Employee Benefits Summary

Effective for Plan Year

January 1, 2021 -
December 31, 2021

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2021 Plan Year:
January 1, 2021 - December 31, 2021

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

Eligibility

Eligibility rules for staff and faculty members are defined in each benefit section throughout this booklet.

Eligible dependents are your approved: legal spouse and dependent children. The maximum age for dependent children varies by benefit. Please see specific plan document.

Elections made now will remain in effect until the next open enrollment period unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

MEDICAL BENEFITS

Administered by Tufts Health Plan

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. Salve Regina University offers you a choice of three medical plans. Staff members are eligible for medical benefits on the first day of the month following 30 days of employment. Faculty members are eligible on the first day of their contract. Employees who work a minimum of 30 hours per week are eligible for medical benefits.

	Advantage Saver PPO High Deductible Plan with HSA Group #: 37767-000	Advantage PPO 250 Group #: 37765-000	Advantage Closed PPO Group #: 37766-000
Deductibles and Out-of-Pocket Maximums			
Deductible: Single	$1,500 in-network / $3,000 out-of-network	$250 in-network / $500 out-of-network	$500
Deductible: Family	$3,000 in-network / $6,000 out-of-network	$500 in-network / $1,000 out-of-network	$1,000
Out of Pocket Maximum: Single	$6,550 in-network / $6,550 out-of-network	$7,150 in-network / $7,150 out-of-network	$7,150
Out of Pocket Maximum: Family	$13,100 in-network / $13,100 out-of-network	$14,300 in-network / $14,300 out-of-network	$14,300
Out of Network Coverage	Subject to Deductible and 20% coinsurance	Subject to Deductible and 20% coinsurance	Emergency and Urgent Care Only
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	$15 copayment	$20 copayment
Preventive Lab/X-Ray	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	$15 copayment	$20 copayment
Office Visit: Specialist	Covered in full after deductible	$15 copayment	$20 copayment
Chiropractic Care	Covered in full after deductible	$15 copayment	$20 copayment
Speech Therapy (20 visits)	Covered in full after deductible	$15 copayment	$20 copayment
Physical and Occupational Therapy (up to 20 visits each)	Covered in full after deductible	$15 copayment	$20 copayment
Acupuncture NEW!	Covered in full after deductible	$15 copayment	$20 Copay
Emergency Room	Covered in full after deductible	$150 copayment (waived if admitted)	$150 copayment (waived if admitted)
Urgent Care	Covered in full after deductible	$15 copayment	$20 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	$15 copayment	$20 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			
30 Day Supply - Retail 90 Day Mail Order Service	The Medical and Pharmacy deductible is combined. Once met, copayments are: $10 / $30 / $50 / Specialty $75 $20 / $60 / $100 / Specialty N/A	After a $100/$300 deductible, copayments are: $10 / $30 / $50 / Specialty $75 $20 / $60 / $100 / Specialty N/A	After a $100/$300 deductible, copayments are: $10 / $35 / $60 / Specialty $75 $20 / $70 / $120 / Specialty N/A

This summary is for the intent of a high level benefit overview only. Please refer to your plan's Summary of Benefits and Coverage for additional details.

TUFTS Health Plan

TELEHEALTH

No Driving, No Waiting Room

Available Worldwide[1]

When you need care now,[2] Telehealth can save you time and money – by web, app or phone.[3]

Telehealth	Urgent Care Centers	Emergency Department
$45 or less	**$170**	**$2,000**

Get Started

Register Now at
tuftshealthplan.com/teladoc

Download
the Teladoc® mobile app, so you have it when you need it

Request a visit and connect with a doctor, who checks your medical history, diagnoses and treats your condition, and sends a prescription to your nearest pharmacy, if medically necessary.

Get Care Anytime, Anywhere for Non-Emergency Conditions:

- Connect with a US board-certified doctor in less than 15 minutes for everyday care issues like upper respiratory infection (the No. 1 diagnosis), colds and flu, allergies, pink eye for **$45** or less
- Schedule visits with a dermatologist for skin conditions like skin rash or infection, eczema, acne for **$75**
- Schedule sessions with a therapist for behavioral health issues like anxiety and depression, addiction with a non-MD (Therapist or Psychologist) - **$90** Behavioral health evaluation with a Psychiatrist - **$200** Ongoing behavioral health sessions with a Psychiatrist - **$99**

For Members on Saver Plans

Telehealth visits plans are subject to the deductible. Once the deductible is met, your visits are covered 100%. Subsequent visits with the same doctor or therapist will cost as much as a regular PCP visit.

[1] Worldwide starting upon the renewal date in 2020 and January 1st for new members. [2] Actual emergencies such as trauma, fractures, chest pain and others clearly merit an ER visit. [3] Phone access is only available for general medical and behavioral health services.

Estimated cost comparison: National Center for Health Statistics 2016 report. Cost may vary depending on your plan.

DENTAL BENEFITS

Administered by Delta Dental of Rhode Island

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.

Staff members are eligible for dental benefits on the first day of the month following 30 days of employment. Faculty members are eligible on the first day of their contract. Employees who work a minimum of 30 hours per week are eligible for dental benefits.

	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.
Preventive/Diagnostic Dental Services: ◊ 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%
Minor Restorative:		
◊ Fillings	100%	100%
◊ Simple Extractions	100%	100%
◊ Oral Surgery/Anesthesia	100%	100%
◊ Single Root Canals	100%	100%
◊ Endodontics	100%	100%
◊ Denture Repairs	100%	100%
◊ Biopsies	100%	100%
◊ Periodontic Cleanings	80%	50%
◊ Periodontic Surgery	80%	50%
Major Dental Services:		
◊ Crowns	80%	50%
◊ Prosthodontics	50%	N/A
◊ Single Tooth Implants	50%	N/A
Orthodontics for Dependents to Age 19	50%	N/A

VOLUNTARY VISION INSURANCE

Administered by VSP

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.

On the first day of the month following 30 days of employment, employees working a minimum of 20 hours per week may purchase vision insurance through VSP on a pre-tax basis. Coverage with a VSP provider includes:

	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	° $130 allowance for a wide selection of frames ° $150 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	° Single vision, lined bifocal, and lined trifocal lenses ° Polycarbonate lenses for dependent children	Included in prescription glasses	Every 12 months
Lens Enhancements	° 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)	° $130 allowance for contacts; copay does not apply ° Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months
Extra Savings	**Glasses and Sunglasses** ° 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. **Retinal Screening** ° No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam **Laser Vision Correction** ° Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

FLEXIBLE SPENDING ACCOUNT (FSA)

Administered by Benefit Strategies

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them to pay for eligible medical, dental, vision and hearing expenses and/or for dependent day care expenses. 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 comes in.) Contributions must be estimated carefully as they cannot be changed during the plan year and any funds left over at the end of the plan year may be forfeited.

Healthcare Account Maximum $2,600 (Minimum $260)

Dependent Day Care Account Maximum $5,000

HEALTH SAVINGS ACCOUNT (HSA)

Administered by Benefit Strategies

Employees enrolled in the University's Tufts Saver PPO High Deductible Health Plan are encouraged to open a Health Savings Account (HSA). This tax advantaged medical savings account allows funds to be deposited without being subject to federal income tax. Funds in your HSA can be used for things such as healthcare services, equipment, or medications. Once funds are contributed into the account, you become the owner of those funds and there is no deadline to spend the money. You may change your contribution amount during the plan year as long as you do not exceed IRS contribution limits. The account remains yours even if you end employment with the University.

2021 IRS Contribution Limits (Employee and Employer Combined)

Individual $3,600

Employee +1 and Family $7,200

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

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

Administered by The Standard

Life and AD&D insurance provides financial security for the people who depend on you. The Life portion of the benefit provides your beneficiaries with a lump sum payment if the covered person dies, while the AD&D portion of the benefit provides payment if the covered person loses a limb or dies in an accident. After a 3 month waiting period, employees working a minimum of 30 hours per week are provided with coverage equal to $50,000 (65% at age 65; 50% at age 70). Optional supplemental and dependent plans are also available.

SUPPLEMENTAL LIFE AND DEPENDENT LIFE INSURANCE

Age	Monthly Rate Per Multiples of 1,000
Less than 30	$0.068
30 through 34	$0.080
35 through 39	$0.105
40 through 45	$0.165
45 through 49	$0.265
50 through 54	$0.415
55 through 59	$0.720
60 through 64	$0.890
65 through 69	$1.48
70+	$2.71

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 insured member's birthday.

Spouse Life Rates

$10,000	$6.66 per month
$20,000	$13.32 per month
$30,000	$19.98 per month

Child(ren) Life Rate

$5,000	$0.55 per month

Actual deductions may vary slightly due to rounding and payroll frequency.

LONG TERM DISABILITY (LTD)

Administered by Lincoln Life Assurance Company

Long Term Disability provides a monthly benefit if you become disabled and are unable to perform your job duties. After a one year waiting period, employees working a minimum of 30 hours per week are eligible for LTD. 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 other income benefits.

RETIREMENT PLAN

Administered by TIAA

Employees working a minimum of 1,000 hours per year are eligible for the 403(b) plan through TIAA after a one year waiting period. The University contributes 6% 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.

SUPPLEMENTAL RETIREMENT PLAN

Administered by TIAA

Also provided through TIAA, this plan allows eligible employees to contribute their own pre-tax dollars to a retirement plan. Employees must work a minimum of 1,000 hours per year to be eligible. Contributions for eligible employees may start immediately.

SUPPLEMENTAL PERSONAL INSURANCES

Administered by Aflac

On the first day of the month following 30 days of employment, employees working a minimum of 20 hours per week may purchase, on a pre-tax basis, supplemental cancer, hospital protection, Aflac plus rider and/or personal accident insurance.

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) 826-3424.

HOME & AUTO INSURANCE

Administered by Liberty Mutual Insurance

Employees may call George Tager at (800) 284-1078, ext. 50152 for quotes on home and auto insurance. This company offers group rates and premium payments through payroll deductions, for your convenience.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by Coastline EAP

The University provides a confidential assessment and referral service to all regular employees. It is accessed through a toll-free number and can assist with calls concerning marital/family problems, alcohol/drug dependencies, legal/financial problems, emotional distress, relationship issues and more.

1 (800) 445-1195

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 (877) 615-4116 or log onto www.collegeboundsaver.com

TUITION BENEFITS

After a 3 month waiting period, full-time employees are eligible for tuition benefits (two courses per spring and fall semester and two courses over the summer sessions). The part-time employee benefit is pro-rated. After 2 years of full-time employment, spouses or dependents may receive 50% tuition benefits for undergraduate courses. After 3 years of full-time employment, the benefit increases to 100%. Part-time employees, after 3 years of employment, working a minimum of 20 hours per week may be granted tuition benefits for dependents on a prorated basis.

TUITION EXCHANGE PROGRAM (TEP)

The University is part of a program which allows qualified dependents of staff and faculty members, with 5 years of full-time service, to participate in scholarships for their dependent children at other TEP colleges/universities around the country. A list of the participating institutions is available at www.tuitionexchange.org.

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.

PAID LEAVE

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

- 11 Holidays
- 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.

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	Tufts Health Plan	1 (800) 682-8059	www.tuftshealthplan.com
Dental	Delta Dental of Rhode Island	1 (800) 843-3582	www.deltadentalri.com
Vision	VSP	1 (800) 877-7195	www.vsp.com
Flexible Spending Account (FSA) Health Savings Account (HSA)	Benefit Strategies	1 (888) 401-3539	www.benstrat.com
Life/AD&D	The Standard	1 (800) 628-8600	www.standard.com
Long Term Disability (LTD)	Lincoln Life Assurance Company	1 (800) 210-0268	www.lincolnfinancial.com
Retirement Supplemental Retirement	TIAA	1 (800) 842-2776	www.tiaa.org
Supplemental Insurances	Gerry Charbonneau Aflac	1 (401) 884-0618	www.aflac.com
Long Term Care	Paul Isenberg Long Term Care Insurance Advisors	1 (401) 826-3424	isenbergltc@cox.net
Home & Auto Insurance	George Tager Liberty Mutual Insurance	1 (800) 284-1078 ext. 50152	www.libertymutual.com
Employee Assistance Program (EAP)	Coastline EAP	1 (800) 445-1195	www.coastlineeap.com
CollegeBound Saver 529	CollegeBound Saver 529	1 (877) 517-4829	www.collegeboundsaver.com
Tuition Exchange Program (TEP)	Tuition Exchange Program (TEP)	1 (301) 941-1827	www.tuitionexchange.org
Employee Relocation Services	Sterling Lexicon	— —	Sterling Lexicon Web Link *Click link above or see HR for web address*
Human Resources—Benefits	Claudia Cavallaro Associate Director of HR & Benefits	1 (401) 341-2332	cavallac@salve.edu
	Amanda Stamatis Office & Benefits Coordinator	1 (401) 341-2165	amanda.stamatis@salve.edu

EMPLOYEE BENEFIT CONTRIBUTIONS

Benefit Plan	Bi-Weekly Contribution	Wellness Rate Bi-Weekly Contribution
TUFTS ADVANTAGE SAVER PPO HIGH DEDUCTIBLE PLAN WITH HSA (Group #: 37767-000)		
Employee	$33.00	$26.40
Employee + 1	$98.00	$91.40
Family	$133.00	$126.40
TUFTS ADVANTAGE PPO 250 (Group #: 37765-000)		
Employee	$68.00	$54.40
Employee + 1	$168.00	$154.40
Family	$210.00	$196.40
TUFTS ADVANTAGE CLOSED PPO (Group #: 37766-000)		
Employee	$50.00	$40.00
Employee + 1	$132.00	$122.00
Family	$174.00	$164.00

Benefit Plan	Base Plan Bi-Weekly Contribution	Enhanced Plan Bi-Weekly Contribution
DENTAL RATES		
Employee	$4.00	$7.00
Employee + 1	$7.00	$13.00
Family	$12.00	$25.00
VISION RATES		
Employee	$2.95	
Employee + 1	$4.28	
Family	$7.68	

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, 2020. 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/medicaid/default.aspx

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

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+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711

FLORIDA – Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: http://dch.georgia.gohttps://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: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA – Medicaid
Website: http://dhs.iowa.gov/hawki
Phone: 1-800-257-8563

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY – Medicaid
Website: https://chfs.ky.gov
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003 TTY: Maine relay 711

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

MINNESOTA – Medicaid
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-assistance.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

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://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/ombp/nhhpp/
Phone: 603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999

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

PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
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: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

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

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

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/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 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 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 shore, 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 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 FMLA page. Notify the organization when 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 your or an immediate family member leaving for military duty or being injured in active duty.

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.

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 located at http://www.dol.gov/ebsa/newsroom/fsmhpaea.html.

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.

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.

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.

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 play 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: 01/01/21
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.