Holy Family UNIVERSITY

The Value of Family

Open Enrollment will be held September 8th through September 18th.

Holy Family University offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

WELCOME

to the 2020–2021 Open Enrollment

The benefits outlined within this guide will be effective from November 1, 2020 through October 31, 2021.

INSIDE THIS GUIDE

Holy Family University reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.

What You Need to Know Before Enrolling in Benefits

Who is Eligible to Elect Benefits?

All full-time employees scheduled to work 30 hours or more per week are eligible to enroll in the benefits offered by Holy Family University after meeting benefit eligibility requirements.

Eligible Dependents:

- Legal Spouse
- Children, legally adopted children, stepchildren, and children for whom you/your spouse are a court-appointed legal guardian
  - Children are covered up to age 26 for medical and dental until the end of the year of their 26th birthday.
  - For vision it is the last day of the month of their 26th birthday.

Required Documentation

The only documentation we require is a spousal affidavit. If your spouse is eligible to be covered under their employer plan, then the spouse is not eligible to be on the Holy Family University health plan. If your spouse is not eligible to be covered under another plan, then the spouse is able to be on the Holy Family University plan. You will need to complete an affidavit.

Enrollment Timeline

You **MUST** enroll online through our enrollment system ***ADP***. Instructions for accessing ***ADP*** can be found on page 4 of this guide.

Active Open Enrollment

This year's open enrollment is **ACTIVE**, which means that **all employees must log in to ADP to enroll in, make changes to, or waive the medical/prescription drug, dental, vision and FSA benefits available to you**. If you are not making changes, you are still required to log in to approve your plan selections. **If you do not enroll in ADP, you will NOT have benefits for the upcoming 2020/2021 plan year.** Instructions for how to enroll can be found on the following page.

Qualified Status Changes

Qualified status changes include:

- Marriage
- Divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in your spouse's benefits or employment status.

Don't Forget!

Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status.

Online Tools: ADP

Making Your Elections in ADP

Please review your options carefully. You can make changes until the end of the enrollment period. Once the enrollment period has ended, your choices will be final until the next open enrollment period or until a qualifying life event occurs.

- Login to ADP Workforce Now at **https://workforcenow.adp.com**
- Select the **Myself** tab, **Benefits, Enrollments**
- **Open Enrollment** is displayed. Select **Start** on the far right.

1. **Review Dependents and Beneficiaries for accuracy**
   - You can click a dependent's or beneficiary's name to view their information.
2. **Start your Enrollment**
   - Select **Walk Me Through My Benefit Options, then click continue on the bottom right**

Begin by selecting Medical on the left under Welcome

- Select **Enroll in this Plan** for the appropriate plan and coverage level. Choose Dependents. Select **Enroll.**
- Continue to select each of the remaining benefits and select the appropriate plan or **Un-enroll From Plan.**
- A check mark does mean that you have enrolled in the benefits. A gray X indicates plans that are waived.
- Please note as you progress down the list, you will need to scroll up to see the plan information.

Enrollment required each year for Health Savings Account, Healthcare FSA, and Dependent Care FSA

- Select **Enroll in this Plan.**
- Select the amount you want deducted ***per pay period or per year (no decimals)*** from the drop down menu.
- When you input your contribution amount, the system will show your monthly and annual contribution amounts.

3. **Select Review at top right**
   - You can review your benefit elections and click **Print** for your records.
   - Next to **Print** at the top, you can select plan cost by **month** or by **pay period.**
   - Scroll down. Any plans you have waived are displayed on the bottom of the screen. Please select **waive reason** from the drop down for each benefit.
   - On the bottom, you can select **Return to Choose Plans** if you want to make any changes to your selections, **Finish Later,** or **Complete Enrollment.**
   - Select **Complete Enrollment** to finalize your 2020/2021 benefits.

IMPORTANT!

If you do not complete your enrollment by 6:00pm on September 18, 2020 , you and your dependents will not have coverage for the 2020/2021 plan year.

Medical Benefits: Independence Blue Cross

Don't guess when it comes to your health—make the most of your healthcare investment and take advantage of the preventive care services that are covered 100% in-network—no deductible, copays or coinsurance!

	IBC HMO 30/50	IBC HDHP Plan		IBC PPO 20/40	
	IN-NETWORK ONLY	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Deductible Individual Family	 $0 $0	 $1,500 $3,000	 $5,000 $10,000	 $0 $0	 $1,500 $4,500
Out-of-Pocket Maximum Individual Family	 $6,350 $12,700	 $6,350 $12,700	 $10,000 $20,000	 $6,350 $12,700	 $10,000 $30,000
Preventive Care Services	Plan pays 100%	Plan pays 100%		Plan pays 100%	
Primary Care Physician (PCP) Office Visit	$30 copay	No charge after deductible	Plan pays 50% after deductible	$20 copay	Plan pays 50% after deductible
Specialist Office Visit	$50 copay	No charge after deductible	Plan pays 50% after deductible	$40 copay	Plan pays 50% after deductible
Diagnostic Lab	Plan pays 100%	No charge after deductible	Plan pays 50% after deductible	Plan pays 100%	Plan pays 50% after deductible
Diagnostic X-Ray	$50 copay	No charge after deductible	Plan pays 50% after deductible	$40 copay	Plan pays 50% after deductible
Complex Imaging (MRI, CT-Scan)	$50 copay	No charge after deductible	Plan pays 50% after deductible	$80 copay	Plan pays 50% after deductible
Emergency Room	$150 copay	No charge after deductible		$150 copay	
Urgent Care Center	$50 copay	No charge after deductible	Plan pays 50% after deductible	$50 copay	Plan pays 50% after deductible
Inpatient Hospital	$400 per day for the first 5 days per confinement	No charge after deductible	Plan pays 50% after deductible	$150 per day for the first 5 days per confinement	Plan pays 50% after deductible
Outpatient Surgery	$200 copay	No charge after deductible	Plan pays 50% after deductible	$75 copay	Plan pays 50% after deductible
PRESCRIPTION BENEFITS					
Retail Generic Preferred Brand Non-Preferred Brand	 $20 copay $75 copay $100 copay	 $5 copay after deductible* $20 copay after deductible* $45 copay after deductible*		 $20 copay $40 copay $60 copay	
Mail Order Generic Preferred Brand Non-Preferred Brand	 $20 (1-30) $40 (31-90) $75 (1-30) $150 (31-90) $100 (1-30) $200 (31-90)	 $10 copay after deductible $40 copay after deductible $90 copay after deductible		 $20 (1-30) $40 (31-90) $40 (1-30) $80 (31-90) $60 (1-30) $120 (31-90)	

* Please note: For the HDHP plan, there is an annual deductible of $2,500 per individual / $5,000 per family

Prescription Benefits: CVS Caremark

All of the medical plan options include prescription benefits administered through CVS Caremark.

If you elect to participate in one of the Independence Blue Cross medical plans, you are automatically enrolled in the prescription drug plan that corresponds with the medical plan of your choice.

Long-Term Medications

Long-term medicines are taken regularly for chronic conditions. Saving money matters. And your new prescription benefits offer new ways to save on the things that matter, like your long-term medicines.

First, make a change from 30-day to a 90-day supply. Then, choose to fill your 90-day supply at any of our more than 9,600 CVS Pharmacy locations or with CVS/Caremark Mail Service Pharmacy for the same low price. If you would like to receive you 90-day supply through mail service, fill out the enclosed form and mail it back to the address on the mail service order form found in this welcome kit. The choice is yours, and so are the savings.

There are two easy ways to start savings with 90-day prescriptions:

- Call Customer Care toll-free at **866.844.9830**
- Speak to a pharmacist at one of our CVS Pharmacy locations

Short-Term Medications

Short-term medications, such as antibiotics are taken for a limited period of time. To save on short-term prescriptions, use one of our 68,000 network pharmacies nationwide. To find a list of network pharmacies or even more savings, visit **www.caremark.com**.

Questions?

Go to www.caremark.com or call Customer Care at 866.844.9830.

Maximizing Your Medical Benefits

Consider your in-network options first

You will typically pay less for covered services when you visit providers that are part of your medical plan's network. To search for in-network providers:

- Visit **www.ibx.com**
- Choose the **Find a Doctor** option
- Enter your search criteria
- Under Select a Plan, select **PPO** or **HDHP**
- Click **Submit**

If you are searching for providers outside of the Philadelphia area, please be sure to select the **National BlueCard PPO Network**.

Limit your use of out-of-network providers

The percentage of cost covered for out-of-network care is based on the plan allowance. If the plan allowance is less than the provider's actual charge, the provider may bill you for the difference between these two amounts. **The amount you are required to pay out-of-pocket may be significant.**

Follow plan rules to avoid penalties

PRECERTIFICATION: Certain services require precertification/pre-approval by IBC. In-network providers will obtain precertification for you. It is your responsibility to obtain precertification for out-of-network services. **You may be subject to a reduction in benefits if you do not obtain precertification for out-of-network services.** Refer to the IBC Benefit Summary for a complete listing of services that require precertification.

IBX App

Available for iPhone and Android, the free IBX mobile app helps you make the most of your health plan with easy access to your health info 24/7, wherever you are.

The new Doctor's Visit Assistant allows you to:

- view and share your ID card
- check the status of referrals and claims
- access your health history and prescribed medications
- record notes and upload photos of symptoms to discuss with your doctor

The IBX app also offers expanded provider search capabilities and other ways to manage your health on the go:

- find doctors, hospitals, urgent care centers, and Patient-centered Medical Homes
- access benefit information
- track deductibles and spending account balances

Dental Plan: Delta Dental

Below is the summary of the Dental Plan available to you and your family. Eligible employees have the option of enrolling in the Delta Dental Plan.

How Do I Find Participating Dentists?

There are thousands of participating dentists and specialists to choose from nationwide. For a list of these participating providers, please go to **www.deltadentalins.com**.

May I Choose a Non-Participating Dentist?

You are free to select the dentist of your choice; however, your out-of-pocket costs may be significantly higher if you choose a non-participating dentist.

Can I Find Out What My Out-of-Pocket Expense Will Be Before Receiving Care?

You can ask for a pretreatment estimate from your dental provider to help you prepare for any out-of-pocket cost for dental services. Usually, your dental provider will send Delta Dental a plan for your care and request an estimate of benefits. Contact your dental provider for more information.

Dental Benefits

	BASIC PLAN *IN- AND OUT-OF-NETWORK*	ENHANCED PLAN *IN- AND OUT-OF-NETWORK*
Calendar Year Deductible	None	None
Calendar Year Maximum	$1,000	$1,500
Preventive Exams, Cleanings, X-Rays, Sealants	Covered 100%	Covered 100%
Basic Care Fillings, Denture Repair, Stainless Steel Crowns, Posterior Composites	Covered 100%	Covered 100%
Major Care Crowns, Inlays, Onlays, Cast Restorations	Not Covered	Covered 50%
Orthodontic Benefits*	Not Covered	Covered 50%
Orthodontic Maximums	Not Covered	$1,500 Lifetime

* Dependent children to the end of the calendar year that dependent turns 19

Vision Plan: Superior Vision

The Superior Vision plan provides in-network and out-of-network coverage for vision services (eye exams, glasses, contact lenses, etc.), however, members must pay the total cost for out-of-network services and submit claims to Superior Vision for reimbursement, as outlined below. To locate participating Superior Vision providers, visit www.superiorvision.com. For those who may not be electing medical coverage, this benefit is being provided for your consideration.

Vision Benefits

	IN-NETWORK	OUT-OF-NETWORK
Routine Eye Exam (once every 24 months)	Covered 100%	Up to $52 reimbursement
Frames (once every 24 months)	Covered up to $60	Up to $30 reimbursement
Lenses (once every 24 months) Single Vision Lenses Bifocal Lenses Trifocal Lenses	Covered 100%	 Up to $28 reimbursement Up to $41 reimbursement Up to $59 reimbursement
Contact Lenses (once every 24 months) In lieu of eyeglasses	Covered up to $95	Up to $80 reimbursement

Please refer to your Superior Vision Benefits Summary for the complete details regarding your vision benefits.

Employee Contributions

Medical & Prescription Drug Contributions - IBC & CVS Caremark

	HMO 30/50 PLAN	HDHP PLAN	PPO 20/40 PLAN
	MONTHLY RATES	MONTHLY RATES	MONTHLY RATES
Employee Only	$42.47	$53.24	$131.27
Employee + Spouse	$320.24	$321.63	$524.27
Employee + Child(ren)	$171.96	$278.88	$328.77
Employee + Family	$340.30	$341.49	$602.66

Dental Contributions - Delta Dental

	BASIC		ENHANCED	
	BI-WEEKLY RATES	MONTHLY RATES	BI-WEEKLY RATES	MONTHLY RATES
Employee Only	$9.90	$21.44	$17.34	$37.56
Employee + Family	$26.20	$56.76	$45.87	$99.39

Vision Contributions - Superior Vision

	VISION PLAN	
	BI-WEEKLY RATES	MONTHLY RATES
Employee Only	$2.48	$5.37
Employee + Family	$6.46	$13.99

Flexible Spending Accounts: WageWorks

Did you know you can reduce your taxable income and get more out of your hard-earned money by tucking away pre-tax dollars for eligible healthcare and dependent care expenses? Flexible Spending Accounts (FSA) offered through WageWorks, allow you to do just that.

Healthcare FSA

With a Healthcare FSA, you elect to have your annual contribution deducted from your paycheck each pay period in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services. The IRS annual maximum amount that you can contribute to an FSA is $2,750.

Obviously, qualifying expenses that you incur late in the plan year for which you seek reimbursement after the end of the plan year will be paid first before any amount is forfeited.

For the Healthcare Flexible Spending Account, you must submit claims no later than 90 days after the end of the plan year.

Dependent Care FSA

Eligible employees may contribute up to $5,000 per year ($2,500 if married filing separately) to a Dependent Care FSA to pay qualified dependent daycare expenses such as:

- Before and after school programs
- Nursery school or preschool
- Summer day camp
- Adult daycare

A Dependent Care FSA reimburses you for expenses that allow you and your spouse, if married, to work while your dependents are being cared for.

Money left in your Dependent Care FSA account at the end of the plan year is forfeited according to the IRS use-it-or-lose-it rule.

You can avoid forfeitures by carefully reviewing your prior year's expenses and planning only for predictable costs. **For the Dependent Care Flexible Spending Account, you must submit claims no later than 90 days after the end of the plan year.**

If you have not spent all the amounts in your Healthcare Flexible Spending Account or Dependent Care Flexible Spending Account by the end of the Plan Year, you may continue to incur claims for expenses during the "Grace Period". The "Grace Period" extends 2 1/2 months after the end of the Plan Year. During this time you can continue to incur claims and use up all amounts remaining in your Healthcare FSA or Dependent Care FSA. Any monies left at the end of the Plan Year and the Grace Period will be forfeited.

Life and AD&D Insurance: MetLife

For most people, maintaining a lifestyle depends on an important source of income - regular paychecks. Life and Accidental Death and Dismemberment (AD&D) insurance through MetLife provides protection to those who depend on you financially, in the event of your death or an accident that results in death or serious injury.

Basic Life and AD&D

Holy Family University provides company-paid group Life and AD&D insurance to all full-time employees. The benefit will be 1x annual salary.

LIFE AND AD&D	
Eligible Classes	Full time Non-Faculty employees working at least 30 hours per week and full-time Faculty employees working at least 24 semester hours.
Benefit Amount	1x annual salary up to a maximum of $150,000
Age Reduction Schedule	Age 70 - Benefits reduce by 33% of the original amount Age 75 - Benefits further reduced by 67% of the original amount
Minimum	$10,000

Log on to ADP to see your rates for the Supplemental Life and AD&D Insurance products.

Supplemental Life and AD&D Insurance

In addition to your Basic Life and AD&D, you have the option of electing Supplemental Life and AD&D insurance. Employees must enroll in order to elect coverage for spouse and/or dependent child(ren).

SUPPLEMENTAL LIFE AND AD&D	
Eligible Classes	Full time Non-Faculty employees working at least 30 hours per week and full-time Faculty employees working at least 24 semester hours.
Attained Age	Birth to 14 days: $0 15 days to 6 months: $1,000 6 months to 19 years (26 if full-time student): $10,000 (increments of $10,000)
Guaranteed Issue Amount	Employee: $100,000 Spouse: $25,000 Child: All amounts

PLEASE NOTE: Eligible employees must apply in writing for this insurance. Employees must complete, sign, and return the application during the initial enrollment period. All other employees must apply within 31 days of becoming eligible. If employee applies for insurance beyond the enrollment period or beyond the (31) days of becoming eligible, medical evidence of insurability will always be required; the only exceptions are life event changes and any annual enrollment approved by Holy Family University. Amounts over Guaranteed Issue will require Evidence of Insurability (EOI).

Disability Benefits: MetLife

Your income is an important part of your life, so you'll want to make sure it's protected in case you are ever unable to work. With disability insurance, you have a plan in place to help cover your daily living expenses, while you are out of work, should you become ill or injured. The coverages outlined below are offered through MetLife.

Short-Term Disability (STD)

Holy Family University offers voluntary short-term disability insurance for employees to purchase via payroll deductions.

SHORT-TERM DISABILITY	
Eligible Classes	Full-time employees (except any person employed on a temporary or seasonal basis)
Effective Date	1st of the month following the day you become eligible
Benefit Waiting Period	1st Day for Accident 8th Day for Sickness
Weekly Benefits	$1,150 not to exceed 60% of weekly earnings

Log on to ADP to see your rates for the Short-Term Disability product.

Long-Term Disability (LTD)

Holy Family University offers MetLife LTD insurance to all full-time employees at no cost.

LONG-TERM DISABILITY	
Eligible Classes	Full-time employees (except any person employed on a temporary or seasonal basis)
Effective Date	1st of the month following the day you become eligible
Benefit Waiting Period	90 consecutive days of total disability
Monthly Benefits	Equal to 60% of covered monthly earnings up to a maximum of $5,000
Maximum Duration	Age 65

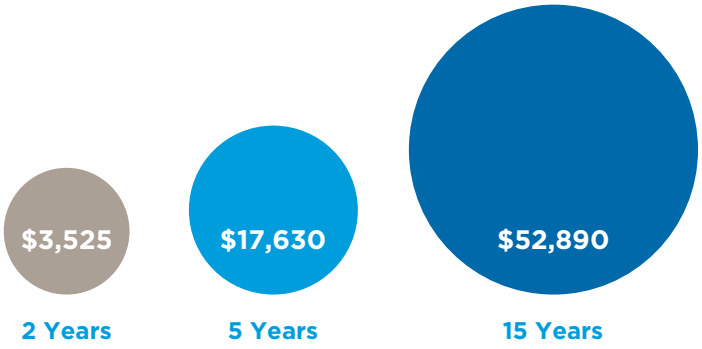
PLEASE NOTE: Eligible employees must apply in writing for this insurance. Employees must complete, sign, and return the application during the initial enrollment period. All other employees must apply within 31 days of becoming eligible. If employee applies for insurance beyond the enrollment period or beyond the (31) days of becoming eligible, medical evidence of insurability will always be required; the only exceptions are life event changes and any annual enrollment approved by Holy Family University. Amounts over Guaranteed Issue will require Evidence of Insurability (EOI).

Health Savings Account: Health Equity

If you elect the HDHP plan, you have the option of contributing toward a Health Savings Account (HSA), administered by Health Equity, through pre-tax dollars. An HSA allows you to save money for qualified healthcare expenses that you're expecting, such as contact lenses or prescriptions, as well as unexpected ones. If you sign up for the HSA compatible plan, please contact Human Resources.

HSA Advantages

- The money you deposit and withdraw is tax-free
- Helps pay for Out-of-Pocket expenses while enrolled in a High Deductible Health Plan (HDHP)
- The money you deposit is yours until you spend it, and you can keep it even if you change jobs, health plans or retire.
- Use it when you need it and let it grow as an investment tax-free



Contribution Limits

There are contribution limits, set by the Internal Revenue Service (IRS) and adjusted annually. These limits are:

- **$3,550** for individual coverage in 2020
- **$7,100** for family coverage in 2020
- **$1,000** extra if you're 55 or older, also known as catch-up contributions

Please note: The HSA Contributions for 2021 are **$3,600** for individual and **$7,200** for family coverage.

Qualified Medical Expenses

You can use the funds in your HSA to pay for qualified medical expenses such as:

- Doctor visits
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Chiropractic services
- Acupuncture
- Hearing aids and batteries

For a full list of qualified medical expenses, visit **IRS.gov**.

Contributions add up quickly!

When Karen enrolled in her company's High Deductible Health Plan, she decided to open an HSA and contribute $100 per month. Because she hasn't had many medical expenses, she decided not to touch the balance during her first year. Here's how her contributions added up:

- *Monthly contribution: **$100***
- *Annual contribution: **$1,200***
- *Annual income tax savings[1]: **$452***

[1] 25% federal | 5% state | 7.65% FICA

Voluntary Benefits

MetLife Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection. With hospital indemnity insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness. Hospital Indemnity covers:

- Copays, deductibles, and coinsurance
- Or use it towards unexpected costs such as; child care, help around the house, follow-up services

	BI-WEEKLY RATES	MONTHLY RATES
Employee Only	$7.62	$16.51
Employee + Spouse	$15.15	$32.83
Employee + Children	$12.36	$26.79
Employee + Family	$19.90	$43.11

MetLife Accident Insurance

Accidents happen and they can affect your financial health. With Accident Insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You can use the money however you would like. Please refer to the benefit summary to understand how the plan pays benefits and any exclusions and limitations. Accident Insurance covers:

- Initial and emergency care
- Hospitalization
- Fractures and dislocation
- Follow-up care

	BI-WEEKLY RATES	MONTHLY RATES
Employee Only	$2.19	$4.74
Employee + Spouse	$4.34	$9.40
Employee + Children	$4.50	$9.76
Employee + Family	$5.64	$12.22

Countrywide Pre-Paid Legal Services

Countrywide offers Pre-Paid Legal Services that are voluntary benefits offered to full and part-time eligible employees and are designed to provide specific legal services, when the need arises, on an affordable basis. Countrywide's plans provide an array of valuable legal services including:

- Unlimited telephone consultations and advice
- Preparation of simple wills
- Review of contracts and documents
- Living will and medical powers of attorney
- Legal letters and phone calls
- Discounted rate

BI-WEEKLY RATES	MONTHLY RATES
$6.36	$13.78

Countrywide ID Theft Protection

Countrywide offers the Diamond plan for credit monitoring and ID theft protection. With the Diamond plan, you are able to view your credit report and score from all three bureau's every 30 days, get $1,000,000 in ID theft Insurance and 24/7 daily credit monitoring.

Who is covered?

Employees are covered and includes limited coverage for dependents in your household under the age of 24. You can enroll your spouse, domestic partner and dependents over 18 who are based on tax return status in full coverage. The rates below are per covered individual.

BI-WEEKLY RATES	MONTHLY RATES
$5.98	$12.96

Discount Programs

BenefitPerks

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all full and part time staff and full time faculty at no additional cost. The program allows consumers to receive discounts and cash back for hand-selected shopping online at major retailers.

Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Consumers can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at **connerstrong.corestream.com**

GoodRx

Stop paying too much for prescriptions!

Good Rx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. The cost for the same medications vary drastically from one drug store to the next.

Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find huge savings on drugs not covered by your insurance plan – you may even find savings versus your typical co-payment!

Start saving on your prescriptions today at **https://connerstrong.goodrx.com**

GlobalFit

Save money and achieve your fitness goals with GlobalFit

CHOOSE from over 10,000 gyms, including big chains (Bally, Curves, etc.), regional chains and your local favorites.

SAVE with GlobalFit's Lowest Price Guarantee! If the gym publishes a lower price on the same membership, we will beat that price.

FREEZE your membership for up to 2 months a year with no billing!

SAVE on various home health and fitness products including Zumba, Total Gym, Schwinn, Stairmaster and more through the GlobalFit store!

FREE Tips and Resources help you stay motivated with articles, tips and recipes from GlobalFit's monthly newsletter, GO.

ENROLLMENT is easy! GlobalFit handles all employee inquiries, enrollments, and billing through their full-service website and call center. No paperwork, no payroll deductions, and no hassle for you!

Set goals and stay motivated! Support is available to you through GlobalFit's US-based call center or 24/7 online.

Learn more about how you can save with GlobalFit by calling **800.294.1500** or visit **www.globalfit.com/connerstrong**

Benefit Resources & Contacts

LINE OF COVERAGE	COMPANY	WEBSITE	PHONE
Medical	Independence Blue Cross	www.ibx.com	610-225-1208
Prescription	CVS Caremark	www.caremark.com	866-844-9830
Dental	Delta Dental	www.deltadentalins.com	800-932-0783
Vision	Superior Vision	www.superiorvision.com	800-507-3800
Flexible Spending Accounts	WageWorks	www.wageworks.com	877-924-3967
Life/AD&D, Disability, Hospital Indemnity &	MetLife	www.metlife.com	800-638-5433
Health Savings Account	Health Equity	www.my.healthequity.com	866-346-5800
Pre-Paid Legal & ID Theft	Countrywide	www.countrywideppls.com	800-550-5297

Additional Benefit Resources

Member Advocacy

Available Monday-Friday, 8:30 am - 5:00 pm EST

Member Advocacy, provided by our benefits consultant, Conner Strong & Buckelew, allows you to speak to a specially trained and experienced Member Advocate who can assist with questions you have regarding your ***Vision, Flexible Spending Accounts, Life/AD&D, Disability, Pre-Paid Legal, ID Theft and Voluntary benefits***.

Call **800.563.9929** or submit a request online at **www.connerstrong.com/memberadvocacy**.

Please note: Medical, Prescription, Dental and Health Savings Account benefit questions should be directed to the carriers listed above.

BenePortal

Your benefits information in one place

BenePortal is an online resource offered to employees of Holy Family University. It is a virtual employee benefits portal, providing access to company benefits programs, health and wellness information, recommended links, pertinent forms and guides, and a wealth of additional tools and resources.

BenePortal is available 24/7 to Holy Family University employees and their eligible dependents.

Simply go to **www.holyfamilybenefits.com** to access your benefits information today!

Legal Notices

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program) If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment. However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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

New dependent by marriage, birth, adoption, or placement for adoption
If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Holy Family University offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

Michelle's Law

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued if written certification from a treating physician is received until:

One year from the start of the medically necessary leave of absence, or
The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).
If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

Legal Notices

ALABAMA – Medicaid
Website: http://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: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

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

CALIFORNIA - Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 916-440-5676

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child 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 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
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
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

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

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm
Phone: 1-800-792-4884

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: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718

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.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.

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

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: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

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

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

NEW HAMPSHIRE – 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

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://dma.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 and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

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

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

SOUTH DAKOTA - Medicaid
Website: http://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: http://health.utah.gov/chip
Phone: 1-877-543-7669

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

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/hipp/
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

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

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
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: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

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

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

Important Notice From Holy Family University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Holy Family 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. Holy Family University has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Do Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Holy Family University coverage may be affected. Holy Family University currently offers to active employees the Select Formulary Rx:

- $20 generic drugs/$40 Brand name drugs/ $60 Non-Formulary drugs
- $20 generic drugs/$75 Brand name drugs/ $100 Non-Formulary drugs
- $5/$20/$45 Integrated Rx

If you do decide to join a Medicare drug plan and drop your current Holy Family University coverage, be aware that you and your dependents may not be able to get this coverage back. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/, which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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 Holy Family 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 Holy Family 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:	September 1, 2020
Name of Entity/Sender:	Holy Family University
Contact Position/Office:	Human Resources Department
Address:	9801 Frankford Avenue Philadelphia, PA 19114
Phone Number:	267-341-3448

Legal Notices

Continuation Coverage Rights Under COBRA

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

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

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

When is COBRA Continuation Coverage Available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. Contact your COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Are there other coverage options besides COBRA continuation coverage?

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

If you have questions

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

Keep Your Plan informed of Address changes

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

Plan Contact Information

If you do not understand any part of this summary notice or have questions regarding the information or your obligations, please contact us at:
PAISBOA (c/o PlanSource)
ATTN: COBRA Administrator
(888)266-1732

Holy Family University reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.