET...)*	50% after deductible	No additional copay 50% after deductible
Urgent Care	50% after deductible	$45 copay
Emergency Room	50% after deductible	$250 copay
Outpatient Surgery	50% after deductible	50% after deductible
Inpatient Hospital Services	50% after deductible	50% after deductible
	Out-of-Network	Out-of-Network
Deductible Individual / Family	$6,000 / $12,000	$4,000 / $8,000
Member Coinsurance	50%	50%
Out-of-Pocket Maximum Individual / Family	$11,025 / $22,050	$9,000 / $18,000

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.

Both plans are detailed in the BCBS 2023 Certificate of Coverage (COC). The list above is a brief summary only. For exact terms and conditions, please refer to your certificate.

MEDICAL INSURANCE RESOURCES

TELEHEALTH

- Bladder infection/ urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/ headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat

Telehealth lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes, and the doctor can write a prescription, if needed, that you can pick up at your local pharmacy.

Teladoc gives you access to board-certified doctors who can consult with you by phone or secure video to help treat most non-emergency medical conditions. Sign up through BlueAccess, or call **1-888-283-6691** to get started.

FITNESS YOUR WAY

Helping you improve your overall health through regular fitness is important to us. We also know firsthand that getting fit—and staying fit—can be a challenge. This is why we introduced Fitness Your Way, a flexible, low-cost fitness program that makes living a healthier life easier than ever. Available exclusively for you and your covered dependents (age 18 and older). Fitness Your Way provides unlimited access to a nationwide network of more than 10,000

HEALTHY MATERNITY

If you're expecting, our Healthy Maternity Management Program can provide you with support throughout your pregnancy. Moms-to-be who enroll in our program can receive these benefits:

- Confidential maternity health advice
- Personalized one-on-one support from a maternity nurse
- Helpful prenatal information and online pregnancy resources
- Help with benefits and how to get the most out of them
- After-hours access to our toll-free 24/7 Nurseline for general health related questions
- Details about your baby's immunizations

For more information about the program, visit www.bcbst.com/Healthy-Maternity

BLUEACCESS

Once you enroll, make sure to sign up for your secure BlueAccess member website. Go to www.bcbst.com to register. BlueAccess makes it easy for you to: Find an in-network provider, get an ID card, review your claims, and compare estimated costs for doctors and health care facilities and so much more.

Check out more online tools and discounts:

- My Benefits and Coverage
- My Claims and Balances
- Find a Provider
- Cost Comparison Tool
- My Health & Wellness
- Personal Health Assessment
- Gym Memberships
- Health Coaching
- Weight loss programs
- Health living tips and articles
- Chronic Condition Management
- 24/7 Nurseline

TIP ANSWERS 24/7 - Teladoc & Nurseline are available all day, every day.

PRESCRIPTION DRUG

As most of you know, prescription drug costs are unpredictable and rapidly rising each year. Our goal is to keep our employees' best interests in mind by providing the best coverage at an affordable premium.

Our Pharmacy Benefit Manager is ProCare Rx. The information in this guide will be helpful to you as we navigate through this plan and work to maintain superior prescription coverage.

For this plan year, you will have a separate ID card for Medical coverage and Pharmacy coverage. **You will not receive a new Medical ID card unless you are changing plans or enrolling for the first time. New Pharmacy cards from ProCare will be mailed after 6/1/23. Your current cards can be used with no issues until the new cards arrive.**

HOW TO CONNECT

You can reach ProCare Rx 24/7. They are always available to take your call, even on holidays.

CALL 800.699.3542

or log into https://memberaccess.procarerx.com

- Locate a pharmacy
- Understand your pharmacy benefit
- Get prior authorization information
- Learn formulary status and preferred alternatives

	Option 1 - HDHP	Option 2 - PPO
	30 Day Retail	**30 Day Retail**
Generic	50% after deductible	$15 copay
Preferred Brand	50% after deductible	$50 copay
Non-Preferred Brand	50% after deductible	$70 copay
Preventive Drugs	$10 / $35 / $60 copay	Same as copays listed above
90 Day Retail	**Included - 3x copay**	**Included - 3x copay**
90 Day Mail Order	**Not Available**	**Not Available**
Specialty (REQUIRED)	**$0 Copay** - Specialty drugs are available through Veracity **Pharmacist Concierge Services.** Further information is available at www.helpmewithmyrx.com	
International Pharmacy (OPTIONAL)	**$0 Copay** - A1C - Insulins - Antiviral /HIV drugs are available through Veracity **Pharmacist Concierge Services.** Further information is available at www.helpmewithmyrx.com	

Note: *Some drugs require a pre-authorization. Even if you have obtained a pre-authorization with the current plan, you may have to obtain an updated one for the new plan.*

PHARMACIST CONCIERGE SERVICES

VERACITY RX — A team of healthcare benefits experts that help you navigate specialty drug assistance and brand name drug savings. Their goal is to help YOU save money without sacrificing the quality of care you receive.

Step 1: Please check the list below of commonly prescribed specialty drugs.

Step 2: If you or a covered member of your household are on any of the drugs listed, please submit the form found at www.HelpMeWithMyRx.com.

So, what happens next? Once you submit your information, VeracityRx Pharmacist Concierge Services will be in touch within 2-3 business days to discuss your particular case. *Please note that a Consent Form will be required to give our Pharmacist Concierge authority to communicate with a patient's doctor or a foundation on their behalf*.

COMMONLY PRESCRIBED SPECIALTY DRUG LIST*

ACTEMRA	GILENYA	OZEMPIC	TIVCAY
AMBRISENTAN	GILOTRIF	PIQRAY	TOUJEO
APIDRA	HUMIRA	POMALYST	TREMFYA
ATRIPLA	IBRANCE	PRALUENT	TRESIBA
AUBAGIO	IMBRUVICA	PREZCOBIX	TRIKAFTA
AVONEX	ISENTRESS	PREZISTA	TRIUMEQ
BASGLAR	JAKAFI	PULMOZYME	TRULICITY
BIKTARVY	JULUCA	REMICADE	TRUVADA
BOSENTAN	KALYDECO	REPATHA	TYVASO
BOSULIF	LENVIMA	REVLUMID	UBRELVY
BYDUREON	LEVEMIR	RINVOQ	UPTRAVI
CIMZIA	MEKINIST	RYBELSUS	VIBERZI
COSENTYX	MEKTOVI	SIMPONI	VICTOZA
CREON	NINLARO	SKYRIZI	VIMPAT
DESCOVY	NORDITROPIN	STELARA	XELJANZ
DOVATO	NUCALA	SUTENT	XIFAXAN
DUPIXENT	NUPLAZID	SYMDEKO	XTANDI
ENBREL	OCALIVA	SYMTUZA	XYREM
ERIVEDGE	OMNITROPE	TAFINLAR	ZELBORAF
FASENRA	OPSUMIT	TAGRISSO	ZYKADIA
FORTEO	ORENCIA	TALTZ	
GENVOYA	OTEZLA	TECFIDERA	

**List is only a sample of the top international drugs and is subject to change without notice. Not a list of 100% of drugs where assistance is provided.*

HEALTH SAVINGS ACCOUNT (HSA)

2.SELECT YOUR HSA AMOUNT

WITH PINNACLE BANK
WWW.PNFP.COM

UNDERSTANDING A HEALTH SAVINGS ACCOUNT (HSA)

WHAT IS AN HSA?

A savings account where you can either direct pre-tax payroll deductions or deposit money to be used to pay for current or future qualified medical expenses for you and/or your dependents. Once money goes into the account, it's yours to keep — the HSA is owned by you, just like a personal checking or savings account.

THE HSA CAN ALSO BE AN INVESTMENT OPPORTUNITY.

Depending upon your HSA account balance, your account can grow tax-free in an investment of your choice (like an interest-bearing savings account, a money market account, a wide variety of mutual funds — or all three).

YOUR FUNDS CAN CARRY OVER AND EVEN GROW OVER TIME.

The money always belongs to you, even if you leave Milligan and unused funds carry over from year to year. You never have to worry about losing your money. That means if you don't use a lot of health care services now, your HSA funds will be there if you need them in the future — even after retirement.

HSA FUNDS CAN BE USED FOR YOUR FAMILY.

You can use your HSA for your spouse and tax dependents for their eligible expenses — even if they're not covered by your medical plan.

CONTACT INFORMATION

Request a full statement of your accounts at any time by calling 1 (800) 264-3613, or log on to www.pnfp.com to review your HSA balance.

AT www.pnfp.com YOU CAN:

- View account information and activity
- File claims and access forms
- Order replacement HSA cards

Contribute up to $3,850 Single, or $7,750 Family

WHAT ARE THE RULES?

- You must be covered under a Qualified High Deductible Health plan (QHDHP) in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical FSA, unless it is a Limited Purpose FSA.
- You cannot be enrolled in Medicare or TRICARE due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be claimed as a dependent under someone else's tax return.

WHAT ELSE SHOULD I KNOW?

- You can invest up to the IRS's annual contribution limit. Contributions are based on a calendar year. The contribution limits for 2023 are $3,850 for Single and $7,750 for Family coverage. If you're age 55 or older, you are allowed to make an additional $1,000 catch-up contribution each year.
- The contributions grow tax-free and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision expenses and over-the-counter medications with a physician's prescription).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- If your healthcare expenses are more than your HSA balance, you need to pay the remaining cost another way, such as a credit card or personal check. But save your receipts in case you are ever audited! You can request reimbursement later, after you have accumulated more money in your account.

What Is A Health Savings Account?

FLEXIBLE SPENDING ACCOUNTS (FSA)

3. SELECT YOUR FSA AMOUNT

WITH PINNACLE BANK
WWW.PNFP.COM

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pretax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. You can rollover up to $610 of your unused funds to the following plan year.

Plan Year is June 1, 2023—May 31, 2024.

Eligible Expenses Examples

- Coinsurance and copayments
- Contraceptives
- Crutches
- Dental expenses
- Dentures
- Diagnostic expenses
- Eyeglasses, including exam fee
- Handicapped care and support
- Nutrition counseling
- Hearing devices and batteries
- Hospital bills
- Deductible amounts
- Laboratory fees
- Licensed practical nurses
- Orthodontia
- Orthopedic shoes
- Oxygen
- Prescription drugs
- Psychiatric care
- Psychologist expenses
- Routine physical
- Seeing-eye dog expenses
- Prescribed vitamin supplements (medically necessary)

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to Pinnacle Bank. Reimbursement is issued to you through direct deposit into your bank account, or if you prefer, a check can be issued to you.

2023 Maximum Calendar Year Contributions

Health Care Flexible Spending Account	$3,050 max
FSA Rollover Amount	$610 max
Dependent Care Expense Account	$5,000 max

Click here for the full list of Healthcare FSA Eligible Expenses

What Is A Flexible Spending Account?

DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family.

CONTACT INFORMATION

Request a full statement of your accounts at any time by calling 1 (800) 264-3613, or log on to www.pnfp.com to review your FSA balance.

AT www.pnfp.com YOU CAN:

- View account information and activity
- File claims
- Manage your profile
- Look up eligible expenses
- Access forms
- View messages and notifications
- Order replacement FSA cards

All Active employees of Milligan University are eligible to elect a Healthcare Flexible Spending Account, even if you are not enrolled in the University's health plan, However you cannot contribute to both an Healthcare FSA and HSA (it is an either/or selection).

DENTAL INSURANCE

BCBST IS THE DENTAL CARRIER FOR 2023

The dental plan is a PPO that offers coverage in and out-of-network. It is to your advantage to utilize an in-network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding BCBST's negotiated fees, plus any deductible and coinsurance associated with your procedure.

Dependent children are eligible until the end of the month in which they turn age 26.

What Is Dental Insurance?

4. REVIEW YOUR DENTAL PLAN

FIND A DENTIST

To find a BCBST provider in your area, visit the website at www.bcbst.com

- Go to www.bcbst.com
- Click on "Find Care"
- Enter your zip code
- Select the category of provider you want to search
- You can apply additional filters to narrow your search or leave them blank for a complete directory.

DENTAL INSURANCE PLAN OPTIONS AND COSTS

BCBST	Employee Cost - Monthly		
Employee Employee & Spouse Employee & Child(ren) Employee & Family	$37.19 $84.81 $71.41 $120.52	$22.51 $51.32 $43.21 $72.92	
	Option 1 Standard Plan	Option 2 Preventive Plan	
Deductible Individual / Family	$0	$50 / $150	Applied to Type B & C Services
Annual Maximum	$1,250 per person	$750 per person	Applied to Type A, B & C Services, (Option 1) Applied to Type B Services (Option 2)
	Carrier Pays		
Diagnostic/Preventive Services	100% (no deductible)	100% (no deductible)	■ Exams, X-rays ■ Cleanings, Fluoride ■ Sealants, Space Maintainers
Basic Services	80%	80%	■ Basic Restorative Services ■ Basic and Major Endodontics ■ Basic and Major Periodontics ■ Basic Oral Surgery
Major Services	50%	Not Covered	■ Major Restorative and Prosthodontics ■ Major Oral Surgery ■ Implants
Orthodontia services Child(ren)	Not Covered	Not Covered	

In-Network Providers:
Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers:
Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

VISION INSURANCE

BCBST IS THE VISION CARRIER FOR 2023

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize an in-network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

Also, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers. To find a participating provider, go to www.bcbst.com.

What Is Vision Insurance?

5. REVIEW YOUR VISION PLAN

FIND A PROVIDER

To find a BCBST provider in your area, visit the website at www.bcbst.com

- Click on "Find a Doctor"
- Select "VisionBlue" network and then enter your zip code
- Select the category of provider you want to search
- You can apply additional filters to narrow your search or leave them blank for a complete directory

VISION INSURANCE PLAN OPTIONS AND COSTS

BCBST	Employee Cost - Monthly	
Employee Employee & Spouse Employee & Child(ren) Employee & Family	$2.00 $4.00 $4.00 $6.00	
	In-Network	Out-of-Network Reimbursement
Examination Copay	$10 copay	Up to $35
Frequency of Service Exam Lenses Frames	 Every 12 months Every 12 months Every 24 months	 Every 12 months Every 12 months Every 24 months
Lenses Single Bifocal Trifocal Standard Progressive Lenses	 $25 copay $25 copay $25 copay Add on additional $65 copay	 Up to $30 Up to $45 Up to $60 $0 reimbursement
Frames	$0 copay; $100 allowance, 20% off balance over $100	Up to $50
Conventional Contacts *(allowance includes materials only)*	$0 copay; $100 allowance, 15% off balance over $100	Up to $80
Disposable Contacts	$0 copay; $100 allowance	Up to $80
Medically Necessary Contacts	$0 copay, paid-in-full	Up to $200

VOLUNTARY COVERAGE

6. PROTECT YOUR FINANCES

- ELECT CRITICAL ILLNESS COVERAGE
- ELECT SHORT-TERM DISABILITY COVERAGE
- ELECT ACCIDENT COVERAGE

CRITICAL ILLNESS INSURANCE

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences such an illness may have on your personal finances.

While major medical insurance may pay for a good portion of the costs associated with the illness, there are a lot of expenses that are just not covered — from deductibles and copays to living expenses.

This Critical Illness insurance policy from Guardian can help with the treatment costs of a covered critical illnesses — such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned) — giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

GROUP CRITICAL ILLNESS COVERAGE INCLUDES:

- Wellness Benefit - Per year benefit for completing certain routine wellness screenings.
- Critical Illness Benefit payable for certain covered conditions including but not limited to, Cancer, Stroke, Heart Attack and other vascular conditions, Organ Failure, Kidney Failure and more.
- Cancer Vaccine Benefit

CRITICAL ILLNESS FEATURES:

- Benefits are paid directly to you
- Coverage is available for you, your spouse, and dependent children
- You can take your coverage with you if you change jobs or retire
- Pre-Existing Condition Limitation: 3 month look back period, 12 month exclusion period

What is Critical Illness Insurance?

HOW CRITICAL ILLNESS COVERAGE WORKS

1	2	3	4	5
Critical Illness coverage is selected	You experience chest pains and numbness in your left arm	You visit the emergency room	A physician determines that you have suffered a heart attack	Guardian Critical Illness coverage pays you a benefit

What Is Disability Insurance?

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability insurance is offered through Guardian on a voluntary basis. The plan benefit is available for purchase in increments from $50 up to $1,000 not to exceed 60% of basic weekly earnings.

Benefits are payable on the 1st day of an accident and on the 8th day for sickness. Benefits can continue for up to 13 weeks.

The costs for Critical Illness, Short-Term Disability and Accident coverage will vary, based on the amount of coverage that you elect, along with your age. Please review your record in Employee Navigator for payroll deduction costs. An Evidence of Insurability Form may be required for enrollment. Pre-existing conditions may also apply.

VOLUNTARY COVERAGE

ACCIDENT INSURANCE

If you're like most people, you don't budget for life's unexpected moments. One mishap can send you on an unexpected trip to your local emergency room — and leave you with a flurry of unexpected bills.

That's where Accident Insurance jumps in. In the event of a covered accident (non-work related), the plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills — expenses major medical may not take care of.

GUARDIAN ACCIDENT INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- Ambulance rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts

BENEFITS INCLUDE:

- Wellness Benefit - Per year benefit for completing certain routine wellness screenings.
- Transportation and Lodging Benefits
- Medical Appliance
- Family Care
- Coverage for certain serious conditions, such as coma and paralysis
- Rainy Day Fund
- Traumatic Brain Injury

FEATURES:

- Coverage is guarantee-issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid directly to you
- Coverage is available for you, your spouse, and your dependent children
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire

HOW ACCIDENT INSURANCE WORKS

1. You select Accident Insurance
2. You injure your leg in a covered accident and go to the hospital by ambulance
3. The ER doctor diagnoses a fracture and treats you
4. You hobble out of the hospital on crutches
5. Guardian pays your benefit

What Is Accident Insurance?

LIFE INSURANCE AND LONG-TERM DISABILITY

7. PROTECT YOUR FAMILY

- REVIEW YOUR BASIC LIFE AND AD&D COVERAGE
- ELECT VOLUNTARY LIFE FOR YOURSELF AND DEPENDENTS
- REVIEW YOUR LONG-TERM DISABILITY COVERAGE

BASIC LIFE AND AD&D

Milligan University provides you with $25,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance.

This coverage is offered through USAble Life at no cost to you.

VOLUNTARY LIFE AND AD&D AND DEPENDENT LIFE

You can purchase additional Life and AD&D coverage beyond what Milligan University provides. Typically, the carrier guarantee issues coverage during your initial enrollment period only — which means you can't be turned down for coverage based on medical history.

Guarantee Issue amounts are available to new hires only. If you choose to enroll or increase your coverage during this open enrollment period (and are not a new hire), an Evidence of Insurability form may be required.

Voluntary Employee Life & AD&D: minimum $10,000 to a maximum of 7x your annual salary, or $500,000, in $10,000 increments. Guarantee issue up to $120,000 (under age 70).

Voluntary Dependent Life & AD&D for spouse: minimum $5,000, not to exceed 100% of the approved employee life benefit or $200,000, in $5,000 increments. Guarantee issue up to $30,000 (under age 70).

Voluntary Dependent Life & AD&D for children: minimum $5,000 up to $10,000 maximum. Guarantee issue up to $10,000.

You must be enrolled in voluntary life and/or AD&D coverage in order for your spouse, and/or eligible dependent children to enroll.

If you elect Voluntary Life for yourself and/or your dependents, Voluntary AD&D is an automatic election based on the voluntary life insurance amount.

What Is Life and AD&D Insurance?

LONG-TERM DISABILITY INSURANCE

Long-Term Disability insurance offered through USAble Life is provided at no cost to you. The plan benefit is 60% of basic monthly earnings up to a maximum of $8,000 per month. Basic earnings is the average of your gross monthly income for the year immediately prior to the onset of disability and excludes commissions, bonuses, overtime pay, shift differential pay, or any other earnings.

The benefits begin on the 91st day of a covered disability and are payable until your Social Security Normal Retirement Age (SSNRA) if you are disabled from your own occupation.

- Pre-Existing Condition Limitation: 3 month look back period, 12 month exclusion period

COULD YOU PAY THE BILLS IF YOU WEREN'T WORKING?

Less than **1/4** of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Too much on your plate? We can help you delegate.

Secure a sitter. Rent an affordable place. Schedule a plumber. Find grandma a caregiver. Join a gym. Relocate for that new job. Life's to-do lists can be endless. Wouldn't it be nice to have a personal assistant to help?

New Directions Work/Life services offers just that – a team of specialists to support you and your family members with nearly anything that impacts daily life. With one phone call, you can locate a provider, get referrals and resources for almost any need. All vetted, organized and customized to help you stress less, focus at work and be more present at home.

Work/Life services can help you with things like:

CHILD/ELDER CARE
- Parenting skills
- Child care/development
- Camps/rehabilitation assistance
- Tutoring
- Housing options
- Elder care
- Senior housing/nursing homes
- Meal programs
- Companion services
- Disability resources
- Understanding Medicare/Medicaid

DAILY LIVING
- Household maintenance
- Pet care
- Dining and entertainment
- Gifts and shopping
- Moving and relocation
- Meals and groceries

CAREER AND WORK
- Resume writing and editing services
- Job placement resources
- Career counseling
- Community resources

FAMILY RESOURCES
- Adoption assistance
- Special needs assistance
- Education assistance
- Household maintenance and repair
- Relocation
- Transportation needs
- Housing options
- College coaching
- Fitness assistance

FINANCIAL RESOURCES
- Prescription assistance
- Rental assistance
- Food pantries
- Utility assistance
- Low-cost housing

EMERGENCY RESOURCES
- Domestic violence services
- Emergency shelters
- Natural disaster preparation
- Natural disaster recovery
- Response to employer requests

Identity Theft Support

Start today – no cost, no limits!

1. Call 800-624-5544
2. Tell us your needs and any preferences
3. Receive at least three referrals per request within two days
4. Connect with referrals
5. Get it done ✓

Work/Life services include

- Practical support for everyday life issues
- Help to manage your work, family and personal needs
- Personalized consultations with trained Work/Life specialists
- Referrals to local providers and national services
- 24/7 support for you and your household members
- Tip sheets, checklists and other helpful tools

Use the personal assistant you didn't know you had, today!

Please call or visit the website to learn about all available services.

ndbh.com
800-624-5544
Company Code: Milligan

EAPC1091-20190801

IDENTITY THEFT ASSISTANCE

Identity theft is a growing threat — USAble Life will help you be better prepared

Awareness and education

In 2020, there were 4.7 million identity theft and fraud reports[1]. Identity Theft Assistance, from AXA Assistance[2], helps you understand the growing threat by:

- Promoting awareness of identity theft
- Answering questions about identity theft and how to know if you've become a victim
- Providing educational information and a guide to help you and your dependents understand how to avoid identity theft

Recovery assistance

If you or your dependents' identity is compromised, the most important thing you can do is act quickly.

We're here to assist by:

- Directing and connecting you to fraud departments, like your banks and credit card companies
- Facilitating access to credit bureaus and helping you get a complimentary credit report
- Helping you contact federal government and local law enforcement agencies, and filing reports and complaints

How can we help?

If you have any questions or require assistance, please contact AXA Assistance USA Inc. at 866-384-2786 or 630-616-4536 (collect), or email medassist-usa@axa-assistance.us.

PRODUCT HIGHLIGHTS

- *Identity Theft Assistance helps you and your dependents know the risks, learn how to prevent theft, and offer step-by-step help if you become a victim of identity theft*
- *Service is available 24 hours a day, seven days a week, 365 days a year*
- *A resolution guide is provided during the recovery process*

[1]Federal Trade Commission (2021); retrieved from ftc.gov.

[2]USAble Life has contracted with AXA Assistance USA Inc. to offer the service to our Group Term Life policyholders.

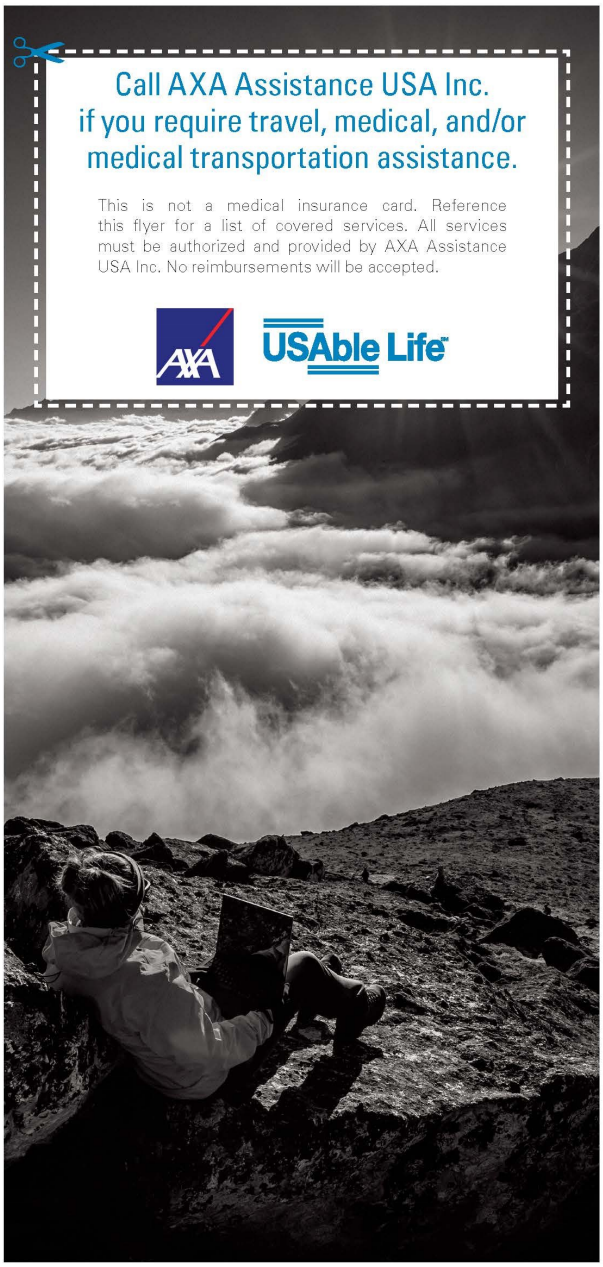
A.M. BEST® Consecutively ranked "A" (excellent) by A.M. Best

WARD'S 50 Recognized as one of the "Ward's 50" L&H Top Performers

USAble Life℠

21L-USAL-1018

TRAVEL ASSISTANCE SERVICES



Program guidelines and services

Travel services

- *Lost document and luggage assistance*
- *Emergency cash/bail assistance*
- *Emergency message transmission*
- *Telephone interpretation*
- *Legal referrals*
- *Pre-trip and cultural information*
- *Vaccination recommendations*
- *General travel information*
- *Vehicle return*[2]

Medical transportation services

- *Emergency medical evacuation*[2]
- *Medical repatriation*[2]
- *Return of mortal remains*[2]
- *Return of traveling companion*[2]
- *Visit of a family member or friend*[2]
- *Return of minor children*[2]
- *Dispatch of physician*[2]

Medical assistance services

- *Medical and dental referrals*
- *Coordination of hospital admission*
- *Critical care monitoring*
- *Dispatch of prescription medication*

Services will not be provided or available for any loss or injury that is caused by, or a result of a mental nervous condition or diagnosis, traveling against the advice of a physician, traveling for medical treatment, pregnancy *(except complications of pregnancy)* and childbirth, or voluntary-induced abortion.

How can we help?

If you have any questions about the services or require assistance, please contact AXA Assistance USA Inc. at 866-384-2786 or 630-616-4536 (collect), or email medassist-usa@axa-assistance.us.

[1]*USAble Life has contracted with AXA Assistance USA Inc. to offer the service to our Group Term Life policyholders.*

[2]*Program Terms: When traveling 100 miles or more away from home for up to 120 days, medical emergency transportation services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA Inc. Vehicle return service is applicable upon activation of medical emergency transportation. No reimbursements for out-of-pocket expenses will be accepted. All additional costs are the responsibility of the member. Services will be provided as permitted under applicable law. Services must be authorized and arranged by AXA Assistance. Travel assistance services are not insurance.*

A.M. BEST
Consecutively ranked "A" (excellent) by A.M. Best

WARD'S 50
Recognized as one of the "Ward's 50" L&H Top Performers

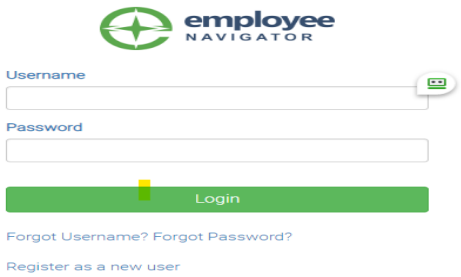
USAble Life

21L-USAL-0822

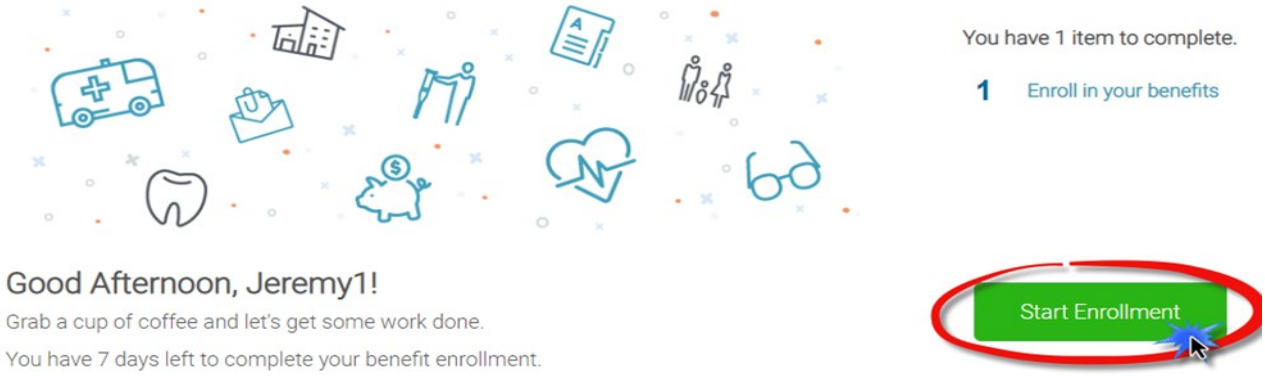
ANNUAL OPEN ENROLLMENT INSTRUCTIONS
EMPLOYEE NAVIGATOR

1. Login to Employee Navigator at https://www.employeenavigator.com/benefits/Account/Login

You can reset a forgotten password or username by clicking the Forgot Password or Forgot Username links on the login screen or if you are a new user, click Register as a new user: **Note: If you register as a new user, you need a company identifier: MilliganEdu**



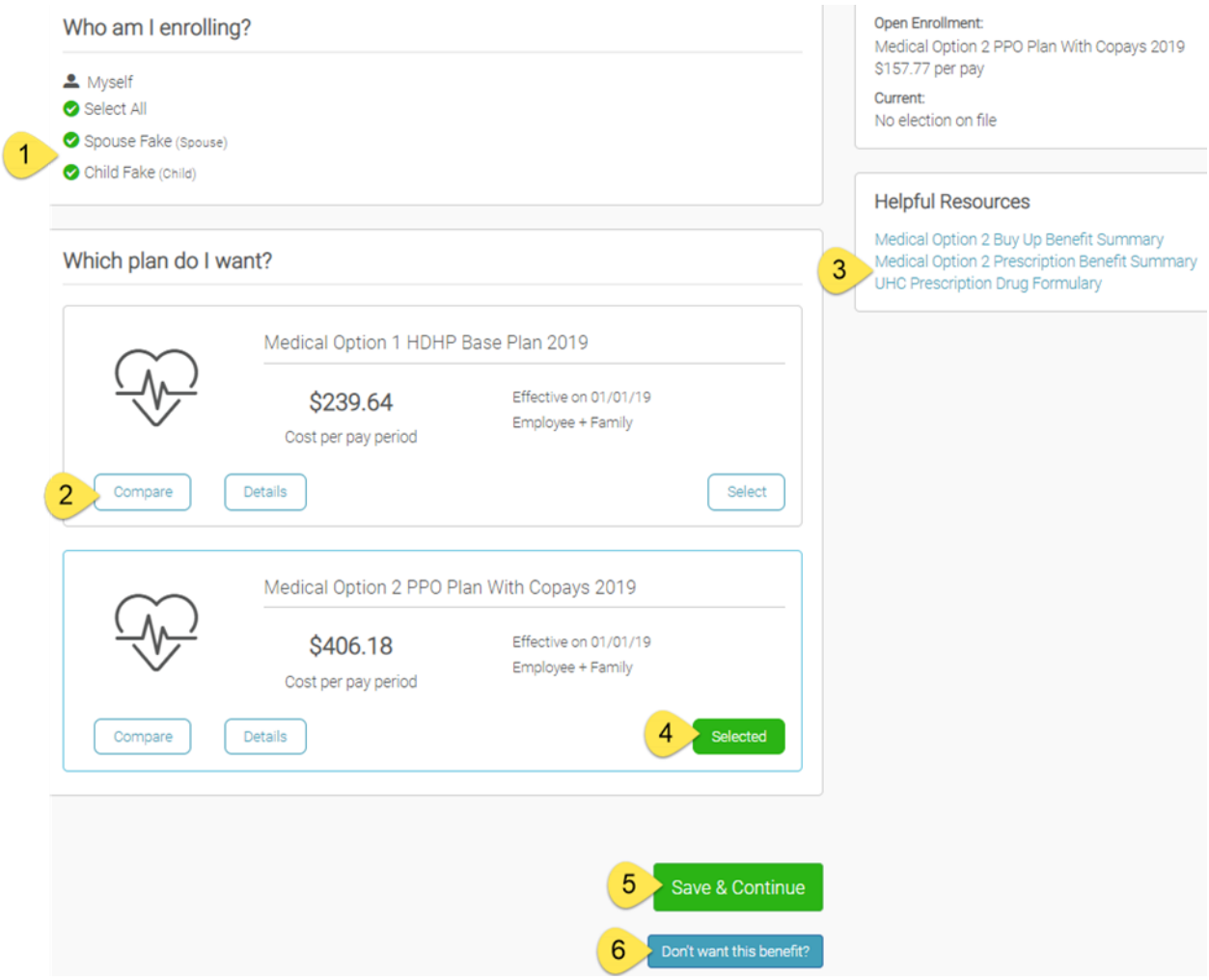
2. Your home screen is shown below. To start your open enrollment benefit elections, click the "Start Enrollment" button



3. Once you click the "Start Benefits" button, confirm all information is correct in your "Personal Information" tab, input any missing information, and then click "Save & Continue." Next, input any dependents that will be covered under your plans by clicking the "Add Dependent" button. Click "Save & Continue" once all dependents have been added (a dependent is anyone that will be covered on your plans including a spouse).

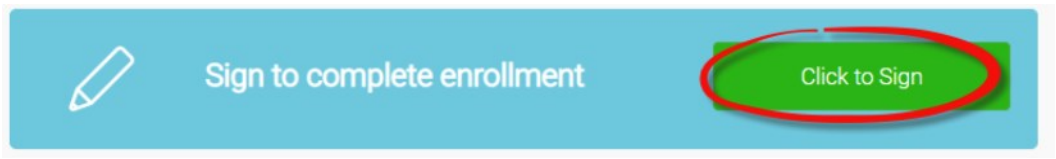
4. Now you will make your benefit elections. Step 1: add all dependents you wish to cover under the plan; the rates will update accordingly. Step 2: view the individual details of the plan or compare the plans. Step 3: view the plan documents found under the helpful resources section. Step 4: select the plan you will participate in (if you are waiving coverage, skip to step 6). Step 5: click "Save & Continue." Step 6: if you are waiving this benefit, select "Don't want this benefit?" and select the appropriate reason. (see next page)

EMPLOYEE NAVIGATOR INSTRUCTIONS



5. Continue these steps to complete your benefit elections.

6. Confirm your enrollment summary is correct (go to the “View Steps” tab on top right to change any elections) and you can also print your enrollment summary. Lastly, read the acknowledgment and "Click to Sign”



CARRIER LOGIN INSTRUCTIONS

of Tennessee

Follow these steps to sign up for your User ID and Password.

- Go to bcbst.com and click on “login/Register to Blue Access.”
- Click on the “Register Now” link and answer a few quick questions.
- You will need your BlueCross BlueShield of Tennessee member ID card.

Guardian

Follow these steps to register your account.

- Go to guardianlife.com/login and choose “Member” as your User Role.
- Fill in your member information and Group ID Number(s) provided.
- Create a username and password, click “Submit” and you’re done.

Pinnacle FINANCIAL PARTNERS

Follow these steps to sign up for your User Name and Password.

- Go to www.pnfp.com or download the Pinnacle app.
- Under Online Banking, select “Sign In to Other Systems” and choose “Health & Benefits.”
- Click “Create your new username and password” under “New User.”
- Enter requested information and hit “next.”
    - Make sure you are using your legal name and your zip code is correct.
- Please select username and password.
- Set up security questions. If you have an HSA, you will be prompted to accept Terms & Conditions. This will only need to be done once. The next time you will log in as an Existing User.

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 Milligan 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. Milligan University has determined that the prescription drug coverage offered by ProCare RX 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 Milligan University coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits.

Your current drug plan with Milligan University is as follows:

Option 1 RX: 50% coverage after deductible is met. Preventive Drugs: Tier 1: $10 copay
Option 2 RX: Tier 1: $15 copay, Tier 2: $50 copay, Tier 3: $70 copay.

You may retain your existing coverage and choose not to enroll in Part D plan; or you may enroll in a Part D plan in lieu of your other coverage.

If you do decide to join a Medicare drug plan and drop your current coverage with Milligan University, be aware that you and your dependents will not be able to get this coverage back except in limited cases (such as a special enrollment event or open enrollment).

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 Milligan 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 Milligan 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:	**June 1, 2023**
Name of Entity / Sender:	**Milligan University**
Contact – Position/Office:	**Leslie A.M. Bean - Human Resources Director**
Address:	**Box 750** **Milligan, TN 37682**
Phone Number:	**423-461-8712**

IMPORTANT NOTICES

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event. To request special enrollment or obtain more information, contact Human Resources.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema. The benefits must be provided and are subject to the health plan's regular copays, deductibles and co-insurance. Contact BCBST at the phone number on the back of your ID card for additional benefit information.

NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length 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 form the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF PRIVACY PRACTICES

Milligan University is subject to the HIPAA privacy rules, In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more eligible employees, we are required to provide 1095-C forms to all employees who were eligible for coverage under our group health plan in 2023. If you were eligible for coverage under our group plan, you'll receive a personalized 1095-C form before the IRS deadline. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

You'll need 1095 form to complete your Federal tax return.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.

Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report, if require to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator the provide the materials and pay you up to $149 per day (up to a $1,496 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Leslie Bean

423-461-8712

Box 750
Milligan, TN 37682

IMPORTANT NOTICES

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 premiumassistance 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 yourState 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 dependentsmight 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 eligiblefor 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

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA-Medicaid	**COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment ProgramWebsite: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	**FLORIDA-Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery. com/hipp/index.html Phone: 1-877-357-3268

IMPORTANT NOTICES

GEORGIA-Medicaid	MAINE-Medicaid
A 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	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms 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
INDIANA-Medicaid	**MASSACHUSETTS-Medicaid and CHIP**
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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840
IOWA-Medicaid and CHIP (Hawki)	**MINNESOTA-Medicaid**
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	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
KANSAS-Medicaid	**MISSOURI-Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KENTUCKY-Medicaid	**MONTANA-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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
LOUISIANA-Medicaid	**NEBRASKA-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)	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

IMPORTANT NOTICES

NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	**SOUTH DAKOTA-Medicaid**
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	**TEXAS-Medicaid**
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	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid	**UTAH-Medicaid and CHIP**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	**VERMONT-Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	**VIRGINIA-Medicaid and CHIP**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA-Medicaid and CHIP	**WASHINGTON-Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid	**WEST VIRGINIA-Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	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)
PENNSYLVANIA-Medicaid	**WISCONSIN-Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP- Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP	**WYOMING-Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	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, 2022, or for more

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)

USERRA UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) was signed on October 13, 1994. The Act applies to persons who perform duty, voluntarily or involuntarily, in the "uniformed services," which include the Army, Navy, Marine Corps, Air Force, Coast Guard, and Public Health Service commissioned corps, as well as the reserve components of each of these services. Federal training or service in the Army National Guard and Air national Guard also gives rise to rights under USERRA. In addition, under the Public Health Security and Bioterrorism Response Act of 2002, certain disaster response work (and authorized training for such work) is considered "service in the uniformed services" as well.

Uniformed service includes active duty, active duty for training, inactive duty training (such as drills), initial active duty training, and funeral honors duty performed by National Guard and reserve members, as well as the period for which a person is absent from a position of employment for the purpose of an examination to determine fitness to perform any such duty. USERRA covers nearly all employees, including part-time and probationary employees. USERRA applies to virtually all U.S. employers, regardless of size.

The U.S. Department of Labor, Veterans Employment and Training Service (VETS) are authorized to investigate and resolve complaints of USERRA violations.

- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at www.dol.gov/vets.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, depending on the employer, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.
- The rights listed here may vary depending on the circumstances. The USRRA notice can be viewed on the internet at https://www.dol.gov/vets/programs/userra/USERRA_Private.pdf
- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g. ore-existing condition exclusions) except for service-connected illnesses or injuries.
- Under the terms of USERRA, if the military leave is 31 or fewer days, the employer may not charge a higher premium than would be charged to active employees with similar coverage. If the leave exceeds 31 days, the employer may charge up to 102 percent of the applicable premium.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

From Approved
OMB No. 1210-0149

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2019 for coverage starting as early as January 1, 2020.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. [1]

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Leslie Bean - LABean@milligan.edu**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **healthcare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

IMPORTANT NOTICES

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Milligan University	4. Employer Identification Number (EIN) 62-0535755	
5. Employer address PO Box 750	6. Employer phone number 423-461-8712	
7. City Milligan	8. State TN	9. ZIP code 37862
10. Who can we contact about employee health coverage at this job? Leslie A.M. Bean - Human Resources Director		
11. Phone number (if different from above)	12. Email address LABean@Milligan.edu	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to: Full-time employees, working a minimum of 30 hours per week on a regular basis

With respect to dependents:

We do offer coverage. Eligible dependents are: legal spouse, child(ren) up to age 26, and any dependent children who are totally disabled.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

GLOSSARY OF MEDICAL TERMS

Coinsurance — The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

Copays — A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible — The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

Emergency Room — Services you receive from a hospital for any serious condition requiring immediate care.

Lifetime Benefit Maximum — All plans are required to have an unlimited lifetime maximum.

Medically Necessary — Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

Network Provider — A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Out-Of-Pocket Maximum — The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

Preauthorization — A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

Prescription Drugs — Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Preventive Services — All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

UCR (Usual, Customary and Reasonable) — The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care — Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

NOTES

NOTES

The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.