



**SALVE REGINA
UNIVERSITY**



2025 Benefits Enrollment Guide

**2025 Plan Year:
January 1, 2025 - December 31, 2025**

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This document is an outline of coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

BENEFITS OVERVIEW

Salve Regina University is proud to offer a comprehensive benefits package to eligible employees. The complete benefits package is briefly summarized in this booklet. Upon request, you may receive more detailed information about each of these programs.

Benefit Plans Offered

- Medical
- Health Savings Account (HSA)
- Dental
- Vision
- Flexible Spending Account (FSA)
- Group Life and AD&D
- Supplemental Life and Dependent Life
- Long Term Disability (LTD)
- Retirement
- Supplemental Retirement
- Supplemental Personal Insurances
- Long Term Care
- Pet Insurance
- Employee Assistance Program (EAP)
- CollegeBound 529
- Tuition Benefits
- Tuition Exchange Program (TEP)
- Employee Relocation Services
- Student Loan Forgiveness
- KnovaSolutions
- Abacus Health Solutions

Eligibility

Faculty and Staff members, working at least 30 hours per week, are eligible for medical, dental and/or vision benefits on the first of the month following date of hire. Eligibility for other benefits are indicated throughout this guide.

Eligible dependents for medical, dental and vision benefits are your legal spouse and dependent children under the age of 26. The University does verify dependents, so, if enrolling dependents, a copy of your marriage certificate and your child(ren)'s birth certificates are required to be submitted to Human Resources.

Elections made now will remain in effect for the calendar year. Employees may change benefits during fall open enrollment for a January 1 effective date or if you incur an IRS change in family status during the year. If you incur an IRS change in family status, such as: marriage, divorce, birth, loss of coverage during the year and would like to make changes to your benefits, you must contact HR within 30 days of the change.



MEDICAL BENEFITS

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Medical benefits are administered through Harvard Pilgrim Health Care. Employees have a choice of three plans:

- High Deductible Plan with HSA
- PPO \$250 Plan
- PPO \$500 Plan

Prescription drug coverage is provided by OptumRx, a separate pharmacy benefit manager.



	High Deductible Plan with HSA	PPO \$250 Plan	PPO \$500 Plan
Deductibles and Out-of-Pocket Maximums			
Deductible: Single	\$1,650 in-network / \$3,300 out-of-network	\$250 in-network / \$500 out-of-network	\$500 in-network / \$1,000 out-of-network
Deductible: Family	\$3,300 in-network / \$6,600 out-of-network	\$500 in-network / \$1,000 out-of-network	\$1,000 in-network / \$2,000 out-of-network
Out of Pocket Maximum: Single	\$6,050 in-network / \$6,050 out-of-network	\$6,150 in-network / \$6,150 out-of-network	\$6,150 in-network / \$6,150 out-of-network
Out of Pocket Maximum: Family	\$12,100 in-network / \$12,100 out-of-network	\$12,300 in-network / \$12,300 out-of-network	\$12,300 in-network / \$12,300 out-of-network
Out of Network Coverage	Subject to Deductible and 20% coinsurance	Subject to Deductible and 20% coinsurance	Subject to Deductible and 40% coinsurance
Preventive Services: In-Network			
Adult Physical	Covered in full	Covered in full	Covered in full
Annual OBGYN Exam	Covered in full	Covered in full	Covered in full
Routine Eye Exam (1 visit every calendar year)	Covered in full	\$30 copayment	\$35 copayment
Preventive Lab	Covered in full	Covered in full	Covered in full
Routine Prenatal and Post Natal Exams	Covered in full	Covered in full	Covered in full
Well Child Care Visit	Covered in full	Covered in full	Covered in full
Office Visits: In-Network			
Office Visit: PCP	Covered in full after deductible	\$20 copayment	\$25 copayment
Office Visit: Specialist	Covered in full after deductible	\$30 copayment	\$35 copayment
Chiropractic Care	Covered in full after deductible	\$30 copayment	\$35 copayment
Speech Therapy	Covered in full after deductible	\$30 copayment	\$35 copayment
Physical and Occupational Therapy (up to 60 visits each)	Covered in full after deductible	\$30 copayment	\$35 copayment
Acupuncture	Covered in full after deductible	\$30 copayment	\$35 copayment
Emergency Room	Covered in full after deductible	\$150 copayment (waived if admitted)	\$175 copayment (waived if admitted)
Urgent Care	Covered in full after deductible	\$30 copayment	\$35 copayment
Inpatient and Outpatient Services: In-Network			
Inpatient Hospitalization	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Out Patient Day Surgery	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Diagnostic Lab / X-Ray	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
CT Scans / MRI / PET / Imaging tests	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Mental Health/Substance Abuse Inpatient Care	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Mental Health/Substance Abuse Outpatient Services	Covered in full after deductible	\$20 copayment	\$25 copayment
Allergy Injections	Covered in full after deductible	Covered in full	Covered in full
Other Services: In-Network			
Home Health Care	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Ambulance Service	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Durable Medical Equipment	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
In-Network Prescription Coverage – OptumRx			
	The Medical and Pharmacy deductible is combined. Once met, copayments are:	Copayments are:	Copayments are:
30 Day Supply - Retail	\$15 / \$30 / \$50 / Specialty \$75 / \$125	\$15 / \$30 / \$50 / Specialty \$75 / \$125	\$15 / \$35 / \$60 / Specialty \$75 / \$125
90 Day Mail Order Service	\$30 / \$60 / \$100 / Specialty N/A	\$30 / \$60 / \$100 / Specialty N/A	\$30 / \$70 / \$120 / Specialty N/A

MEDICAL BENEFITS, Cont.

All medical plans have a network of participating health care providers including hospitals and laboratories. If necessary, you may use nonparticipating providers, but please note that by going out-of-network, your copayments and out-of-pocket costs will be higher than with in-network providers. There are no exclusions for pre-existing conditions. Please see previous page for an overview of the three plans.

Please also note that with the High Deductible HSA eligible plan, if you enroll in plus-one or family coverage, the full family deductible must be met before the plan begins to cover expenses. This means that if only one person in the family incurs expenses, that person must meet the family deductible, not just the individual deductible. The Summary of Benefits and Coverage, as required under the Affordable Care Act, is available for each plan online in the HR/Benefits Campus portal. You may also request copies by calling HR at 401-341-2137.

Once enrolled in medical coverage, you are encouraged to setup a username/password at www.harvardpilgrim.org to view benefits, claim information, find a participating provider, price services, etc. You should also setup a username/password at www.optumrx.com for prescription copay information and coverage.



HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the University's High Deductible Plan with HSA, you are encouraged to open a Health Savings Account (HSA). A Health Savings Account is a tax advantaged bank account for the purpose of paying health care expenses such as deductibles, copayments and medications. During 2025, the University will contribute \$500 to the account for individuals and \$1,000 to the account for individual-plus-one and families. Employees who start after January 1, 2025, and who open an HSA, will receive pro-rated amounts. Contributions to the account are tax-free, earnings on the accumulations are tax-free, and withdrawals are tax-free as long as they are used to reimburse eligible medical expenses. Once the money is deposited into the account, you are the owner of those funds and there is no deadline to spend the money. You may change your contribution amount during the year as long as you do not exceed IRS contribution limits. Should you leave employment, the account and money in the account remains yours. Since the HSA is an individual bank account, you will need to complete a separate paper application to open the account. Please return your completed application to HR.

Please note that in order to be eligible to open a Health Savings Account, you cannot be enrolled in Medicare, including Medicare Part A, nor in any other health plan such as a spouse's plan. You also cannot participate in a Medical Flexible Spending Account with an HSA.

2025 IRS HSA Contribution Limits (Employee and Employer Combined)

Individual \$4,300

Employee +1 and Family \$8,550

Participants age 55+ and not enrolled in Medicare may be eligible to contribute an additional \$1,000.

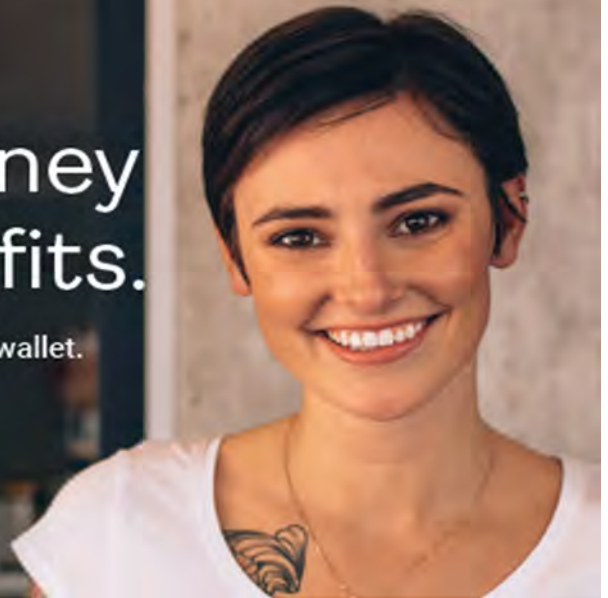




HYKE |

Save time and money on employer benefits.

Identify the benefits that best suit your needs and your wallet.



Make HYKE the first step you take to enroll in benefits. This free, fast, and confidential tool is the easiest way to make sure you choose the benefits that work best for you, maximizing your health and financial protection.

Benefits are easy to understand:

- Simple health, financial, and lifestyle information you provide steers HYKE recommendations, matching your needs to the benefits offered
- Understand the value and financial impacts of different benefits scenarios
- Detailed information, videos, and interactive chat are available throughout the HYKE experience

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PERSONAL PROTECTION SCORE

See how well you're covered and get personalized tips to boost your coverage based on what you need and the benefits available.



myhyke.com/salve

Simplify your benefits decisions with HYKE.

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Telehealth

Provided by Doctor On Demand

Access virtual health care in minutes 24/7

Connect with a U.S. board-certified provider via your smartphone, tablet or computer from anywhere in the world^{1,2} and in less than 15 minutes. Get care for concerns such as bronchitis, sinus issues, pink eye, UTIs, or skin rashes.

Access confidential therapy your way

Doctor On Demand licensed providers can support you with concerns such as anxiety, depression, grief, family issues, trauma or PTSD. Choose from a variety of therapists with different backgrounds and specialties, and build a relationship with the provider who best meets your needs. Doctor On Demand providers can also order your prescription³ at your local pharmacy when medically necessary.



95% case resolution rate



4.5 min average wait time



4.9 out of 5 stars average rating



Providers with 17+ years average experience and diverse background



60%
Female



69%
Parents



20%
LGBTQ+

What our members are saying:

"With Doctor On Demand I don't have to rearrange my schedule and worry about the logistics of driving to an office. The service works around me and my family instead."

-Harvard Pilgrim Health Care Member



Set up your account at doctorondemand.com/harvard-pilgrim

¹In case of emergency, please call 9-1-1 or visit the nearest emergency department.

²This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List). Physicians will not order prescriptions for patients calling from outside the U.S.

³Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

DENTAL BENEFITS

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with one of Salve Regina University’s dental benefit plans administered through Delta Dental of Rhode Island.

Employees have a choice between two plans:

- Base Plan
- Enhanced Plan

Similar to medical, Delta Dental has a network of participating dentists throughout the United States that you may use. If you do happen to use a non-participating dentist, then your costs will be higher. Here is an overview of the plans:

	Enhanced Plan	Base Plan
Annual Benefit Maximum Per Calendar Year	\$2,000 per member	\$1,200 per member
Annual Deductible	\$0.00	\$0.00
Orthodontia Lifetime Maximum - for dependents up to age 19	\$2,000	N/A
Dependent Coverage	Dependent children are covered up until the end of the month that they turn age 26.	Dependent children are covered up until the end of the month that they turn age 26.
<u>Preventive/Diagnostic Dental Services:</u> ◇ Cleanings—twice per calendar year ◇ Oral Exams—twice per calendar year ◇ Fluoride Treatment - once per calendar year ◇ X-rays ◇ Sealants ◇ Space Maintainers ◇ Palliative Treatment	100%	100%
<u>Minor Restorative:</u> ◇ Fillings ◇ Simple Extractions ◇ Oral Surgery/Anesthesia ◇ Single Root Canals ◇ Endodontics ◇ Denture Repairs ◇ Biopsies ◇ Periodontic Cleanings ◇ Periodontic Surgery	100% 100% 100% 100% 100% 100% 100% 80% 80%	100% 100% 100% 100% 100% 100% 100% 50% 50%
<u>Major Dental Services:</u> ◇ Crowns ◇ Prosthodontics ◇ Single Tooth Implants	80% 50% 50%	50% N/A N/A
<u>Orthodontics for Dependents to Age 19</u>	50%	N/A

In addition to the dental benefits noted, both plans offer an annual Maximum Carry Over Provision, allowing participants in the dental plan to “carry over” up to \$350 of unused portions of the annual maximum to the following Plan Year. To qualify for this carry over benefit, a participant must be enrolled for a full calendar year, had a preventative care visit during the year, and the total claims activity cannot exceed the paid claims threshold. Orthodontic benefits are excluded from this program.

Once enrolled in coverage, employees are encouraged to setup a username/password with www.deltadentalri.com to view benefits, claim information, find a participating dentist, etc.



VOLUNTARY VISION INSURANCE

Regular eye examinations cannot only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be of utmost importance to everyone.

Salve Regina University's VSP vision program is administered through Delta Dental of Rhode Island's DeltaVision alliance. Enjoy the network and benefits of VSP with the convenience of administration by Delta Dental of Rhode Island.

To receive the most benefit from the plan, individuals should use a VSP in-network provider that can be found at www.deltadentalri.com

Benefits offered through VSP are:

	Description	Copay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	\$10	Once every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> ◦ \$150 allowance for a wide selection of frames ◦ \$170 allowance for featured frame brands ◦ 20% savings on the amount over your allowance ◦ \$70 Costco® frame allowance 	Included in prescription glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> ◦ Single vision, lined bifocal, and lined trifocal lenses ◦ Polycarbonate lenses for dependent children 	Included in prescription glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> ◦ Standard progressive lenses ◦ Premium progressive lenses ◦ Custom progressive lenses ◦ Average savings of 20-25% on other lens enhancements 	\$55 \$95-\$105 \$150—\$175	Every 12 months
Contacts (Instead of glasses)	<ul style="list-style-type: none"> ◦ \$150 allowance for contacts; copay does not apply ◦ Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> ◦ Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. ◦ 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> ◦ No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> ◦ Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Employees enrolling in vision will receive an ID card from Delta Dental of Rhode Island. If you also participate in the University's dental plan, your ID number will be the same for both dental and vision.



FLEXIBLE SPENDING ACCOUNT (FSA)

Salve Regina offers its eligible employees two tax-savings Flexible Spending Accounts – a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. These accounts are administered through VOYA. Both accounts allow you to set aside a portion of your salary from each paycheck, on a pre-tax basis, into a special account to pay for and/or to reimburse you for eligible medical, dental, vision expenses and/or for dependent day care expenses that you incur throughout the year. Your FSA contributions are deducted from your pay before taxes are withheld, so you save on income taxes and have more disposable income. (That’s where the savings come in.)

If you are interested in both or either account, you must re-enroll each fall during benefit open enrollment for the next calendar year (even if you want to contribute the same amount as the year before). New employees need to enroll within 30 calendar days of their date of hire or wait until the next open enrollment period.

These accounts have an IRS “use it or lose it” rule. Contributions must be estimated very carefully as they cannot be changed during the calendar plan year, unless there is an applicable IRS change in family status, and any funds left over at the end of the plan year (Dec. 31) are usually forfeited.

Health Care Flexible Spending Account

In addition to the above FSA information,

- New employees, working at least 30 hours/week, are eligible to open an account on the first day of the month following date of hire.
- Eligible employees may set aside from \$260 up to the IRS maximum per year.
- The amount you elect for the year is available on “day one.”
- You cannot open a Health Care FSA if you are enrolled in a Health Savings Account.
- Be sure to estimate your expenses carefully as you cannot change your election during the year and only \$100 will rollover into the next calendar year if you re-enroll and continue as a FSA participant. You will forfeit any balance over \$100 not spent by year end/Dec. 31.
- You will receive a debit card from VOYA to use for eligible health care expenses, but you should also keep your medical, dental, vision, etc., receipts as you may have to submit them for claim reimbursement or verification. You may also request reimbursement from VOYA if you do not use your debit card when making an eligible health care purchase.

Dependent Care Flexible Spending Account

In addition to the above FSA information,

- New employees, working at least 20 hours/week, are eligible to open an account on the first day of the month following date of hire.
- Eligible employees may set aside up to the IRS maximum per year - \$5,000 a year for individuals or married couples filing jointly, or \$2,500 for a married person filing separately.
- Unlike the Health Care FSA, funds are not available until they are deducted from your pay.
- You will receive a debit card from VOYA to use for dependent care expenses and/or you may submit a claim form with receipts for reimbursement.
- This account allows you to pay for dependent care expenses for children under the age of 13 or an older dependent who is physically and/or mentally incapable of self-care. You may refer to IRS Publication 503 for eligible expenses or consult your personal tax advisor.
- To be eligible for reimbursement, the expense must be incurred so that you and your spouse can work, look for work, or continue to attend school as a full-time student.
- Be sure to estimate your day care expenses carefully as you cannot change your election during the year unless you experience an IRS qualifying event.
- There are no rollover provisions with the Dependent Care FSA; all money must be used by the end of the year/Dec. 31.

GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

For employees who work at least 30 hours per week, the University provides you with group term Basic Life Insurance and Accidental Death & Dismemberment (AD&D) coverage in the amount of \$50,000, at no cost to you, effective the first day of the month after three months of employment. The benefit is administered by The Standard. At age 65, the benefit gets reduced to 65% and at age 70, the benefit gets reduced to 50%. Employees should indicate a beneficiary for their life insurance. The AD&D portion of the benefit provides payment if the covered employee loses a limb or dies in an accident.



SUPPLEMENTAL LIFE AND DEPENDENT LIFE INSURANCE

In addition to the life insurance provided by Salve Regina, you have the option of purchasing additional life insurance for yourself in amounts equal to 1, 2, 3 or 4 times your annual salary up to a maximum coverage amount of \$300,000. If your salary is not an even multiple of \$1,000, your voluntary, supplemental life insurance coverage is rounded up to the next higher multiple of \$1,000. If your salary increases, your voluntary, supplemental life insurance coverage amount and deductions will also increase. Rate changes on the supplemental life due to an increase in age will become effective on the policy anniversary date coinciding with or next following the employee's birthday (please see age bands/ rates below).

If you elect to purchase supplemental life insurance when first eligible, you do not have to submit an Evidence of Insurability form. However, if you waive supplemental coverage when first eligible then later decide to elect it and/or if you want to increase your level of coverage, you must apply for coverage and submit an Evidence of Insurability form. If applicable, please contact HR for the form.

Age	Monthly Rate Per Multiples of 1,000
Less than 30	\$0.037
30 through 34	\$0.044
35 through 39	\$0.058
40 through 44	\$0.091
45 through 49	\$0.146
50 through 54	\$0.228
55 through 59	\$0.396
60 through 64	\$0.490
65 through 69	\$0.814
70+	\$1.491

You may also voluntarily purchase dependent life insurance on your spouse and/or dependent children up to age 19, or to age 23 if a full-time student. Amounts of dependent life insurance available to purchase along with rates are:

Spouse Life Rates		Child(ren) Life Rate	
\$10,000	\$6.66 per month	\$5,000	\$0.56 per month
\$20,000	\$13.32 per month		
\$30,000	\$19.98 per month		

Actual deductions for supplemental and dependent life insurance may vary slightly due to rounding and payroll frequency.

LONG TERM DISABILITY (LTD)

For employees who work at least 30 hours per week, the University provides you with long term disability insurance, at no cost to you, effective the first of the month after one year of employment. The benefit is administered through The Standard. If you become disabled for a period of 180 days, you may receive a benefit equal to 60% of your covered monthly salary, up to a maximum of \$10,000 per month offset by any other income.

RETIREMENT PLAN

After age 21 and a one-year waiting period, employees working a minimum of 1,000 hours per year are eligible for the University's 403(b) retirement plan, administered by TIAA. The University contributes 7% of an employee's base compensation to the plan. In addition, eligible employees who contribute at least 1% will receive an additional 1% employer matching contribution.

New employees, coming **immediately** from another higher educational institution, may have their time from their prior institution count towards Salve Regina's one year waiting period.

Eligible employees should setup a secure username/password at www.tiaa.org/salve to open your account, select investment funds and indicate your beneficiary(ies). TIAA has online retirement planning tools, representatives are available at 800-842-2252 to assist and answer questions and a TIAA representative is also available to meet one-on-one with you virtually or periodically throughout the year on Salve's campus. Virtual and in-person appointments can be scheduled at TIAA.org/schedulenow.

SUPPLEMENTAL RETIREMENT PLAN

Also provided by TIAA, this plan allows eligible employees to contribute their own contributions to a retirement plan. Employees must work a minimum of 1,000 hours per year to be eligible. Contributions may be made on a pre-tax or after-tax basis. Employees may change their contribution percentage at any time during the year at TIAA.org/salve.

New employees hired on or after Jan. 1, 2024, will automatically be enrolled in the retirement plan at 3% of their salary as of the first of the month following or coinciding with 90 days of employment. Employees have 90 days from their date of hire to enroll themselves at another percentage or to opt out. If you are automatically enrolled:

- o Your contributions will be invested in the target date fund closest to your projected date of retirement,
- o Your beneficiary will be set to "Estate,"
- o Your contributions will increase by 1% on February 1 each year until a maximum contribution rate of 10% is reached.

Employees may update their investment funds and beneficiary information at TIAA.org/salve.

TIAA has online retirement planning tools, representatives are available at 800-842-2252 to assist and answer questions and a TIAA representative is also available to meet one-on-one with you virtually or periodically throughout the year on Salve's campus. Virtual and in-person appointments can be scheduled at TIAA.org/schedulenow.

SUPPLEMENTAL PERSONAL INSURANCES

On the first day of the month following date of hire, employees working a minimum of 20 hours per week may purchase, on a pre-tax basis, supplemental, group accident, cancer, hospital and/or a plus rider insurance plan. These plans are administered through Aflac.

LONG TERM CARE

Employees may voluntarily purchase long term care insurance at discounted rates through various companies. Contact Paul Isenberg, Long-Term Care Professional and Registered Health Underwriter, for details at (401) 515-6058.

PET INSURANCE

Administered through ASPCA Pet Health Insurance, all employees can build their own coverage for their four-legged cat and dog dependents (horses are also insurable in some states). Customizable options include:

- Annual limit – from \$5,000 to unlimited
- Reimbursement Percentage – 90%, 80% or 70% of your vet bill
- Deductible per 12-month policy period - \$100, \$250 or \$500
- Can add preventative coverage
- Can select accident-only coverage

Simple to use – Just pay your vet bill, submit a claim and get reimbursed! You're free to visit any vet or emergency animal clinic you want and you can choose to receive reimbursement by direct deposit or mail.

To get your personalized, group-discount quote, go online to www.aspcapetinsurance.com/salve or call 1-877-343-5314. Priority code: EB21SALVE

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Health Advocate provides confidential assistance to all employees. The program may be accessed through a toll-free number (1-888-293-6948) to support your emotional wellbeing and can assist with life's significant stressors and daily challenges such as marital/family problems, alcohol/drug dependencies, legal/financial problems, relationship issues and more.

COLLEGEBOUND SAVER 529

A tax-advantaged 529 college savings program available to everyone to save for higher education. Payroll direct deposit and several investment options are available. Account earnings are tax-free, distributions for qualified education expenses are currently federal and RI state income tax-free. Call Melissa Bailey at 401-594-7005 or log onto www.collegeboundsaver.com

TUITION BENEFITS

After a 3-month waiting period, full and part-time employees who work at least 1,000 hours/calendar year are eligible for tuition benefits (two courses per spring and fall semester and two courses over the summer sessions). After two years of continuous employment, of at least 1,000 hours/year, spouses or dependents may receive 50% tuition benefits for undergraduate courses. The benefit increases to 100% after 3 years of continuous employment of at least 1,000 hours/year. Some programs are excluded. Please refer to the Tuition Benefits Policy for additional information.

TUITION EXCHANGE PROGRAM (TEP)

The University is part of a program which allows qualified dependents of staff and faculty members, with 3 years of full-time service, to apply for scholarships for dependent children at other TEP colleges/universities around the country. A list of the participating institutions is available at www.tuitionexchange.org. Please note that this is a scholarship program that works on student import/export numbers and is not a guaranteed benefit. Additional information can also be found in the University's Tuition Exchange Policy.



EMPLOYEE RELOCATION SERVICES

Sterling Lexicon's self-service relocation portal makes relocating easier by simplifying the time-consuming process of sourcing key services required to move. From transporting your personal belongings to finding a new place to call home, it includes benefits of: a free virtual move survey, comparing price quotes from multiple moving companies, free mortgage pre-approvals, access to rental resources, helpful recommendations, and city insights to provide the overview of the new location.

WELLNESS REWARDS PROGRAM

Your health is important and we hope the program will help you reach all your health and fitness goals. The Wellness Program begins January 1, 2025 and ends December 31, 2025. New hires can participate as of their medical enrollment date with Harvard Pilgrim. For employees on the University's medical plan who obtain 1,000 points by December 31, 2025, you will be eligible for a \$260 payroll credit in February 2026. Employees not on the University's medical plan may also participate, but are not eligible for the \$260 payroll credit. There are various monthly health challenges and programs to participate in. Program and credit details can be found on the HR Campus portal and on the HPHC Wellness portal.

PAID LEAVE

Full-time, non-academic year staff members enjoy the following paid time off per year:

- 12 Holidays
- 1 Floating Holiday
- Approximately 4 President's Days
- 2 Personal Days
- 12 Sick Days
- Liberal Time for Vacation

Part-time, non-academic year staff, working at least 20 hours per week, receive pro-rated leave time. All employees are eligible for paid sick and safe leave in accordance with the RI Healthy and Safe Families and Workplaces Act.

SAVI (Student Loan Forgiveness Assistance Program)

The path to reducing your monthly student loan payment and working toward loan forgiveness could be getting much easier. That's because you have access to a robust solution that helps find the best federal repayment and forgiveness programs for your financial situation.

Brought to you through TIAA and Savi, this tool not only helps strengthen your financial footing in the short-term, it also positions you for student loan forgiveness. The average student debt savings through Savi, as of Dec. 31, 2020, was \$1,880 per year. Salve employees are eligible to enroll in Savi's Essential service program at no cost by signing up with your Salve email address.

Savi helps:

- Cap your payment based on your income and family size
- Free up funds to direct towards other financial goals
- Remove the complexities of forgiveness and puts the process on auto-pilot

To get started, visit salve.bysavi.com today

KNOVA SOLUTIONS

KnovaSolutions is a no-cost, confidential service that works with Harvard Pilgrim Health Plan to help you and your family members, on the University health insurance plan, improve your health.

KnovaSolutions consults with you to answer your questions about:

Health care and treatment options

Medical care decisions

Medication

Lifestyle changes to improve your health

KnovaSolutions' support team of health care professionals will work with you to build a plan for managing your health so that you can make more informed decisions about your health and health care. Their services are designed to enhance, not replace, your patient-provider relationships. You may contact them at 1-800-355-0885 or email contactknovasolutions@workpartners.com.

ABACUS HEALTH SOLUTIONS

Abacus Health Solutions is a no-cost, confidential service that works with Harvard Pilgrim to help individuals on the University's health insurance plans with their diabetes care. A clinical team of pharmacists, nurses and dieticians will work with you to develop a personalized diabetes health action plan. Their services are optional and are designed to work with, not replace, your patient provider relationships.



CONTACT INFORMATION

If you have specific questions about the Salve Regina University benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator/Contact	Phone	Website/Email
Medical	Harvard Pilgrim Health Care	MyConnect- 1-866-623-0184 Behavioral Health – 800.232.1164	www.harvardpilgrim.org
Dental	Delta Dental of Rhode Island	1 (800) 843-3582	www.deltadentalri.com
Vision	VSP through DeltaVision	1 (800) 843-3582	www.deltadentalri.com
Prescription	OptumRx	1 (855) 546-3439	www2.optumrx.com
DecisionDoc	HYKE	— —	www.letsyke.com
Flexible Spending Account (FSA) Health Savings Account (HSA)	VOYA	1 (833) 232-4673	www.myhealthaccountsolutions.voya.com
Life/AD&D	The Standard	1 (800) 628-8600	www.standard.com
Long Term Disability (LTD)	The Standard	1 (800) 628-8600	www.standard.com
Retirement Supplemental Retirement	TIAA	1 (800) 842-2252	www.tiaa.org
Supplemental Insurances	Mark Tagliaferri Aflac	1 (401) 465-0274	www.aflac.com
Long Term Care	Paul Isenberg Long Term Care Insurance Advisors	1 (401) 515-6058	isenbergltc@cox.net
Pet Insurance	ASPCA Pet Health Insurance	1 (877) 343-5314	www.aspcapetinsurance.com/salve
Employee Assistance Program (EAP)	Health Advocate	1 (888) 293-6948	www.healthadvocate.com/standard3
CollegeBound Saver 529	Melissa Bailey	1 (401) 594-7005	www.collegeboundsaver.com
Tuition Exchange Program (TEP)	Tuition Exchange Program (TEP)	1 (301) 941-1827	www.tuitionexchange.org
Student Loan Forgiveness Program	TIAA/SAVI	— —	www.salve.bysavi.com
KnovaSolutions Care Management	KnovaSolutions	1 (800) 355-0885	contactknovasolutions@workpartners.com
Abacus Health Solutions	Abacus Health Solutions	1 (800) 643-8028	www.abacushealth.com
Employee Relocation Services	Sterling Lexicon	— —	Sterling Lexicon Web Link <i>Click link above or see HR for web address</i>
Human Resources—Benefits	Claudia Cavallaro Associate Director of HR & Benefits	1 (401) 341-2332	cavallac@salve.edu
	Caitlin McNulty Benefits & Wellness Specialist	1 (401) 341-2165	caitlin.mcnulty@salve.edu

EMPLOYEE BENEFIT CONTRIBUTIONS

Benefit Plan	Bi-Weekly Contribution
HIGH DEDUCTIBLE PLAN WITH HSA	
Employee	\$37.00
Employee + 1	\$106.00
Family	\$145.00
PPO \$250 PLAN	
Employee	\$75.00
Employee + 1	\$182.00
Family	\$228.00
PPO \$500 PLAN	
Employee	\$57.00
Employee + 1	\$146.00
Family	\$191.00

Benefit Plan	Base Plan Bi-Weekly Contribution	Enhanced Plan Bi-Weekly Contribution
DENTAL RATES		
Employee	\$4.00	\$7.00
Employee + 1	\$7.00	\$15.00
Family	\$12.00	\$28.00

VISION RATES		
Employee		\$2.53
Employee + 1		\$5.05
Family		\$9.91

ANNUAL NOTICES

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 January 31, 2024. Contact your State for more information on eligibility –

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/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA— Medicaid

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

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

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.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

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

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

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

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

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://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

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: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: massperassistance@accenture.com

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

Website: <https://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
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

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

NEVADA – Medicaid

Medicaid Website: <https://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number 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.ncdhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

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

RHODE ISLAND – Medicaid and CHIP

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

SOUTH CAROLINA – Medicaid

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

SOUTH DAKOTA - Medicaid

Website: <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: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](https://www.vermont.gov/health/insurance/premium-payment-hipp-program)
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/permium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/permium-assistance/health-insuracne-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid and CHIP

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

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

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

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

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

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

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.

IMPORTANT NOTICE FROM SALVE REGINA UNIVERSITY REGARDING YOUR HEALTH AND WELFARE PLAN

The Employee Retirement Income Security Act (ERISA), Department of Labor (DOL), Department of Health and Human Services (HHS) and Internal Revenue Service (IRS) require plan administrators and/or Insurers to provide certain information related to their health and welfare benefit plans to plan participants in writing. To satisfy this requirement, please see the attached consolidated notifications. These notices explain your rights and obligations in relation to the health and welfare plan provided by your employer. Please read the attached notices carefully and retain a copy for your records. Please note this is not a legal document and should not be construed as legal advice.

The following is a summary of notices included in this packet:

- Women's Preventative Health Service
- Michelle's Law
- Qualified Medical Child Support Order (QMCSO)
- Family Medical Leave Act (FMLA)
- WHCRA Notice
- NMHPA Notice
- Mental Health Parity and Addiction Equity Act of 2008 (MHPA/ MHPAEA)
- Health Information Technology for Economic and Clinical Health Act (HITECH)
- Genetic Information Nondiscrimination Act (GINA)
- HIPAA Notice of Privacy Practices
- HIPAA Special Enrollment Rights Notice
- Information on the Uniform Glossary of Health Coverage and Medical Terms
- Patient Protection Choice of Providers
- USERRA Notice

You have the right to request and obtain a paper copy of any document at no charge. If a paper version is available, then you will receive it immediately. You should contact your plan administrator with your request.

If you have any questions regarding any of these notices, please contact:

Claudia Cavallaro | 1 (401) 341-2332 | cavallac@salve.edu

Women's Preventive Health Services

When plans renew or are effective on or after August 1, 2012, all of the following women's health services will be considered preventive (some were already covered). These services generally will be covered at no cost share, when provided in-network:

- Well-woman visits (annually)
- Prenatal visits (routine preventive visits)
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breastfeeding support, supplies and counseling
- Generic formulary contraceptives, certain brand formulary contraceptives, and FDA-approved, over-the-counter female contraceptives with prescription are covered without member cost share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

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.

Qualified Medical Child Support Order (QMCSO)

QMCSO is a medical child support order issued under state law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant is an alternate recipient. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer; know the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

Family Medical Leave Act (FMLA)

FMLA Family Medical Leave Act entitles eligible employees of covered employers to take unpaid, job-protected leave for specific family and medical reasons if the employee has been with the company for one year, has worked at least 1,250 hours (30 hours per week for RI FML Benefits) during the prior 12 months and works in an area where there are at least 50 employees within 75 miles. For additional details, visit the Department of Labor Federal and State of Rhode Island FMLA pages. Notify the organization when you have a qualifying leave such as birth or adoption of a child, a serious health condition, to care for a spouse, child or parent with a serious medical condition or for reservist or National Guard provisions related to you or an immediate family member leaving for military duty or being injured in active duty. For a copy of Salve Regina University's full FMLA policy please contact Human Resources.

Women's Health and Cancer Rights Act (WHCRA) Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, 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? Contact your Employer Representative for more information.

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 lymphedemas.

These benefits will be provided subject to the same deductible and co-insurance particulars that are applicable to other medical and surgical benefits provided under this Plan. Salve Regina University has provided the detailed information regarding deductible and co-insurance for the Salve Regina University Group Health Plan. For more information or to get a copy of the Summary Plan Description containing these details contact your Employer Representative.

Genetic Information Non-Discrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 enacted May 21, 2008, GINA, is designed to prohibit the use of genetic information in health insurance and employment. The Act prohibits group health plans and health insurers from denying coverage to a healthy individual or charging that person higher premiums based solely on a genetic predisposition to developing a disease in the future. The legislation also bars employers from using individuals' genetic information when making hiring, firing, job placement, or promotion decisions.

The Newborns' and Mothers' Health Protection Act (NMHPA) Notice

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). *Plans may be subject to State law requirements, please refer to the Plan Summary Plan Document for details describing any applicable State law.*

Mental Health Parity and Addiction Equity Act or 2008 (MHPA/MHPAEA)

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all the medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits. Additional information and details can be found by visiting the Department of Labor's Mental Health Parity webpage.

Health Information Technology For Economic and Clinical Health Act (HITECH)

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) was signed into law on February 17, 2009 as part of the American Recovery and Reinvestment Act of 2009 (ARRA), an economic stimulus bill.

The HITECH Act requires entities covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to report data breaches affecting 500 or more individuals to HHS and the media, in addition to notifying the affected individuals. Following a breach of unsecured protected health information covered entities must provide notification of the breach to affected individuals, the Secretary, and, in certain circumstances, to the media. In addition, business associates must notify covered entities that a breach has occurred.



HIPAA Notice of Privacy Practices

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your health plan recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of Privacy Practices (*provided in the plan certificate booklet*) details the steps your plan has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this notice is available to you at any time, free of charge, by request through your health plan.

HIPAA Special Enrollment Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Employer Representative.

Information on the Uniform Glossary of Health Coverage and Medical Terms

The Affordable Care Act provides employees a resource to help them understand some of the most common but confusing jargon used in health insurance. Insurance companies and group health plans will be required to make available upon request a uniform glossary of terms commonly used in health insurance coverage such as "deductible" and "co-payment". Please contact your plan administrator for a copy of the uniform glossary or you can visit www.HealthCare.gov or www.dol.gov/ebsa/healthreform.

Patient Protection Choice of Providers

In cases where the Salve Regina University Group Health Plan allows or required a participant to designate a primary care provider, the participant has the right to designate any primary care provider who participates in the network and who is available to accept the participant or participant's family members.

Until you make this designation, Salve Regina University Group Health may designate a primary care provider automatically. For information on how to select a primary care provider, and for a list of the participating primary care providers, you can contact your Employer Representative.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Salve Regina University Group Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your Employer Representative.

Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

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 1/31/2023)

DISCLOSURE OF CREDITABLE PRESCRIPTION DRUG COVERAGE

Important Notice from Salve Regina University about Your Prescription Drug Coverage and Medicare

If you or your dependents are not currently entitled to Medicare, then you may disregard this notice until you or they become entitled to Medicare. If you or your dependents are currently entitled to 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 Salve Regina 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 and their 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. Salve Regina University has determined that the prescription drug coverage offered by its employer sponsored health plan ("Employer Health Plan") is on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage. Therefore, your coverage is 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?

There are three times when you may join a Medicare drug plan:

1. When you first become eligible for Medicare
2. Each year from October 15th to December 7th
3. During the two-month Special Enrollment Period (SEP) which begins when, through no fault of your own, you lose creditable prescription drug coverage under an employer or union sponsored health plan

What happens to your current coverage if you join Medicare drug plan?

If you decide to join a Medicare drug plan, your current prescription drug coverage under your Employer Health Plan will not be affected unless you decide to drop your prescription drug coverage under your Employer Health Plan. Your current Employer Health Plan provides coverage for many other medical expenses in combination with coverage for prescription drugs.

- If you keep the prescription drug coverage offered under your Employer Health Plan, you will continue to receive all the medical and prescription drug benefits available under the Plan.
- If you drop the prescription drug coverage provided through the Plan, coverage of your other medical benefits under the Plan will also be terminated since all benefits are provided on a combined basis.

If you do decide to join a Medicare drug plan and drop your current coverage under your Employer Health Plan, you and your dependents may not be able to get this coverage back at a later date.

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 under your Employer Health Plan 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 permanently 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

Please contact the person listed at the end of this notice for further information about your prescription drug coverage.

NOTE: Your employer will distribute this notice at least once a year. You will also get a notice if your Employer Health Plan changes and no longer provides creditable prescription drug coverage. 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. After you become eligible for Medicare, Medicare will send you a copy of the handbook in the mail every year. 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.
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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 Credible 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 higher premium (a penalty).

Date: 01/01/25

Name of Entity/Sender: Salve Regina University

Contact—Position/Office: Human Resources

Address: 100 Ochre Point Ave, Newport, RI 02840

Phone Number: 1 (401) 341-2332

This benefit summary is prepared by



Arthur J. Gallagher & Co.