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Open Enrollment Overview

Who is Eligible?
If you are a regular, full-time employee you are eligible to enroll in the benefits described in this guide. If you’re a part-time 9-, 10-, or 12-month employee, you may be eligible for some of the benefits. Please refer to the staff handbook for details on benefit eligibility. The following family members of full-time employees may be eligible for medical coverage: legal spouse, subscriber’s natural child, step child, or child placed by adoption as well as subscriber’s grandchild, blood relative, or other child for whom legal guardianship has been awarded to the subscriber or the subscriber’s spouse.

How to Enroll:
Unless you are notified otherwise, all employees are required to make benefit elections or waive coverage via My.Butler.edu for 2018. Failure to complete the online enrollment may result in termination of benefit coverage in 2018. Detailed directions for logging into the system are included in this guide.

Once you are logged in, you will be able to review your current benefit elections, verify your personal information, and your dependent information and make any changes if necessary. Once you are familiar with the benefits offered to you, make your benefit elections.

When to Enroll:
If you are enrolling as a newly hired employee you are eligible for benefits on your first day of employment. You must submit your enrollment elections within 30 days of your hire date. If you miss this deadline you will have to wait until our annual Open Enrollment period in order to make benefit elections.

If you are enrolling during Open Enrollment, the benefits you elect will be effective January 1, 2018. Once you have made elections, you cannot change them until the next Open Enrollment period without a qualifying life event. If you miss the Open Enrollment period, you must wait until next year’s Open Enrollment period or have a qualifying life event in order to make new enrollment elections or changes.

How to Make Changes:
A life event change or qualifying event, is a personal change in status which may allow you to change your benefit elections. Examples of some of the events include, but are not limited to:

- Marital Status Change: Marriage, Divorce, or Legal Separation
- Dependent Status Change: Birth, Death, or Adoption
- Change in Employment: Full-time to Part-Time or vice versa

When you experience a qualifying event, you must request any change to benefits within 30 calendar days of the event and provide documentation verifying the effective date of the change to Human Resources. Please contact the Benefits Office at askhr@butler.edu for further information.

Enrolling Online
To view your current benefit elections:
- Log into My.Butler.edu
- Click on PeopleSoft HR/Payroll
- Click on Benefits
- Click on Benefits Enrollment
- Follow the online instructions.
To Enroll:
 Please visit the open enrollment website for updated steps on how to enroll.

Open Enrollment Information Sessions & Workshops

Please plan to attend a benefit Open Enrollment Session and/or a workshop for hands-on enrollment assistance. HealthAdvocate is also available to answer questions about your plan and assist with plan selection decisions. Contact HealthAdvocate, 866-695-8622 or Human Resources, ext. 9355 or Jordan Hall room 52.

Information Sessions

<table>
<thead>
<tr>
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<th>Time</th>
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</thead>
<tbody>
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<td>PB 150</td>
</tr>
<tr>
<td>10/9/2017</td>
<td>Noon-1:00 PM</td>
<td>JH 141</td>
</tr>
<tr>
<td>10/13/2017</td>
<td>9:00 AM-10:00 AM</td>
<td>PB 204</td>
</tr>
<tr>
<td>10/16/2017</td>
<td>4:00 PM-5:00 PM</td>
<td>JH 141</td>
</tr>
<tr>
<td>10/17/2017</td>
<td>10:00AM-11:00AM</td>
<td>AU Diversity Center CR</td>
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<tr>
<td>10/19/2017</td>
<td>9:00 AM-10:00 AM</td>
<td>PB 204</td>
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Workshops

<table>
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<tr>
<td>11/02/2017</td>
<td>11:00 AM-12:30 PM</td>
<td>JH220</td>
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</tbody>
</table>

New Hire Enrollment

New hire enrollment, or election changes as a result of a qualifying event, require submission of a paper enrollment form. Contact the Benefits Office at askhr@butler.edu for further information.

Dependent Benefit Eligibility Documentation Requirements

For Your Spouse
Submit the following:
 Copy of marriage certificate (not license)
OR
 Copy of previous year federal tax return (1040, 1040A, 1040EZ) as listed with the IRS (submit front page and certificate of electronic filing only)
OR
 Previous year IRS Tax Return Transcript by calling (800-908-9946) or by ordering online at www.irs.gov/Individuals/order-a-transcript

For Birth, Step, and Legally Adopted Child(ren)
Submit the following:
Copy of birth certificate or amended birth certificate naming the enrollee or enrollee’s spouse as the parent, or adoption papers.

AND (as applicable)
 Copy of previous year federal tax return (1040, 1040A, 1040EZ) as listed with the IRS indicating child as dependent, DOB and SSN of dependent child (submit front page and signature page only)

For Court Appointed Dependent
For Totally and Permanently Disabled Dependent (specifically of dependent past the age of 26)
Submit the following:
 Physician letter with a Statement of Total and Permanent Disability, completed and signed by the dependent’s physician (stamped signature not acceptable).
 Copy of SSI award if eligible.
 Copy of birth certificate or amended birth certificate naming the enrollee as the parent, or adoption papers.
Medical Benefits

Anthem

Medical Benefits Overview

Butler offers a choice of three medical/prescription plan options listed on the following page. Anthem is our plan provider and the plan year is from January 1, 2018 to December 31, 2018. Terms used in the following tables can sometimes be confusing, so please utilize the definitions below.

Network

Group of preferred providers who have pre-negotiated rates with Anthem for a better discount. Visit the plan providers’ website listed to determine if your doctor is in network.

Annual Deductible

The total dollar amount you are required to pay for health care services at 100% before your health insurance plan begins to pay. If a plan has an embedded deductible: once one person hits the individual deductible, the plan begins to pay for that person (even though the Family deductible has not been met).

Out-of-Pocket Maximum

The most you should have to pay for health care benefits during a plan year. Once met, you should not have to pay cost shares until the plan year renews. While this maximum does include your deductible, copays, and coinsurance, it never includes your premium, balance-billed charges, or services your plan does not cover.

Copays/Coinsurance

Copayments (or Copays) are fixed dollar amounts you pay for a covered health care service, usually at the time of service. The amount can vary by type of service. PPO Plans have copays, but the CDHD Plan does not.

Coinsurance is your share of the costs for health care services, calculated as a percentage of the allowed amount. You pay coinsurance after your deductible has been met. You pay that percentage for each charge until you meet your out-of-pocket max.

In Network versus Out of Network

Our plans contract with “preferred” providers from which you can choose. If you receive care from a doctor/hospital within the network, you will only be responsible for your annual deductible, copayments, and coinsurance. If you go outside the network, you will pay a higher amount and may have to file a claim for reimbursement.

Preventative Care

All medical plans cover routine preventive care at 100%. Preventive visits to your doctor can help catch health risks early, potentially saving money, time, and even your livelihood. Take advantage of this care, including well-child visits, annual physicals, immunizations, and more!
ER or Urgent Care?

Did you know there is a huge cost difference between visiting the emergency room and an urgent care center? Under the PPO plan you will pay a $200 copay for each Emergency Room visit. A visit to an Urgent Care will only cost you a $75 copay.

- **Emergency Room**—for life-threatening conditions that require immediate care (not breathing, choking, heart attack, stroke, severe bleeding or burns, shock, broken bones, etc.) – CALL 9-1-1
- **Urgent Care**—for urgent issues needing help when your doctor’s office is closed (sprains, moderate burns, acute pain, serious cuts, frostbite with lingering numbness)

### Medical Plan Options

<table>
<thead>
<tr>
<th>Option 1: Core Plan (PPO)</th>
<th>Option 2: Plus Plan (PPO)</th>
<th>Option 3: CDHD Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network</strong></td>
<td><strong>Network</strong></td>
<td><strong>Network</strong></td>
</tr>
<tr>
<td><a href="#">www.anthem.com</a></td>
<td><a href="#">www.anthem.com</a></td>
<td><a href="#">www.anthem.com</a></td>
</tr>
<tr>
<td><strong>IN</strong></td>
<td><strong>IN</strong></td>
<td><strong>IN</strong></td>
</tr>
<tr>
<td><strong>OUT</strong></td>
<td><strong>OUT</strong></td>
<td><strong>OUT</strong></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td><strong>Annual Deductible</strong></td>
<td><strong>Annual Deductible</strong></td>
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<td>$1,150.00</td>
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<td><strong>Family</strong></td>
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<td><strong>Out-of-Pocket Maximum</strong></td>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td><strong>Out-of-Pocket Maximum</strong></td>
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<td><strong>Family</strong></td>
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<td><strong>Copay/Coinsurance</strong></td>
<td><strong>Copay/Coinsurance</strong></td>
<td><strong>Copay/Coinsurance</strong></td>
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<td>Primary Care Visit</td>
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<tr>
<td>Specialist Visit</td>
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<tr>
<td>Urgent Care</td>
<td>$75 copay</td>
<td>50%</td>
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<tr>
<td>Emergency Room</td>
<td>$200 copay</td>
<td>50%</td>
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<tr>
<td>Inpatient Care</td>
<td>25%</td>
<td>50%</td>
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<tr>
<td>Outpatient Care</td>
<td>25%</td>
<td>50%</td>
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Medical Plan Rates

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<tr>
<th>Medical</th>
<th>9 Month</th>
<th>10 Month</th>
<th>12 Month</th>
<th>9 Month Biweekly</th>
<th>12 Month Biweekly</th>
<th>Annually</th>
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<td>$236.36</td>
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<td><strong>PPO Plus</strong></td>
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<td></td>
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<td></td>
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<tr>
<td>Employee Only</td>
<td>$260.19</td>
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<td>Employee &amp; Spouse</td>
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<td>$290.46</td>
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<tr>
<td>Employee &amp; Child(ren)</td>
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<td>$851.22</td>
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<td><strong>CDHD Plan</strong></td>
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<tr>
<td>Employee Only</td>
<td>$63.62</td>
<td>$57.25</td>
<td>$47.71</td>
<td>$30.13</td>
<td>$22.02</td>
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<td>Employee &amp; Spouse</td>
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<tr>
<td>Employee &amp; Child(ren)</td>
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<td>Family</td>
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<td>$396.74</td>
<td>$250.58</td>
<td>$183.11</td>
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</tr>
</tbody>
</table>

Health Savings Account (HSA)—The HSA Authority

Overview

A Health Savings Account (HSA) is a tax-free savings tool that helps you save for out-of-pocket medical expenses, but it is only available to those who are enrolled in the Consumer Driven High Deductible (CDHD) plan. Participating in the CDHD plan allows you to set aside money in a HSA before taxes are deducted to pay for eligible medical, dental, and vision expenses. Federal guidelines do not allow you to have an HSA without a CDHD. You can use the money in an HSA to pay for first-dollar, approved medical, dental, vision, prescription, and medical supply expenses. Your contributions to the account are tax deferred, and your earnings grow tax free when not used to pay for expenses.

- An HSA is similar to a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars, but an HSA has some additional advantages:
  - Unused money in an HSA is not forfeited at the end of the year; it is carried forward.
  - Your HSA is yours to keep which means that you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash.
  - Expenses paid from the HSA remain tax free as long as they are considered eligible “qualifying medical expenses” under IRS guidelines: Section 213(d). For further details on these eligibility requirements, go to [www.treasury.gov](http://www.treasury.gov).

It is your responsibility to set up an HSA in your name. Butler currently partners with the HSA Authority (an Old National Bank company) for HSA accounts. The HSA account contributions are payroll deducted and deposits go into a checking account that you control—paying expenses by check or with a debit card. Electronic access to account activity, balances, images of cancelled checks, and bank statements are available through online banking at no extra cost. Access to account activity and balances is also available by telephone. Paper statements are available for a nominal fee.
Butler Contributions

Butler will contribute to your HSA account as specified below. HSA contributions are pretax and contributions made by Butler are not taxable to the employee (excluded from income). Each year you wish to participate in the HSA you are required to “re-elect” the amount you would like deducted from your paycheck. While HSA funds are always yours and remain in your HSA account year after year, your HSA elections do not carry over year after year. The total contributions from you and Butler cannot exceed the annual IRS limits.

<table>
<thead>
<tr>
<th>HSA Contribution Limits</th>
<th>IRS 2018 Contribution Limit**</th>
<th>Butler Annual Contribution</th>
<th>Employee Pre-Tax Contributions (Limit – Maximum)</th>
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<td>Employee Only</td>
<td>$3,450</td>
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<td>Employee + Spouse</td>
<td>$6,900</td>
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<td>Employee + Child(ren)</td>
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</tr>
<tr>
<td>Family</td>
<td>$6,900</td>
<td>$1,500</td>
<td>$5,400</td>
</tr>
</tbody>
</table>

**Note: Employees over age 55 can make catch-up contributions up to an additional $1,000.

Flexible Spending Accounts—Discovery Benefits

Overview

Butler provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through Flexible Spending Accounts (FSA). Each year you wish to participate in the FSA, you are required to “re-elect” the amount you would like deducted from your paycheck. FSA elections do not carry over year after year. You can save approximately 30% of each dollar spent on these expenses when you participate in a FSA.

A Medical Reimbursement FSA is used to reimburse out-of-pocket medical, dental, and vision expenses incurred by you and your dependents. A Dependent Care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you do not pay federal income tax, social security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. If you have funds remaining in your Medical Reimbursement Account at the end of the plan year you may carry them over a maximum of $500 into the next plan year. Anything over the $500 must be used to pay claims that were incurred on or before December 31, 2017 or it will be forfeited. You have until March 31, 2018 to submit claims for 2018 expenses.

The maximum that you can contribute to the Medical Reimbursement Flexible Spending account is $2,650 per year.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is $5,000 if you are a single employee or married filing jointly, or $2,500 if you are married and filing separately.

FSA Contribution Limits

<table>
<thead>
<tr>
<th>FSA Account Type</th>
<th>Annual FSA Limit</th>
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<tr>
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<tr>
<td>Health Care FSA Carry-Over Limit</td>
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<tr>
<td>Dependent Care FSA – individual or married filing jointly</td>
<td>$5,000</td>
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<tr>
<td>Dependent Care FSA – married filing separately</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

*These limits and definitions are effective as of January 1, 2018. For more information, contact HR or see IRS Revenue Procedure 2017-58.
Saving Money with an FSA Account

The following example shows how you can save money with a flexible spending account.

Bob and Jane’s combined gross income is $30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend $2,000 in adult orthodontia and $3,300 for day care next plan year, they decide to direct a total of $5,300 into their FSAs.

<table>
<thead>
<tr>
<th></th>
<th>Without FSAs</th>
<th>With FSAs</th>
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<tbody>
<tr>
<td><strong>Gross income:</strong></td>
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<td>$30,000</td>
</tr>
<tr>
<td><strong>FSA contributions:</strong></td>
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<td>$5,300</td>
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<tr>
<td><strong>Gross income:</strong></td>
<td>$30,000</td>
<td>$24,700</td>
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<td><strong>Estimated taxes:</strong></td>
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<tr>
<td>Federal</td>
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<td>$-1,755</td>
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<tr>
<td>State</td>
<td>$-900</td>
<td>$-741</td>
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<tr>
<td>FICA</td>
<td>$-2,295</td>
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<tr>
<td><strong>After-tax earnings:</strong></td>
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<td>$20,314</td>
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<td><strong>Eligible out-of-pocket</strong></td>
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<tr>
<td>Medical and dependent care expenses:</td>
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<td>Remaining spendable income:</td>
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<td>Spendable income increase:</td>
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Prescription Drug Benefits

<table>
<thead>
<tr>
<th>Tier</th>
<th>Type</th>
<th>Cost</th>
</tr>
</thead>
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<tr>
<td>Tier 1</td>
<td>Generic</td>
<td>Lowest Cost</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Formulary Brand</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>Non-Formulary</td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>Specialty Rx</td>
<td>Highest Cost</td>
</tr>
</tbody>
</table>

All medical plans include coverage for prescription medication. Butler’s program is coordinated through Anthem (Express Scripts). As you see in the chart below, there are three prescription type coverage levels.

Our prescription drug costs are also affected by our participation in two different prescription programs which are built into our drug coverage benefits.

- **Preferred Generics:** In this program, members will receive the generic drug if the prescription does not indicate “dispense as written”. If the prescription does not indicate “dispense as written” and the member insists on receiving a brand drug the member will pay the generic copay plus the cost difference between the brand and generic if a brand-name drug is dispensed instead of its generic equivalent.

- **Home Delivery Complete Program:** In this program, members get the convenience of having medications sent right to their homes with free standard shipping rather than making trips to their local pharmacy. **Members must utilize the home delivery program to fill maintenance medications.** This program is a cost saving opportunity for the member and employer because the prescription is going directly to the consumer and not through a second party (pharmacy). Members are able to receive a 90-day supply of maintenance medication at a 60-day refill cost.

- **Specialty medications (Tier 4)** are dispensed by Express Scripts pharmacy, Accredo.
Generic Drug FAQs

What is a generic drug? When a new, FDA approved drug goes on the market, it may have patent or exclusivity protection that enables the manufacturer to sell the drug exclusively for a period of time. When those expire or no longer serve as a barrier to approval, other companies can make the drug in generic form.

Are generic drugs as effective as brand name drugs? Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. The FDA requires generic drugs to have the same high quality, strength, purity and stability as brand-name drugs.

Are generic drugs as safe as brand-name drugs? Yes. The FDA must approve the generic drug before it can be marketed.

Are generic drugs that much cheaper than brand-name medications? Yes. On average, the cost of a generic drug is 80% to 50% lower than the brand-name equivalent.

Is there a generic equivalent for my brand-name drug? To find out, visit www.fda.gov to view a catalog of FDA-approved drug products, as well as drug labeling information.

Source: www.fda.gov

Prescription Drug Plans

Please review the prescription benefits for each plan below as well as review the FAQs for further information.

<table>
<thead>
<tr>
<th>Tier</th>
<th>IN Network</th>
<th>OUT of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier</td>
<td>Retail Rx</td>
<td>Retail Rx</td>
</tr>
<tr>
<td>1</td>
<td>$10</td>
<td>50%</td>
</tr>
<tr>
<td>2</td>
<td>$35</td>
<td>50%</td>
</tr>
<tr>
<td>3</td>
<td>$75</td>
<td>50%</td>
</tr>
<tr>
<td>4</td>
<td>$150</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier</th>
<th>Retail Mail Order</th>
<th>Retail Mail Order</th>
<th>Retail Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$30 50%</td>
<td>$30 50%</td>
<td>$20 50%</td>
</tr>
<tr>
<td>2</td>
<td>$105 50%</td>
<td>$90 50%</td>
<td>$70 50%</td>
</tr>
<tr>
<td>3</td>
<td>$225 50%</td>
<td>$225 50%</td>
<td>$150 50%</td>
</tr>
<tr>
<td>4</td>
<td>Not Covered Not Covered</td>
<td>Not Covered Not Covered</td>
<td>Not Covered Not Covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier</th>
<th>Anthem Direct Mail Service</th>
<th>Anthem Direct Mail Service</th>
<th>Anthem Direct Mail Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$20 Not Covered</td>
<td>$10 Not Covered</td>
<td>20% Not Covered</td>
</tr>
<tr>
<td>2</td>
<td>$70 Not Covered</td>
<td>$60 Not Covered</td>
<td>20% Not Covered</td>
</tr>
<tr>
<td>3</td>
<td>$150 Not Covered</td>
<td>$150 Not Covered</td>
<td>20% Not Covered</td>
</tr>
<tr>
<td>4</td>
<td>Not Covered Not Covered</td>
<td>Not Covered Not Covered</td>
<td>Not Covered Not Covered</td>
</tr>
</tbody>
</table>

Copays Apply BEFORE Deductible (combined with Medical)

<table>
<thead>
<tr>
<th>Tier</th>
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</tr>
</thead>
<tbody>
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<td>50%</td>
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<td>50%</td>
</tr>
<tr>
<td>3</td>
<td>$75</td>
<td>50%</td>
</tr>
<tr>
<td>4</td>
<td>$150</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<td>$20 50%</td>
</tr>
<tr>
<td>2</td>
<td>$105 50%</td>
<td>$90 50%</td>
<td>$70 50%</td>
</tr>
<tr>
<td>3</td>
<td>$225 50%</td>
<td>$225 50%</td>
<td>$150 50%</td>
</tr>
<tr>
<td>4</td>
<td>Not Covered Not Covered</td>
<td>Not Covered Not Covered</td>
<td>Not Covered Not Covered</td>
</tr>
</tbody>
</table>

<table>
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<td>$70 Not Covered</td>
<td>$60 Not Covered</td>
<td>20% Not Covered</td>
</tr>
<tr>
<td>3</td>
<td>$150 Not Covered</td>
<td>$150 Not Covered</td>
<td>20% Not Covered</td>
</tr>
<tr>
<td>4</td>
<td>Not Covered Not Covered</td>
<td>Not Covered Not Covered</td>
<td>Not Covered Not Covered</td>
</tr>
</tbody>
</table>

Copays Apply BEFORE Deductible (combined with Medical)

Coinsurance Applies After Deductible (combined with Medical)
Dental Insurance

Butler University offers Dental benefits through Delta Dental of Indiana, which allows you to seek treatment from the dentist of your choice. In order to reduce out-of-pocket costs, a discounted fee schedule is used when one selects an In-Network Dentist. Selecting an In-Network dentist removes the risk of balanced billing.

Dental Plan Options

<table>
<thead>
<tr>
<th>Deductible:</th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50 single</td>
<td>100%</td>
<td>100%</td>
<td>100%*</td>
</tr>
<tr>
<td>$100 family</td>
<td>100%</td>
<td>100%</td>
<td>100%*</td>
</tr>
<tr>
<td>Maximum: $1,500/person</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Diagnostic & Preventive Services**
- Exams, cleanings and fluoride and space maintainers
- To prevent decay of permanent teeth
- To detect oral cancer
- X-rays

- **Diagnostic & Preventive – NO DEDUCTIBLE**
- **Emergency Palliative Treatment**: To temporarily relieve pain
- **Sealants**: To prevent decay of permanent teeth
- **Brush Biopsy**: To detect oral cancer

**Basic Services**
- **Minor Restorative Services**: Fillings and crown repair
- **Endodontic Services**: Root Canals
- **Periodontal Services**: To treat gum disease
- **Oral Surgery Services**: Extractions and dental surgery
- **Other Basic Services**: Miscellaneous services
- **Relines and Repairs**: To bridges, implants and dentures

**Major Services**
- **Major Restorative Services**: Crowns
- **Prosthodontic Services**: Bridges, implants and dentures

**Class D - Orthodontic Services Separate $1,000 Lifetime Maximum**
- **Orthodontia**: Braces
- **Up to 19 years of age**: 50% 50% 50%

*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental’s Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges, and you will be responsible for that difference.

**Dental Rates**

<table>
<thead>
<tr>
<th></th>
<th>9 month</th>
<th>10 month</th>
<th>12 month</th>
<th>9 month Bi-weekly</th>
<th>12-month Bi-weekly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$9.88</td>
<td>$8.89</td>
<td>$7.41</td>
<td>$4.68</td>
<td>$3.42</td>
<td>$88.92</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$37.65</td>
<td>$33.89</td>
<td>$28.24</td>
<td>$17.84</td>
<td>$13.03</td>
<td>$338.88</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$22.73</td>
<td>$20.46</td>
<td>$17.05</td>
<td>$10.77</td>
<td>$7.87</td>
<td>$204.60</td>
</tr>
<tr>
<td>Family</td>
<td>$49.52</td>
<td>$44.57</td>
<td>$37.14</td>
<td>$23.46</td>
<td>$17.14</td>
<td>$445.68</td>
</tr>
</tbody>
</table>
**Vision Benefits Overview**

Butler University’s Vision benefits are provided by Anthem, utilizing the Blue View Vision network. Anthem offers you one of the largest vision care networks in the industry with a wide selection of experienced ophthalmologists, optometrists, and opticians. Convenient retail locations (such as LensCrafters, Sears Optical, Target Optical, JCPenney Optical and most Pearle Vision locations) are also included in-network, and many have weekend hours. Go to one of these in-network providers to maximize your benefits! Have questions about your benefits or provider locations? Call 1-866-723-0515.

<table>
<thead>
<tr>
<th>Service</th>
<th>Exam Cost</th>
<th>Allowance</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$10 copay</td>
<td>$42 allowance</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>Discount not to exceed $39</td>
<td>Discount not available</td>
<td>Every 12 months</td>
</tr>
</tbody>
</table>

**Need Medical Treatment?**

This plan is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye physician from your medical network.

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost Information</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyeglass Frames</td>
<td>$130 Allowance; 20% off balance over $130</td>
<td>Every 24 months</td>
</tr>
<tr>
<td>Eyeglass Lenses (Standard)</td>
<td>$20 Copay</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>Single: $40 allowance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bifocal: $60 allowance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trifocal: $80 allowance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lenticular: $100 allowance</td>
<td></td>
</tr>
<tr>
<td>Elective Contact Lenses</td>
<td>$135 allowance; 15% off any balance over $135</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Medically Necessary Contact Lenses</td>
<td>Covered in Full</td>
<td>Every 12 months</td>
</tr>
</tbody>
</table>

**Additional Savings on Eyewear and More**

As a Blue View Vision member, you can take advantage of valuable discounts through Anthem’s Additional Savings program. Just visit a participating Blue View Vision eye care professional or vision center and enjoy 40% off the retail price* of eye glass frames and 10% off the retail price of conventional (non-disposable) contact lenses. You can also save 20% off the retail price of non-preservation sunglasses and eye care accessories. Plus you’ll get special member savings* on standard eyeglass lenses, lens treatment options, and upgrades. Restrictions may apply and discounts are subject to change without notice.

* Discounts do not apply in the event the manufacturer has imposed a no discount policy on the frame. Discounts on frames and special member pricing apply when complete pairs of eyeglasses are purchased together. If purchased separately, members receive a 20% discount off the retail price.

**Vision Plan Rates**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>9 Month Biweekly</th>
<th>10 Month Biweekly</th>
<th>12 Month Biweekly</th>
<th>9 Month Annually</th>
<th>12 Month Biweekly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$8.23</td>
<td>$7.40</td>
<td>$6.17</td>
<td>$3.90</td>
<td>$2.85</td>
<td>$74.04</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$14.72</td>
<td>$13.25</td>
<td>$11.04</td>
<td>$6.97</td>
<td>$5.10</td>
<td>$132.48</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$17.20</td>
<td>$15.48</td>
<td>$12.90</td>
<td>$8.15</td>
<td>$5.95</td>
<td>$154.80</td>
</tr>
<tr>
<td>Family</td>
<td>$21.31</td>
<td>$19.18</td>
<td>$15.98</td>
<td>$10.09</td>
<td>$7.38</td>
<td>$191.76</td>
</tr>
</tbody>
</table>
Healthcare Resources

Anthem LiveHealth Online
Have you ever been at work and did not feel well? Maybe you had a fever or sore throat but you did not have time to leave to see your doctor or go to urgent care. Now with Anthem’s LiveHealth Online, you can see a board-certified doctor in minutes.

For the cost of an office visit copay, you will have 24/7 access to doctors who can assess your condition, provide treatment options, and even send a prescription, if needed, to the pharmacy of your choice. You can get medical care when you need it for things like the flu, a cold, sinus infection, pink eye, rashes, fever, and more. There are no appointments or long waits. For most people, you are connected to a doctor in 10 minutes or less.

It is easy to start talking to a doctor. Go to www.livehealthonline.com and select sign-up if you do not have an account; if you have an account, select login. Search for a doctor in your area, fill out the information about yourself (or covered dependent), and your health issue.

Do not wait until you need the service, sign up today so it is ready when you need it. You can access LiveHealth through your computer or mobile phone.

Questions:
If you have any questions or issues getting signed up, call Anthem’s Customer Support Call Center 24/7 at 1-855-603-7985.

Castlight
Castlight gives you the tools you need to take charge of your health care—and know on the go.

Download the Castlight Mobile app today! Castlight Mobile allows you to access quality and cost information for medical services on the go. You can find a doctor, call for an appointment, search for prescriptions, and get directions all from one place. Visit mycastlight.com/mobile and get started today!

Castlight’s health care shopping tool is provided free of charge to Butler faculty and staff members (and adult dependents age 18 and over) who are covered by a Butler health plan. Castlight Mobile is designed to work on most web-enabled mobile devices.

Register and Learn More
Visit mycastlight.com/butler

Questions:
Call a Castlight Guide at 800-681-6451

HealthAdvocate
Health Advocate helps you stretch your healthcare dollars, make informed decisions, and decrease the time spent on resolving your healthcare and insurance issues.

Your FREE Butler-paid Health Advocate benefit gives you unlimited access to your own Personal Health Advocate (PHA), typically a registered nurse backed by medical directors and benefits and claims specialists. You get one-on-one help for any healthcare or insurance related issue, when you need it most. We cover you, your spouse, dependent children, parents, and parents-in-law.

If you need help, call the Member Help Line at 1-866-695-8622 or email member support at answers@HealthAdvocate.com.
Additional Benefit Offerings

**Life and AD&D Insurance**

Butler University provides group term life insurance and accidental death or dismemberment insurance to eligible employees, valued at one (1) times the employee’s annual base salary up to a maximum of $300,000. This benefit is at no cost to the employee.

Supplemental life insurance is available to eligible employees at a value of up to three (3) times annual base salary to a maximum of $500,000. Cost is paid by the employee and is based on age, salary, and amount of coverage elected. Supplemental life insurance is also available for the employee’s spouse and children. Details on benefit maximums and costs are available at [https://www.butler.edu/hr/benefits/financial/life-accident-insurance](https://www.butler.edu/hr/benefits/financial/life-accident-insurance).

**Long-Term Care Insurance**

All eligible employees have the opportunity to apply for Long Term Care (LTC) insurance coverage with full medical underwriting through Genworth Life Insurance Company (Genworth Life) at competitive group rates. Coverage under this Program is portable, so it will move with you if you retire or leave the University.

Newly hired full-time employees working at least 37.5 hours per week have the opportunity to apply with fewer medical requirements depending on your age, during the first 30 days after becoming benefits eligible.

Take advantage of this opportunity to learn what long term care insurance can do to help protect your financial future. To learn more about the program, plan options, get a cost estimate, and apply online, go to the website: [www.genworth.com/butler](http://www.genworth.com/butler), or call customer service at 1-800-416-3624, Monday–Friday 8:00 AM–8:00 PM ET.

**What is Long Term Care Insurance?**

Long Term Care Insurance provides help for an extended period of time with activities that most of us take for granted, such as getting dressed, showering, feeding ourselves and moving around. LTC insurance provides coverage for services when they are required for an extended period of time and are not associated with acute care or short-term illnesses.

**Why Long Term Care Insurance?**

LTC insurance can help you:
- Protect your retirement savings and assets
- Protect your family from the burdens of care giving
- Protect your ability to stay in your own home

**The Choices:** This program offers three simple choices specifically designed for employees and their eligible family members.
- Choose a Monthly Benefit Amount
- Choose a Total Coverage Amount
- Choose a Benefit Increase Option
**Premiums:** Affordable premiums are based on your age when you apply and your plan choices. You'll never be younger than you are now, so premiums for this program may never be lower.

**Who Is Eligible to Apply?**
Actively-at-work, full-time employees.

Family members aged 18-75 including:
- Spouses or domestic partners
- Parents, including step and parents-in-law
- Grandparents, including step and grandparents-in-law
- Siblings, including step and siblings-in-law
- Adult children (no spouses)

**Eligibility Requirements:**
All eligible employees and family members must maintain a permanent US residence and have a valid Social Security or Tax Identification number from the US Government.
- Eligible full-time employees must be 18 or older, actively at work, benefits eligible and working at least 37.5 hours per week.
- Family members must be between age 18 and 75.

**Tuition Remission and Tuition Exchange**
After 9 months of full-time service, Butler University provides full tuition remission for classes taken at Butler for employees, spouses, and dependent children who have successfully completed admission requirements. The 9-month waiting period may be waived with prior, verifiable, paid work experience in higher education. Employees and spouses are covered for undergraduate or graduate level work, while dependent children are eligible for their first undergraduate degree only. Employees are limited to six (6) credit hours per semester (with agreement from supervisor) to accommodate work schedules. Please refer to the Tuition Remission policy for eligibility requirements, the approval process and further information.

Butler University also participates in a tuition exchange program with approximately 600 other private colleges/universities across the country. A listing of participating schools is available at www.tuitionexchange.org. Additional information and rules for both Tuition Remission and Tuition Exchange are available in Human Resources or at https://www.butler.edu/hr/benefits/financial/tuition-remission-exchange.

**Employer Assistance Program (EAP)**
Butler University provides free, confidential, professional counseling for employees and their immediate family members through an EAP Program provided by ComPsych. The program provides up to three (3) free visits for each family member per year to assist with times of stress, family, and/or marital counseling, drug/alcohol abuse. Further information about the Employee Assistance Program can be found at https://www.butler.edu/hr/benefits/health-wellness/employee-assistance-program.
Paid Time Off & Leave of Absence

Holidays
The following are the official observed holidays:

- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving and day after Thanksgiving
- Christmas Day through New Year’s Day*

*Must be employed on the first working day in December to qualify for benefit

Vacation

- Nine (9) and ten (10) month full-time faculty are **NOT** eligible for paid vacation.
- Full-time, twelve (12) month faculty: paid vacation time is available and is distributed over a June 1 – May 31 fiscal year. All vacation time awarded within the fiscal year must be used prior to May 31 or it will be lost.

During the first year of employment, vacation eligible faculty and Director level staff will receive the following vacation allotments based on date of hire:

<table>
<thead>
<tr>
<th>Hired before 20th of</th>
<th># days given</th>
<th>Hired before 20th of</th>
<th>#days given</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>20</td>
<td>December</td>
<td>10</td>
</tr>
<tr>
<td>July</td>
<td>18</td>
<td>January</td>
<td>8</td>
</tr>
<tr>
<td>August</td>
<td>17</td>
<td>February</td>
<td>7</td>
</tr>
<tr>
<td>September</td>
<td>15</td>
<td>March</td>
<td>5</td>
</tr>
<tr>
<td>October</td>
<td>13</td>
<td>April</td>
<td>3</td>
</tr>
<tr>
<td>November</td>
<td>12</td>
<td>May</td>
<td>0</td>
</tr>
</tbody>
</table>

June 1 following your hire date, you will be eligible for 20 days of vacation

- Vacation time is available to all regular, full-time, nine (9), ten (10) and twelve (12) month staff which is distributed over a June 1–May 31 fiscal year. All vacation time awarded within the fiscal year must be used prior to May 31 or it will be lost. No time is available to be carried over into the next fiscal year.
During the first year of employment, 12-month employees will receive the following vacation amounts:

<table>
<thead>
<tr>
<th>12 Month Full-Time Staff Vacation Allotment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hired before 20th of</td>
</tr>
<tr>
<td>June</td>
</tr>
<tr>
<td>July</td>
</tr>
<tr>
<td>August</td>
</tr>
<tr>
<td>September</td>
</tr>
<tr>
<td>October</td>
</tr>
<tr>
<td>November</td>
</tr>
</tbody>
</table>

If you are hired between June 1 and February 28, you will be eligible for 11 days of vacation on the June 1 following your start date. Employees hired between March 1 and May 31 will be eligible for 10 days on the June 1 following their start date. An additional vacation day is accrued each year after to a maximum of 20 days. Nine (9) and ten (10) month STAFF will receive a pro-rated amount of vacation based on months worked.

**Personal Time Off**

All regular nine (9), ten (10) and twelve (12) month, full-time STAFF are eligible to participate in the Personal Time Off program. All eligible employees will be provided three (3) days (to a maximum of 24 hours) of Personal Time off per fiscal year. Nine (9) and ten (10) month STAFF will receive a pro-rated amount of PTO based on months worked.

- New employees hired within the fiscal year will receive a pro-rated amount of PTO based upon date hired.

<table>
<thead>
<tr>
<th>PTO Allotment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hired Between</td>
</tr>
<tr>
<td>June 1 &amp; August 20</td>
</tr>
<tr>
<td>August 21 &amp; November 20</td>
</tr>
<tr>
<td>November 21 &amp; February 20</td>
</tr>
<tr>
<td>After February 20</td>
</tr>
</tbody>
</table>

**Sick Time Off**

All regular nine (9), ten (10) and twelve (12) month full-time staff are eligible to participate in the Sick Pay program. All eligible employees will have five (5) days of sick time available per fiscal year. Nine (9) and ten (10) month STAFF will receive a pro-rated amount of sick time based on months worked.
New employees hired within the fiscal year will receive a pro-rated amount of sick time based upon the date hired.

<table>
<thead>
<tr>
<th>Sick Time Allotment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hired Between</strong></td>
<td><strong># Days Given</strong></td>
</tr>
<tr>
<td>June 1 &amp; July 20</td>
<td>5</td>
</tr>
<tr>
<td>July 21 &amp; September 20</td>
<td>4</td>
</tr>
<tr>
<td>September 21 &amp; November 20</td>
<td>3</td>
</tr>
<tr>
<td>November 21 &amp; January 20</td>
<td>2</td>
</tr>
<tr>
<td>January 21 &amp; March 20</td>
<td>1</td>
</tr>
<tr>
<td>After March 20</td>
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**Medical Leave & Family Medical Leave Act (FMLA)**

If you are medically disabled for any reason, other than an on the job injury, you may be eligible for the following income continuation benefits during that time.

- **Income Protection** - 100% of salary for 60 calendar days (minus any unused sick time) - requires continuous, full-time employment for one academic year prior to the disability and approved FMLA leave of absence for your own personal illness or non-work injury.

- **Short Term Disability** - 60% of salary from 61st day through 365th day of eligible, personal medical disability. Review and approval from insurance company is required.

- **Long Term Disability** - 60% of salary after 365 days of eligible, personal medical disability. Review and approval from insurance company is required. For eligibility requirement and more information regarding these income continuation benefits, please visit https://www.butler.edu/hr/benefits/.

**Questions and Answers on Family Medical Leave Administration and CareWorks Absence Management**

Please note FMLA will run concurrent with workers compensation, short term disability, paid time off, and income protection.
1. Do I have to call CareWorks Absence Management each time I am absent?

If you are or expect to be absent for more than (3) three days due to an FMLA qualifying reason, then YES, you must contact CareWorks Absence Management as soon as you know of the absence. Once you are approved and are out of work for a defined period of Family Medical Leave, you should maintain contact with CareWorks and Human Resources regarding your leave status. You need not call in everyday unless the expected duration of your approved leave changes.

If you are approved for INTERMITTENT Family Medical Leave, you are expected to call CareWorks and report your absence each time you are absent due to the approved intermittent FML illness/injury.

If you are absent from your job for reasons not related to Family Medical Leave (i.e. child care issues [non-military related], car won’t start, or a onetime brief illness that does not qualify for Family Medical Leave) you are not required to call CareWorks Absence Management but you must notify your supervisor. When in doubt, please call CareWorks Absence Management and they will instruct you appropriately.

2. What if I do not call CareWorks Absence Management?

If you do not contact CareWorks Absence Management to report your qualified FMLA absence, you may experience a delay or denial of your protections under the FMLA. Approval of sick leave does not initiate an approved Family Medical Leave.

3. Should I still call my supervisors if I am unexpectedly absent from my job?

Yes, any time you are or expect to be absent from your job, you still need to call your supervisor so that your time off is properly accounted for and your department can make other arrangements for your job duties.

4. I understand my own physician provides medical certification to substantiate my FML. Can CareWorks Absence Management override my physician’s statement?

CareWorks Absence Management will not override your personal physician’s statement; however they may ask your physician for additional or clarifying information in order to approve leave time based on the qualifying condition(s).

5. Whose responsibility is it to ensure all the paperwork is completed?

It is ultimately your (the employee’s) responsibility to make sure the paperwork is completed by your health care provider and returned to CareWorks Absence Management prior to the applicable deadline.

6. I received a medical release form in my CareWorks Absence Management packet. Do I need to sign this form in order for my leave to be approved?

Signing the provided medical release will assist CareWorks Absence Management in obtaining the necessary medical information from your provider to make a determination on a claim with little or no delay. Signing the release is optional to you and is intended to expedite the leave approval process.

7. Who do I return the completed medical certification forms to?

Either you or your health care provider should return forms to CareWorks Absence Management via mail or fax. Medical forms are not to be returned to Human Resources or your supervisor.

8. Do I have to submit a doctor’s note each time I take intermittent Family Medical Leave?

No, but each time you are out of work for an intermittent Family Medical Leave absence you must report your intermittent leave days to CareWorks Absence Management. If you exceed the frequency and duration of previously approved by CareWorks Absence Management or the circumstances of your leave change, you may be asked to provide additional information for further medical certification.
9. Can I take Family Medical Leave in less than whole day increments?
Yes, Family Medical Leave can be taken in whole day, half day, hours or minutes.

10. How often do I have to re-certify for a lifelong condition?
Generally, every six (6) months unless the circumstances surrounding your need for leave change (i.e. you exceed the frequency and duration previously certified by your health care provider).

11. Why has Butler University decided to outsource the administration of Family Medical Leave?
- To assure compliance with increasingly complex federal regulations and tracking requirements.
- To better manage Butler University’s Family Medical Leave policy with a more efficient and streamlined process.
- To assure the confidentiality and integrity of the medical information necessary for the administration of FMLA.
- To assure employees are returned to their job duties promptly and with full release from their physician if applicable.

12. Where is CareWorks Absence Management located?
CareWorks Absence Management’s headquarters are located in Dublin, Ohio, a suburb of Columbus. All calls will be answered by someone in Ohio.

13. What are the hours we can call CareWorks Absence Management?
You can call CareWorks Absence Management 24 hours a day, 7 days a week (1-888-436-9530). During CareWorks Absence Management’s call center hours of 8:00 a.m. to 8:00 p.m. weekdays, you will speak to a leave application intake representative. After hours and on weekends, you have the opportunity to leave a voicemail message and expect a return call within one business day or you can be transferred to CareWorks Absence Management’s answering service that will take your call and instruct the leave intake representative to return your call within one business day.

14. Is my medical information secure with CareWorks Absence Management?
Yes, CareWorks Absence Management is HIPAA compliant and will maintain the privacy of your medical information. In addition, CareWorks Absence Management does not have access to your entire medical record. They only request supporting medical information to substantiate the reason(s) for which your physician has indicated you need to be absent from your job and/or work a reduced work schedule or transitional duty.

15. Who do I contact with questions about my Family Medical Leave application or whether I am qualified for Family Medical Leave?
Contact CareWorks Absence Management at 1-888-436-9530. Our Employee Portal provides you with secure access to all your leave documents and information. Visit https://timeoff.careworksabsence.com to register for access or call our customer service team at 1-888-436-9530.
Retirement Plan Contributions and Match—TIAA

Butler University wants to assist employees in their effort to save for retirement and provides an opportunity for employees to make pre-tax contributions to both a tax deferred annuity plan (TDA), and after 1 year of service (min 1000 hours), employees are eligible to participate in the defined contribution retirement plan (DCP). Both plans are administered by TIAA.

All employees are eligible to participate in the TDA plan on the first of the month after their date of hire. No matching contributions are provided through the TDA plan.

Participation in the DCP plan requires the employee to contribute 5% of their base salary and Butler University will provide a matching contribution of 10% to the plan on behalf of the participating employee.

Submission of a salary reduction agreement (SRA) indicating the percentage of salary or flat dollar amount that the employee wishes to contribute to the plan on a per pay basis is required to enroll in either or both plans. Further information can be found at https://www.butler.edu/hr/benefits/financial/retirement-savings-plan.

Quick Guide to Managing Your Retirement Account Online

Enroll Online

- Go to TIAA.org/butler.
- Click *Ready to Enroll*, choose your plan(s), and if you haven’t already, complete a salary reduction agreement, then select *Begin Enrollment* to be taken to the *Welcome* page.
- If you are a first-time user: Click *Register with TIAA* to create your user ID and password.
- If you are a returning user: Enter your TIAA user ID and click *Log In*.
- Follow the prompts and print out the confirmation page. You are now enrolled.

Important: Employees are eligible to make their own contributions provided they have completed and returned the necessary Salary Reduction Agreement to the Human Resources Office. The Salary Reduction Agreement is available on the Enroll Now page or from your Human Resources Office.

Change Investments for Future Contributions

- Go to TIAA.org/butler and click *Log In*.
- Enter your TIAA user ID and password.
- In the *My Account* drop-down menu, select *Manage Investments*.
- Select *Change Allocation of Contributions* and select each account/contract you would like to update and enter your investment instructions.

Transfer Funds

- Go to TIAA.org/butler and click *Log In*. 
- Enter your TIAA user ID and password.
- In the *My Account* drop-down menu, select *Manage Investments*.
- Select *Change My Investments* and select each account/contract you would like to update and enter your investment instructions.

**Change Beneficiary Designation**
- Go to TIAA.org/butler and click *Log In*.
- Enter your TIAA user ID and password.
- In the *My Account* drop-down menu, select *Change Beneficiaries*.

**How TIAA Can Help You**

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<tr>
<th>Online Information and Account Information</th>
<th>Use TIAA.org/butler to:</th>
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<tbody>
<tr>
<td></td>
<td>- Establish a secure user ID and password.</td>
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<td></td>
<td>- Review and update your personal information.</td>
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<td>- Update your beneficiary designation.</td>
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<td>- Check account balances and confirm contributions.</td>
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<td>- Change the investment of future contributions.</td>
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<td>- Transfer assets among the plan’s investment options.</td>
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<td>- View and research the performance of the plan’s investment options.</td>
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<td>- Sign up for eDelivery of materials you’d prefer to receive by email.</td>
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<td>- Get loan information.</td>
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<tr>
<td></td>
<td>Access retirement planning tools and calculators</td>
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**Automated Phone Access (available 24/7)**
- 800-842-2252

**Phone Support**
- Call 800-842-2252, weekdays, 8 a.m. to 10 p.m. (ET) and Saturdays, 9 a.m. to 6 p.m. (ET).

**Retirement Plan Advice and Guidance**
- Online: Go to TIAA.org/retirementadvisor. Log in to your account and follow the on-screen instructions.
- To schedule a one-on-one advice and guidance session, by phone or in person, call TIAA at 800-732-8353, weekdays, 8 a.m. to 8 p.m. (ET). Or visit TIAA.org/schedulenow. Investment advice is not available to participants who reside outside of the United States.

**Financial Education**
- TIAA offers many resources to help you learn more about saving and managing your finances. Visit TIAA.org/ve to participate in live webinars or visit TIAA.org/advice to access information about budgeting, college savings, investing and more.

**Online Tools and Calculators**
- Go to TIAA.org/tools for interactive planning tools.
  - Under *Retirement Planning*, select the *Retirement Goal Evaluator* for an estimate of how much of your salary you might be able to replace at retirement.
  - Under *Taxes*, select the *Tax Advantage Calculator* to estimate the long-term growth potential of money contributed to a tax-deferred annuity.
- Under *Saving and Investing*, select the *Asset Allocation Evaluator* for sample portfolios based on your answers to a few questions.
Employee Wellness Incentives

You can’t give your personal best, if you don’t feel your best. Working with the Health and Recreation Complex, Healthy Horizons, and Human Resources, Butler University has developed the following financial incentives to encourage faculty and staff participation in on-campus programs and services that can help you achieve your health goals.

*Note: all information can be found at www.butler.edu/wellnessincentives except for massage and physical therapy.

Healthy Horizons

Wellness Consult
- For full and part time employees, spouses and domestic partners enrolled in Butler’s group health plan
- Receive $100 annually for completing a wellness consult.
- 45-minute consult with a clinical pharmacist who will ask you about your current health habits and measure blood pressure, weight, cholesterol, and other indicators of your health risks. They will recommend specific screenings, vaccinations, and preventive strategies to improve your health, and help you set personalized health goals

Health Coaching
- Qualify for additional $150 incentive by completing recommended health coaching within the 12 months following your wellness consult. Health coaching may include individualized counseling sessions (20 minutes) and participation in health education programs.

Contact
- www.butler.edu/wellnessincentives
- www.butler.edu/healthyhorizons
- 317-940-8143
- healthyhorizons@butler.edu

HRC

Membership / Day Pass for Full and Part-Time Employees
- $250 per year
- $3 for a single use day pass

Fitness Assessment for full and part time employees
- $25 incentive annually

Personal Training for full and part time employees
- $30 per session ($10 discount for HRC members)
HRC Dietitian Session for full and part time employees
- $20 per session

Contact
- www.butler.edu/wellnessincentives

Massage Therapy for full and part time employees plus families
- $65 for a 60-minute session ($10 discount for HRC members)
- $85 for a 90-minute session ($10 discount for HRC members)
- www.butler.edu/massage

St. Vincent Physical Therapy located at the HRC
- For Full and part time employees and spouse/domestic partner and/or dependent
- www.butler.edu/physicaltherapy

FREE Wellness Programs
- Noon-time Group Fitness classes, Basketball & Volleyball at HRC: https://www.butler.edu/fitness/group-fitness-classes
- Free Morning & Noon-Time Walking at HRC and indoor & outdoor Campus Walking/Jogging Routes: https://www.butler.edu/fitness/jogging-and-walking-routes

Meditation at the Blue House: Center for Faith & Vocation
- For full and part time faculty, staff and students
- An opportunity to incorporate a wellness practice into the work life at Butler, CFV offers meditation instruction in the Buddhist and Shambhala (Secular) traditions
- Group instruction is offered Thursdays and Fridays from 12:15-12:45 PM
- Center for Faith & Vocation

Miscellaneous Benefits
- Weekly Meditation through Center for Faith & Vocation
- Discounted tickets to selected Clowes Hall and athletic events
- Bookstore discount
- Computer loan program available after 9 months employment
- Library privileges at Irwin Library or the Science Library in the Holcomb Building
- No-cost membership available to Elements Financial Credit Union and select benefits with PNC Bank
- Free online financial wellness workshops through Elements Financial: http://memberfi.elements.org/
How do I elect / waive my coverage?

Open Enrollment Election or waiver of Medical, Dental, and Vision plans (only) is completed through Butler University’s My.Butler.edu. All other enrollments or changes require paper forms which you may acquire from Human Resources Benefits Office, or www.butler.edu/hr/benefits/ or requested from askhr@butler.edu.

Where do I find enrollment forms and when are they due?

Unless you have been informed otherwise, if you are enrolling during the 2018 Open Enrollment period you will follow the instructions at the beginning of this guide and complete your enrollment online through My.Butler. Documents such as rate sheets and plan summary documents can be found on www.butler.edu/hr/2018openenrollment.

Which medical plan should I enroll in?

HealthAdvocate helps you stretch your healthcare dollars, make informed decisions, and decrease the time spent on resolving your healthcare and insurance issues. If you need assistance with healthcare decisions call the Member Help Line at 1-866-695-8622 or email member support at answers@HealthAdvocate.com.

I’m enrolling in the CDHD Plan how do I get my HSA account?

If enrolling in the HSA eligible CDHD plan, you will need to open an HSA bank account through HSA Authority. For account opening instructions review the HSA section of this guide, or visit The HSA Authority website at theHSAauthority.com. The Butler Employer Code is 143674.

Address: The HSA Authority, HSA Operations, PO Box 3606, Evansville, IN 47735
Email: info@theHSAauthority.com
Phone: 888-472-8697, Monday through Friday 8:00 AM–8:00 PM and Saturday 8:00 AM–3:00 PM ET

Who do I contact with benefits questions?

For general information or additional copies of forms, contact askhr@butler.edu.

What happens to my FSA rollover funds if I decide to enroll in the CDHD plan with an HSA for 2018?

If you move from a PPO plan with FSA to the CDHD plan with HSA for 2018 and you had $500 or less in your FSA, your FSA funds will rollover into a Limited Use FSA for 2018. These funds can only be used for eligible dental and vision claims. You will not be allowed to contribute further funds to the Limited Use FSA account.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to report your benefits accurately, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.
Substance Abuse Policy – Annual Notification for Employees

As a part of its commitment to safeguard the health of its employees, to provide a safe environment, and to promote a drug-free community, Butler University established a Substance Abuse policy in regard to the use or abuse of alcohol and illegal drugs by its employees and applicants for employment. This policy complies with the federal “Drug Free Workplace Act of 1988.”

The University established this policy to ensure that employees do not abuse alcohol or use illegal drugs while engaged in University-related activities or business. The purpose of the policy is to communicate the University’s position on alcohol and drug abuse in the workplace and to advise employees of testing and other procedures that will be used if abuse is observed or suspected.

- The policy is found at: [www.butler.edu/hr/policies](http://www.butler.edu/hr/policies)
- For information on drug and alcohol counseling employees may contact:
  - Employee Assistance Program: ComPsych Guidance Resources
    - To confidentially request services online visit: guidanceresouces.com Butler Web ID: ONEAMERICA3
    - To confidentially request services via phone call 1-855-387-9727

Health Insurance Exchange Notice

*For Employers Who Offer a Health Plan to Some or All Employees*

New Health Insurance Marketplace Coverage Options and Your Health Coverage

**PART A: General Information**

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

**What is the Health Insurance Marketplace?** The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?** You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?** Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not
offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.\footnote{An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.}

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

**How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact:

Human Resources  
4600 Sunset Avenue  
Indianapolis, Indiana 46208  
(317) 940-9355 | askhr@butler.edu

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

**PART B: Information About Health Coverage Offered by Your Employer**

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

<table>
<thead>
<tr>
<th>3. Employer name: Butler University</th>
<th>4. Employer Identification Number (EIN) 35-0867977</th>
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<tr>
<td>5. Employer address: 4600 Sunset Avenue</td>
<td>6. Employer phone number: (317) 940-9355</td>
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<tr>
<td>10. Who can we contact about employee health coverage at this job? Human Resources</td>
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<tr>
<td>11. Phone number: (317) 940-9355</td>
<td>12. Email address <a href="mailto:askHR@butler.edu">askHR@butler.edu</a></td>
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</table>
Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - Some employees. Eligible employees are:
    - all regular full-time employees

- With respect to dependents:
  - We do offer coverage. Eligible dependents are: legal spouse, subscriber's natural child, step child or child placed by adoption, subscriber's grandchild, blood relative or other child for whom legal guardianship has been awarded to the subscriber or subscriber's spouse.

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

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

**Have questions about The Affordable Care Act (ACA) and how it continues to affect you? Review the frequently asked questions below, and make sure you are informed!**

**Q: What is the Individual Mandate?**
A: This regulation is the part of the Affordable Care Act (ACA) that says if you can afford health insurance but choose not to buy it, you will have to pay a fee (unless you have a health coverage exemption).

**Q: How much could the Individual Mandate cost me?**
A: If you do not have coverage in 2017, you will pay the higher of these two amounts: (1) 2.5% of your yearly household income that is above the tax filing threshold, or (2) $695 per adult ($347.50 per child under age 18) per year to a maximum of $2,085 per family. This fee will be adjusted in future years for inflation.

**Q: How will the Government know if I don’t have health care?**
A: Your employer and/or health plan administrator is now required to let the IRS know through filing a form: 1095.

**Q: How do I avoid having to pay the Individual Mandate?**
A: Butler University’s medical plan is considered affordable under ACA Guidelines, so as long as you enroll within the proper enrollment period, you will not have to pay the fee for the time you are covered on our plan. If you miss our enrollment period, you still have a few options. You can enroll when you experience a qualifying life change (like marriage or having a baby), consider Medicaid and/or the Children’s Health Insurance Program (CHIP), or ask HR to connect you with Gregory & Appel’s Marketplace for assistance in purchasing coverage on the Federal Exchange.
Q: If I purchase a plan on the Federal Exchange, will I qualify for cheaper insurance coverage?
A: Since Butler University offers affordable health coverage to you, you should not qualify for a subsidy. If you do, this is most likely a mistake that you will have to pay back when you file your tax return.

Q: What is Form 1095?
A: Form 1095 is a tax form required under the Affordable Care Act. These regulations require you to prove you have health care; otherwise, you pay a fine at tax time. This form allows you to prove on your taxes that you have (or were at least offered) health insurance from us, your employer.

Q: When can I expect these forms, and what should I do when they arrive?
A: These forms are due by January 31, so look for them to arrive with your W-2 or shortly after or before. When the forms arrive, SAVE THEM! Do not throw them away. File them with all other documents you will use to complete your taxes—like your W-2, any 1099 forms, charitable contribution receipts, etc.

Q: Is there a chance my household could receive more than one version of this form?
A: Yes! There are at least three scenarios that could result in you receiving more than one 1095: (1) You and your dependents work full time for different employers who provide the option to enroll in health insurance, (2) You worked for more than one employer during the year, both of whom offered you health insurance, and (3) Your employer’s situation requires them to send you two versions of the form due to ACA regulations. Regardless, keep ALL copies of the 1095 that you receive.

Q: Who will be sending these forms?
A: They could be coming from your insurance carrier, from the exchange (only if you have health care through the Health Insurance Marketplace) or from us—your employer. No matter how many versions of the form you receive, keep them all.

Health Care Reform Affordability Consideration

In order for the plans to be affordable, the lowest cost employee only contribution cannot be more than 9.5% of the employees’ household income. For an employee working 130 hours a month making minimum wage ($7.25/hour) in Indiana this contribution would be $89.54 per month. The lowest cost employee contribution for CDHP is: $44.80

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 are not eligible for Medicaid or CHIP, you will not 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 are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2016. Contact your State for more information on eligibility:

**Alabama—Medicaid**
- Website: [http://myalhipp.com/](http://myalhipp.com/)
- Phone: 1-855-692-5447

**Alaska—Medicaid**
- Website: [http://health.hss.state.ak.us/dpa/programs/medicaid/](http://health.hss.state.ak.us/dpa/programs/medicaid/)
- Phone (Outside of Anchorage): 1-888-318-8890
- Phone (Anchorage): 907-269-6529

**Colorado—Medicaid**
- Medicaid Website: [http://www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)
- Medicaid Customer Contact Center: 1-800-221-3943

**Florida—Medicaid**
- Website: [http://flmedicaidtplrecovery.com/hipp/](http://flmedicaidtplrecovery.com/hipp/)
- Phone: 1-877-357-3268

**Georgia—Medicaid**
- Website: [http://dch.georgia.gov/medicaid](http://dch.georgia.gov/medicaid)
- Click on Health Insurance Premium Payment (HIPPP)
- Phone: 404-656-4507

**Indiana—Medicaid**
- Healthy Indiana Plan for low-income adults 19-64
- Website: [http://www.hip.in.gov](http://www.hip.in.gov)
- Phone: 1-877-438-4479
- All other Medicaid
- Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)
- Phone 1-800-403-0864

**Iowa—Medicaid**
- Website: [http://www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)
- Phone: 1-888-346-9562

**Kansas—Medicaid**
- Website: [http://www.kdheks.gov/hcf/](http://www.kdheks.gov/hcf/)
- Phone: 1-785-296-3512

**Kentucky—Medicaid**
- Website: [http://chfs.ky.gov/dms/default.htm](http://chfs.ky.gov/dms/default.htm)
- Phone: 1-800-635-2570

**Louisiana—Medicaid**
- Website: [http://dhh.louisiana.gov/index.cfm/subhome/1/n/331](http://dhh.louisiana.gov/index.cfm/subhome/1/n/331)
- Phone: 1-888-695-2447

**Maine—Medicaid**
- Phone: 1-800-642-6003
- TTY: Maine relay 711

**Massachusetts—Medicaid and CHIP**
- Website: [http://www.mass.gov/MassHealth](http://www.mass.gov/MassHealth)
- Phone: 1-800-462-1120

**Minnesota—Medicaid**
- Website: [http://mn.gov/dhs/ma/](http://mn.gov/dhs/ma/)
- Phone: 1-800-657-3739
Missouri—Medicaid
- Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
- Phone: 573-751-2005

Montana—Medicaid
- Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
- Phone: 1-800-694-3084

Nebraska—Medicaid
- Website: http://dhhs.ne.gov/Children_Family_Services/Access Nebraska/Pages/accessnebraska_index.aspx
- Phone: 1-855-632-7633

New Hampshire—Medicaid
- Phone: 603-271-5218

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: http://www.nyhealth.gov/health_care/medicaid/
  - Phone: 1-800-541-2831

North Carolina—Medicaid
- Website: http://www.ncdhhs.gov/dma

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://www.oregonhealthykids.gov
  - Phone: 1-800-699-9075

Pennsylvania—Medicaid
- Website: http://www.dhs.pa.gov/hipp
- Phone: 1-800-692-7462

Nevada—Medicaid
- Medicaid Website: http://dwss.nv.gov/
- Medicaid Phone: 1-800-992-0900

South Carolina—Medicaid
- Website: http://www.scdhhs.gov
- Phone: 1-888-549-0820

South Dakota—Medicaid
- Website: http://dss.sd.gov

Texas—Medicaid
- Website: http://gethipptexas.com/
- Phone: 1-800-440-0493

Utah—Medicaid and CHIP
- Medicaid Website: http://health.utah.gov/medicaid
  - CHIP Website: http://health.utah.gov/chip
  - Phone: 1-877-543-7669
Vermont—Medicaid
- Website: [http://www.greenmountainincare.org/](http://www.greenmountainincare.org/)
- Phone: 1-800-250-8427

Rhode Island—Medicaid
- Website: [http://www.eohhs.ri.gov/](http://www.eohhs.ri.gov/)
- Phone: 401-462-5300

Virginia—Medicaid and CHIP
- Medicaid Website: [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
  - Medicaid Phone: 1-800-432-5924
- CHIP Website: [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
  - CHIP Phone: 1-855-242-8282

Washington—Medicaid
- Website: [http://www.hca.wa.gov/medicaid/premium pymt/pages/index.aspx](http://www.hca.wa.gov/medicaid/premium pymt/pages/index.aspx)
- Phone: 1-800-562-3022 ext. 15473

West Virginia—Medicaid
- Website: [http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx](http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx)
- Phone: 1-877-598-5820, HMS Third Party Liability

Wisconsin—Medicaid and CHIP
- Website: [https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf](https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf)
- Phone: 1-800-362-3002

Wyoming—Medicaid
- Website: [https://wyequalitycare.acs-inc.com/](https://wyequalitycare.acs-inc.com/)
- Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either:

- **U.S. Department of Labor**
  Employee Benefits Security Administration
  [www.dol.gov/ebsa](http://www.dol.gov/ebsa)
  1-866-444-EBSA (3272)

- **U.S. Department of Health and Human Services**
  Centers for Medicare & Medicaid Services
  [www.cms.hhs.gov](http://www.cms.hhs.gov)
  1-877-267-2323, Menu Option 4, Ext. 61565
Notice of Patient Protections

Butler University Welfare Benefit Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, go to www.anthem.com.

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

Notice of Special Enrollment Rights

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 your 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 Human Resources at 4600 Sunset Avenue, Indianapolis, Indiana 46208, (317) 940-9355, askhr@butler.edu.

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources at 4600 Sunset Avenue, Indianapolis, Indiana 46208, (317) 940-9355, askhr@butler.edu and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Women’s Health and Cancer Rights Act (WHCRA) Notices

Enrollment Notice

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.
These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under Butler’s plan(s). If you would like more information on WHCRA benefits, call your plan administrator at (317) 940-9355 or askHR@butler.edu.

Annual 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? Call your plan administrator, Anthem for more information at 1-800-295-4119.

Michelle's Law Notice
Note: Pursuant to Michelle’s Law, you are being provided with the following notice because the Butler University group health plan provides dependent coverage beyond age 26 and bases eligibility for such dependent coverage on student status. Please review the following information with respect to your dependent child's rights under the plan in the event student status is lost.

When a dependent child loses student status for purposes of Butler University group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the Butler University group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the Butler University group health plan, whichever is earlier.

In order to be eligible to continue coverage as a dependent during such leave of absence:

- The Butler University group health plan must receive written certification by a treating physician of the dependent child which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change of enrollment) is medically necessary

To obtain additional information, please contact:

Human Resources
4600 Sunset Avenue,
Indianapolis, Indiana 46208
(317) 940-9355
askhr@butler.edu

Newborns' and Mothers' Health Protection Act 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).
Butler University HIPAA Notice of Privacy Practices

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

Notice of Privacy Practices
Butler University
4600 Sunset Avenue
Indianapolis, Indiana 46208
(317) 940-9355
https://www.butler.edu/hr

Privacy Official:
Anila Din
4600 Sunset Avenue
Indianapolis, Indiana 46208
(317) 940-6683
adin@butler.edu

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights
You have the right to:
- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:
- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures
We may use and share your information as we:
- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at:
  
  Anila Din  
  4600 Sunset Avenue  
  Indianapolis, Indiana 46208  
  (317) 940-6683  
  adin@butler.edu

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.
Treat you
We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization
We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

Bill for your services
We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests
We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests
- We can use or share health information about you:
- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Date
The effective date of this notice is October 1, 2017.

Important Notice from Butler University about Your Prescription Drug Coverage and Medicare
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Butler University and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:
- 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.
- Butler University has determined that the prescription drug coverage offered by the Anthem Blue Access PPO Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Butler University coverage will be affected. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage. For additional information about the prescription drug coverage offered by the Butler University active 2018 plans, please visit the Butler University Human Resources Health and Wellness Benefits web page, [www.butler.edu/hr/benefits/health-wellness](http://www.butler.edu/hr/benefits/health-wellness).

The medical plans offered are Anthem Blue Access (PPO), and the current copays for prescription drugs are as follows:

<table>
<thead>
<tr>
<th>Network Retail Pharmacies:</th>
<th>Network</th>
<th>Non-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>(30-day supply)</td>
<td>$5 formulary generic/$30 formulary brand</td>
<td>50% Non-network</td>
</tr>
<tr>
<td></td>
<td>$75 non-formulary generic/brand</td>
<td></td>
</tr>
<tr>
<td>OR:</td>
<td>$15 formulary generic/$90 formulary brand</td>
<td>50% Non-network</td>
</tr>
<tr>
<td>(90-day supply)</td>
<td>$225 non-formulary generic/brand</td>
<td></td>
</tr>
<tr>
<td>Anthem Rx Direct Mail Service:</td>
<td>$10 formulary generic/$60 formulary brand</td>
<td>Not covered Non-network</td>
</tr>
<tr>
<td>(90-day supply)</td>
<td>$150 non-formulary generic/brand</td>
<td></td>
</tr>
</tbody>
</table>

If you drop your current Butler University coverage and enroll in a Medicare prescription drug coverage plan, be aware that you and your dependents will (if a current employee) and will not (if a retiree/COBRA member) be able to reenroll into the Butler University Plan during the next benefits open enrollment. You cannot have Butler University Anthem Blue Access PPO Plan coverage and Medicare Part D coverage at the same time.

**When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Butler University and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information about This Notice or Your Current Prescription Drug Coverage**

Contact the Human Resources Department at 317-940-9355. **NOTE:** This is an annual notice. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through Butler University changes. You also may request a copy of this notice at any time.
For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date 10/01/2017
Name of Entity/Sender Butler University
Contact—Position/Office Benefits, Human Resources
Address 4600 Sunset Avenue, Indianapolis, IN 46208
Phone Number 317-940-9356

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (‘‘GINA’’) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ‘‘Genetic information,’’ as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.
ADA Notice Regarding Wellness Program

Butler University Welfare Benefit Plan is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

Employees who choose to participate in the wellness program will receive an incentive of $250 annually - $100 for completing a Wellness consult through Healthy Horizons and $150 for completing recommended health coaching. Although you are not required to participate, only employees who do so will receive $250 annually.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Butler University may use aggregate information it collects to design a program based on identified health risks in the workplace, Butler University Welfare Benefit Plan will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 4600 Sunset Avenue, Indianapolis, Indiana 46208, (317) 940-9355.
General Notice of COBRA Rights
(For use by single-employer group health plans)

Continuation Coverage Rights Under COBRA

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.
Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

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

When is COBRA continuation coverage available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

Human Resources
4600 Sunset Avenue
Indianapolis, Indiana 46208
(317) 940-9355
askhr@butler.edu

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.
Second qualifying event extension of 18-month period of continuation coverage

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

Are there other coverage options besides COBRA Continuation Coverage?

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information:
Butler University Welfare Benefit Plan
Human Resources
4600 Sunset Avenue
Indianapolis, Indiana 46208
(317) 940-9355 | askhr@butler.edu
General FMLA Notice

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

The United States Department of Labor Wage and Hour Division

Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

An eligible employee who is a covered service member’s spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

*Special “hours of service” requirements apply to airline flight crew employees.

Requesting Leave
Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

**Employer Responsibilities**

Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

**Enforcement**

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

**For additional information or to file a complaint:**

1-866-4-USWAGE | (1-866-487-9243) | TTY: 1-877-889-5627

[www.dol.gov/whd](http://www.dol.gov/whd)

U.S. Department of Labor | Wage and Hour Division
USERRA Notice

Your Rights Under USERRA

A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

C. Right to Be Free From Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
  - Initial employment;
  - Reemployment;
  - Retention in employment;
  - Promotion; or
  - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.
E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at http://www.dol.gov/vets. An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: http://www.dol.gov/vets/programs/userra/poster.htm. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.
# Contact Information

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<thead>
<tr>
<th>Service</th>
<th>Company</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Medical &amp; Prescription</td>
<td><strong>Anthem</strong></td>
<td>Member Services 800-295-4119 anthem.com</td>
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<tr>
<td>Health Savings Account (HSA)</td>
<td><strong>The HSA Authority</strong></td>
<td>Client Care Center 888-472-8697 <a href="mailto:info@theHSAuthority.com">info@theHSAuthority.com</a></td>
</tr>
<tr>
<td>Flexible Spending Account (FSA)</td>
<td><strong>Discovery Benefits</strong></td>
<td>Discovery Benefits PO BOX 2926 Fargo, ND 58108-2926 Fax: 866-451-3245 <a href="http://www.discoverybenefits.com/employees">www.discoverybenefits.com/employees</a></td>
</tr>
<tr>
<td>Dental</td>
<td><strong>Delta Dental</strong></td>
<td>Customer Service 800-524-0149 <a href="http://www.deltadentalin.com">www.deltadentalin.com</a></td>
</tr>
<tr>
<td>Vision</td>
<td><strong>Anthem</strong></td>
<td>Vision Member Services 866-723-0515 anthem.com</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td><strong>ComPsych</strong></td>
<td>Online: guidanceresources.com 855-387-9727 Web ID: ONEAMERICA3</td>
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<tr>
<td>Life &amp; Disability</td>
<td><strong>One America</strong></td>
<td>One America Customer Service Phone 800-553-5318</td>
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<tr>
<td>Service</td>
<td>Contact Information</td>
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<td>403(3) Retirement Plan</td>
<td>Michael Dooley 765-497-8746 <a href="mailto:mdooley@tiaa-cref.org">mdooley@tiaa-cref.org</a></td>
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<tr>
<td>Tuition Exchange</td>
<td>Tuition Exchange 3 Bethesda Metro Center, Suite 700 Bethesda, MD 20814 301.941.1827 <a href="mailto:info@tuitionexchange.org">info@tuitionexchange.org</a></td>
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<tr>
<td>On the Job Injury</td>
<td>US Health Works 7301 Georgetown Road, Indianapolis, IN 46268 Telephone: 317-875-9584</td>
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<td>FMLA</td>
<td>CareWorks 888-436-9530</td>
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<tr>
<td>Healthy Horizons</td>
<td>Healthy Horizons 317-940-8143 <a href="mailto:healthyhorizons@butler.edu">healthyhorizons@butler.edu</a></td>
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<tr>
<td>Health and Recreation Center</td>
<td>Health and Recreation Complex <a href="mailto:hrc@butler.edu">hrc@butler.edu</a> 317-940-4472 (4HRC)</td>
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<tr>
<td>Human Resources</td>
<td>BUTLER UNIVERSITY 317-940-9355 <a href="mailto:askhr@butler.edu">askhr@butler.edu</a></td>
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</tbody>
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