

BUTLER UNIVERSITY



2021

Employee Benefits

Health. Finance. Work-Life Balance.

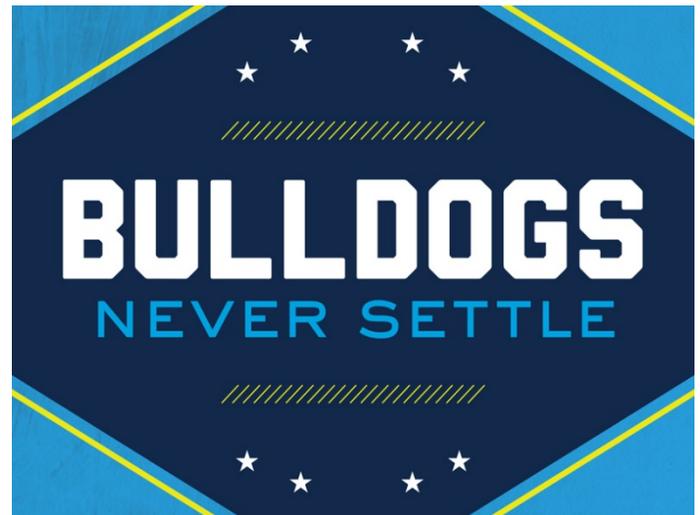
Because of You, We Are BU.



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Your To Do List



The following checklist will walk you through all steps required to enroll in your benefits for the plan year 2021. The Open Enrollment Period is October 19, 2020 to October 30, 2020.

PREPARE

Educate Yourself to Make the Best Decision

- Review your health care costs from last year and estimate your personal and family health care needs for this year.
- Learn your 2021 benefit options:
 1. Read this Benefit Guide.
 2. Review the 2021 Open Enrollment website at https://www.butler.edu/2021/Benefits_Open_Enrollment
- Make the following decisions:
 1. Who will you cover this year?
 2. Who do you need to remove from coverage because they are no longer eligible due to age or change of status?
 3. What plans will you elect?
 4. Will you contribute to a Health Savings Account (HSA); if so how much?
 5. Will you contribute to a Flex Spending Account (FSA); if so how much?
 6. Will you make changes to your retirement contribution?
 7. Will you change your beneficiaries?

ENROLL

Enroll in Your Benefits

Current Employees:

Complete online at [My.Butler.edu](https://www.butler.edu) during Open Enrollment: October 19, 2020 to October 30, 2020.

New Hires: Complete any time during your first 30 days of employment.

- Make sure you have your (and your qualified dependents') birthdate(s), address(es) and social security number(s) on hand.
- Go to [My.Butler.edu](https://www.butler.edu) to get started, and click on *PeopleSoft HR/Payroll*, then *Benefits*.
- Review your existing coverage and/or select new coverage.
- Complete all enrollment elections and/or additional setup steps:
 1. Provide dependent eligibility documentation to HR before the end of the open enrollment period.
 2. Setup your HSA with HSA Authority.
 3. Complete FSA enrollment.
- The online enrollment system will deliver an email to your Butler email address when you submit your enrollment elections. Verify that your mailing address, dependent information, and elections are all correct. Save a copy of the Benefits Confirmation Statement which is attached to the message. Please contact askHR@butler.edu within the Open Enrollment period if you find errors or have questions.

LAUNCH

Remember these Last Steps AFTER Enrollment is Complete

- You can make changes to your elections only during your enrollment period. Make sure you have chosen appropriately as you will not be able to make changes until next year's Open Enrollment OR unless you experience a qualifying event (see the Making Changes section in this guide).
- You will not receive new insurance cards unless you are electing benefits for the first time or changing benefits.
- Once the plan year begins, review your paycheck. If you notice errors in your payroll deductions, notify askHR@butler.edu **IMMEDIATELY!**
- IMPORTANT!** Provide your new insurance card(s) to your health care providers after the start of the plan year.
- This is the best time of year to review and update your beneficiaries for life insurance and TIAA. Contact askHR@butler.edu to make life insurance beneficiary changes, or login to www.tiaa.org/butler to update your retirement plan beneficiaries.

Even if you do not have any changes from the current year, you still have to make your benefit elections in the my.Butler system.

Benefit Highlights & What's New

At Butler University, we work hard to offer you a competitive and comprehensive benefits package as part of your total rewards. Our hope is that these benefits will help you and your family fully realize your health, finance and work-life balance goals. See below for a quick glance at your benefit options. Pre-tax benefits are not subject to Social Security withholding, federal, most state and local income taxes. This helps save you money!

At-A-Glance

Benefit	Carrier	Company Contribution	Tax Treatment of Premium
Medical/Prescription Coverage	Apta Health	You & Butler share the cost	Pre-Tax
Dental Coverage	Delta Dental	You & Butler share the cost	Pre-Tax
Vision Coverage	EyeMed	Butler pays 0% of the premium	Pre-Tax
Basic Term Life and AD&D	OneAmerica	Butler pays 100% of the premium	Not Applicable
Short Term Disability	OneAmerica	Butler pays 100% of the premium	Not Applicable
Long Term Disability	OneAmerica	Butler pays 100% of the premium	Not Applicable
Optional Life Insurance and AD&D	OneAmerica	Butler pays 0% of the premium	Post-Tax
Medical Flexible Spending Account	Discovery Benefits	Butler contributes nothing to this account	Pre-Tax
Dependent Care Flexible Spending Account	Discovery Benefits	Butler contributes nothing to this account	Pre-Tax
Health Spending Account	HSA Authority	Butler contributes \$750 for individuals or \$1,500 for Employee/SP/CH/FAM annually	Pre-Tax
Employee Assistance Program	ComPsych	Butler pays 100% of the cost for this program.	Not Applicable
Retirement Plan	TIAA	You are responsible for contributing. Butler will provide an employer match for eligible employees.	Pre-Tax
Tuition Remission	Butler University	Butler provides 100% tuition remission to eligible employees, dependents & spouses attending Butler University.	Not Applicable
Tuition Exchange	Butler University	Butler participates in a tuition exchange program with many private colleges/universities across the country.	Not Applicable
HRC	Butler University	Butler pays a \$25 incentive for completing a fitness assessment and offers a free annual membership at the HRC for all full-time employees. Part-time employees may get a discounted membership.	Pre-Tax
Wellness Incentive	Butler University	Butler pays a \$100 incentive to any employee and/or spouse who gets a wellness exam with their Primary Care Physician as long as they are enrolled in one of Butler's Medical Plans.	Post-Tax
Long-Term Care	Genworth Life	Butler pays 0% of the premium	Not Applicable
*Paid Parental Leave of Absence	Butler University	Butler pays 100% of your salary for up to 8 weeks while on approved parental leave for the birth or adoption of a child.	Not Applicable

Continuing for 2021

Please note the following important **CHANGES** for your benefits package beginning January 01, 2021:

- \$100 Wellness Incentive for employee and/or spouse getting an annual wellness exam! See page 39 for details
- There is no change in monthly premiums for the Core PPO Plan, Plus PPO Plan and CDHD plan.
- Telemedicine remains with OC24health. This service provides you with access to US board-certified doctors through video visits. You also will now have access to Behavioral Health Specialists and Dermatologists. Download the app.
- No Precertification is needed for Occupational Therapy, Physical Therapy or Speech Therapy
- Durable Medical Equipment amount needing Pre-certification is \$1,500
- **New for 2021** – Select Drugs and Products Program administered by Paydhealth. This program is designed to improve access to specialty drugs as well as assisting you in reducing the cost of your medication.
- Enhanced EAP – you have six (6) free confidential, professional counseling visits for each family member per year.
- Maximum Contribution Limit increased for Medical Flexible Spending Accounts to \$2,750 per year.
- Full-time Employees receive a free annual membership to the HRC.

Coverage Begins

If you enroll during Open Enrollment, the benefits discussed in this guide will be effective starting January 1, 2021.

If you are newly hired or you newly qualify for our benefits, you have 30 days from date of hire/eligibility to enroll, and your benefits will go into effect on your date of hire/eligibility.

Coverage Ends

For most benefits, your coverage will end on the day in which:

- Your regular work schedule is reduced to under 30 hours per week;
- Your employment with Butler University ends due to resignation, termination, retirement, or death; or
- You stop paying your premiums.

For your dependent(s), coverage ends:

- When your coverage ends or
- The last day of the plan year in which a dependent turns age 26

Who is Eligible

Before you decide what plans you want to elect, it helps to know *who* qualifies to receive our benefits. First, let's look at some definitions of who is eligible for what.

Definitions		Benefits Available					
		Medical	Rx	Dental	Vision	Life	Disability
Employee (EE)	<p>As an employee of Butler University, you can enroll in our employee benefits if:</p> <ul style="list-style-type: none"> You are a regular full-time employee and/or You are regularly scheduled to work 30 hours a week or more (37.5 hours per week for Life and Disability Insurance). If you are a 9, 10, or 12-month employee, you may be eligible for some of the benefits. Please refer to the staff handbook for details. 	☺	☺	☺	☺	☺ Basic & Supplemental Life	☺
Spouse (SP)	<p>Spouses eligible to enroll include:</p> <ul style="list-style-type: none"> Legal Spouse (either opposite-sex or same-sex, legally married in one of the 50 states, the District of Columbia, a US territory or a foreign country) 	☺	☺	☺	☺	☺* Supplemental Life Only	X
Child(ren) (CH)	<p>Dependent Children are eligible to enroll if they are under age 26** and are one of the following (for you and/or your Spouse):</p> <ul style="list-style-type: none"> Biological child Adopted or placed for adoption Step-children Under legal guardianship Any of the above at ANY age who is legally dependent on you due to a physical or mental disability 	☺	☺	☺	☺	☺** Supplemental Life Only	X

* Spouse is eligible for Life insurance through the end of the plan year in which they turn 70 years of age.

** Dependents are eligible for Life insurance through the end of the plan year in which they turn 26 years of age.



Want to enroll in your spouse's plan instead of ours?



That's a-ok! Just be aware that his or her employer may have one of the following tied to their plan:

1. A restriction or extra charge if you're able to get coverage elsewhere. We offer you qualified coverage, so you might be excluded or charged extra.
2. Ineligibility of spouses (if applicable).

Now that you know who in your family is eligible, it's time to determine what tier (or level) you will elect. Your options are below:



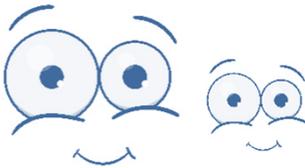
EE Only

Elect this if you wish to cover only yourself.



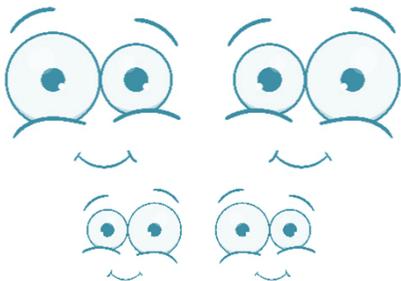
EE + SP

This tier covers you and your spouse.



EE + CH

This tier covers you and your dependent child(ren). No spousal coverage!



Family

This tier covers you, your spouse AND child(ren).

Attention Please

Prove Your Dependents!

While we don't love overloading you with red tape, we do ask that you provide proof of the dependents (marriage/birth certificate or latest federal tax return as listed with the IRS – submit front and signature pages only) you elect to cover.

Are You Having a Baby?

Please know that your infant is eligible but is NOT automatically added to our benefit plans. You must complete the necessary forms and provide proof within 30 days of the birth of your little one. If you miss this deadline, you must wait until next year's Open Enrollment!

No Longer Eligible?

If one of your dependents is no longer eligible to participate in our plan, it is your responsibility to let HR know within 30 days. Examples of this include if your spouse gets a job with access to coverage, there is a divorce, or your dependent child is over age 26 (end of plan year in which the child attains age 26).

Making Changes

Open Enrollment season is a vital time of year for you and your employer. Because of IRS regulations, it is typically the only time during the year in which you can make changes to your benefit choices, such as adding or dropping coverage, adding or dropping dependents or enrolling in benefits for the first time.

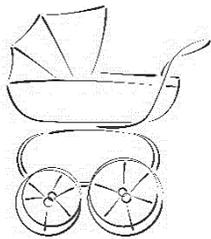
Missing this vital deadline can mean losing coverage and/or being unable to change benefit elections until you experience a Qualifying Life Event.

Qualifying Life Events are defined by the IRS. Examples include but are not limited to:



Change in Marital Status

- Marriage
- Divorce
- Legal separation



Change in Number of Dependents

- Birth
- Adoption
- Assumption of legal guardianship
- Death
- Child/spouse no longer eligible



Change in Employment Status

Resulting in gain/loss of coverage for you OR your spouse

- Transition from part time to full time (or vice versa)
- Resignation or termination
- New hire
- Spouse's employer terminates health plan
- Spouse becomes eligible for (or loses) coverage through another employer



Court Ordered Coverage

Required coverage of a child by you OR your spouse

- Qualified Medical Child Support Order (QMCSO)

PLEASE REMEMBER:

Open Enrollment is from October 19, 2020 to October 30, 2020.
New hires have 30 days from date of hire to make their elections.

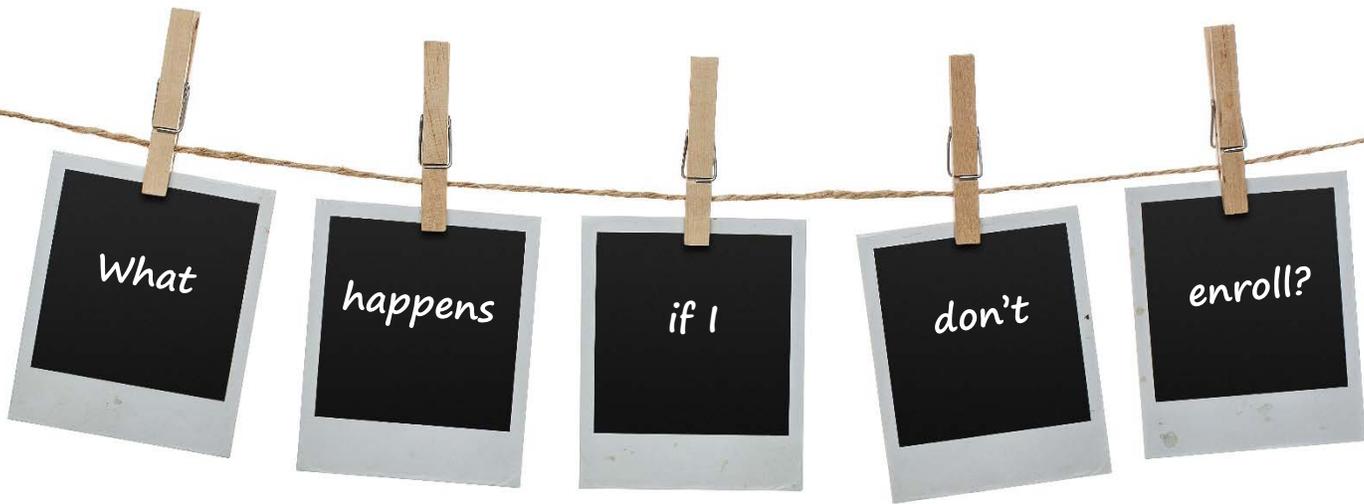
Avoid stress & frustration. **DO NOT** miss your enrollment window!

Documentation Required

Wondering what's required when you experience a qualifying life event?

You will need to let Human Resources (askHR@butler.edu) know **in writing** within 30 days of the event to make any changes necessary. Also, you will need to provide the required documentation. This includes:

- Proof of dependent relationship (marriage certificate, birth certificate, etc.)
- Any enrollment forms that may be required
- Dated documentation providing proof of the effective date of new coverage (or end of coverage) and names of individuals gaining or losing coverage



If you do not elect coverage during Open Enrollment (or your new hire enrollment period)

- You will not have Butler University coverage for the remainder of the plan year unless you experience a qualifying life event.
- You will not be enrolled in the Flex Spending Account Plan(s) for 2021. Participation and pre-tax contributions require enrollment every year.
- You will not have personal HSA contributions for 2021. Our system requires a contribution every year you wish to participate.

What is Butler University legally required to do?

Legally, employers are not required to do anything for employees who have missed the Enrollment deadline. In fact, the terms of Butler University's benefit plans may prohibit them from making exceptions for those employees who do not make benefit elections within the allotted time.

BE PREPARED. The open enrollment process relies on you, the employee, to take action.



[Have Specific Questions about Open Enrollment?](#)

Please reach out to Human Resources TODAY at askHR@butler.edu! We would rather have the conversation with you before it's too late. Missing your enrollment period severely limits and might even restrict our ability to help.

Medical & Rx

Butler University provides three medical plan options which are administered by **Apta Health**. Your healthcare network for 2021 is United Healthcare Choice Plus. Details of the plans are as follows. These descriptions are only a summary. For full details, please refer to your plan documents. If discrepancies exist, plan documents prevail.



TIP FROM TRIP:

IN-NETWORK & OUT-OF-NETWORK TIERS

Here's the good news: You can go to any provider you want to! The bad news? If you go to one that is not in the plan's network, you will be paying more money for those services. Obviously, it's better to find an in-network provider, and you can do so by going to https://www.umar.com/oss/cms/umar/choice_plus_excl.html.

The In-Network and Out-of-Network tiers for each plan are broken down as follows:

PPO Core Plan		PPO Plus Plan		CDHD-HSA Plan	
<u>In-Network:</u> UHC Choice Plus	<u>Out-of-Network:</u> More Expensive	<u>In-Network:</u> UHC Choice Plus	<u>Out-of-Network:</u> More Expensive	<u>In-Network:</u> UHC Choice Plus	<u>Out-of-Network:</u> More Expensive

At-A-Glance

Network	PPO Core Plan		PPO Plus Plan		CDHD-HSA Plan	
	In-Network	Out-of-Network ³	In-Network	Out-of-Network ³	In-Network	Out-of-Network ³
Annual Deductible						
Single	\$1,650	\$3,300	\$1,150	\$2,300	\$2,800	\$ 5,600
Family ¹	\$3,300	\$6,600	\$2,300	\$4,600	\$5,600	\$11,200
Out-of-Pocket Maximum²						
Single	\$4,950	No Maximum	\$3,450	No Maximum	\$5,600	No Maximum
Family ¹	\$8,460	No Maximum	\$5,460	No Maximum	\$9,400	No Maximum
Other Costs	You Pay:		You Pay:		You Pay:	
Coinurance Rate	25%	50%	20%	50%	20%	40%
Account Attached to Plan⁴	FSA		FSA		HSA	
Can Employee Contribute?	Yes		Yes		Yes	
Employer Contribution	Not Applicable		Not Applicable		Paid in lump sum by 2/1/2019	
Single	N/A		N/A		\$750	
Family ¹	N/A		N/A		\$1,500	
Max Contribution Allowed Per Year	\$ 2,750		\$2,750		\$2,850 – Employee Only ⁵ \$5,700 – Family ^{1,5}	
Do Funds Carry Over?	\$500 Limit		\$500 Limit		Yes	



1. Family here is defined as Employee+Spouse, Employee+Child(ren) or Family. These employees also have what is called an "embedded individual deductible," meaning if a single person in the family meets the individual deductible, insurance will kick in for that individual prior to the family deductible being met.
2. Out-of-pocket maximum includes the deductible and includes copays.
3. Amounts ABOVE Reasonable and Customary charges are NOT applied to the deductible or out-of-pocket maximum.
4. Read more about these accounts in the corresponding sections of this guide.
5. This is the maximum contribution members can make **after** Butler's contribution which cannot exceed the federal limits of \$3,600 for individuals or \$7,200 for families.

“Premium” is the fancy word for what you pay out of your paycheck to purchase Butler University’s health care plan. To determine what your monthly/biweekly cost will be, find the number in the chart below that applies to your pay frequency and coverage tier.

Premiums		PPO Core Plan	PPO Plus Plan	CDHD-HSA Plan
9 Month				
EE Only		\$83.98	\$260.19	\$62.35
EE + Spouse		\$422.81	\$839.11	\$338.98
EE + Child(ren)		\$257.37	\$515.23	\$205.93
Family		\$646.30	\$1,134.97	\$518.41
12 Month				
EE Only		\$62.97	\$195.14	\$46.76
EE + Spouse		\$317.11	\$629.33	\$254.23
EE + Child(ren)		\$193.03	\$386.42	\$154.45
Family		\$484.73	\$851.22	\$388.81
Bi-Weekly; 9 Month				
EE Only		\$39.78	\$123.25	\$29.53
EE + Spouse		\$200.28	\$397.47	\$160.57
EE + Child(ren)		\$121.91	\$244.05	\$97.55
Family		\$306.14	\$537.62	\$245.57
Bi-Weekly; 12 Month				
EE Only		\$29.07	\$90.07	\$21.58
EE + Spouse		\$146.35	\$290.46	\$117.34
EE + Child(ren)		\$89.09	\$178.35	\$71.29
Family		\$223.72	\$392.87	\$179.45
Annually				
EE Only		\$755.75	\$2,341.71	\$561.12
EE + Spouse		\$3,805.28	\$7,552.00	\$3,050.82
EE + Child(ren)		\$2,316.32	\$4,637.04	\$1,853.36
Family		\$5,816.71	\$10,214.69	\$4,665.71

The chart below diagrams your cost sharing responsibilities by the type of service you receive. Note that you have better coverage seeking in-network services than out-of-network services.

Medical Services

Medical Services	PPO Core Plan		PPO Plus Plan		CDHD-HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network						
Office Visits						
Routine Preventive Care	100% Paid	Ded/50%	100% Paid	Ded/50%	100% Paid	Ded/40%
Primary Care Physician	\$30	Ded/50%	\$20	Ded/50%	Ded/20%	Ded/40%
Specialist (With Referral)	\$50	Ded/50%	\$40	Ded/50%	Ded/20%	Ded/40%
Specialist (No Referral)	\$90	Ded/50%	\$80	Ded/50%	Ded/20%	Ded/40%
OC24/Telemedicine ⁴	\$10	N/A	\$10	N/A	Ded/20%	N/A
More Serious Visits						
Urgent Care Services	\$75	Ded/50%	\$75	Ded/50%	Ded/20%	Ded/40%
Emergency Room Services	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	Ded/20%	Ded/20%
Ambulance	0%	0%	0%	0%	Ded/20%	Ded/40%
Outpatient Care						
Physician Fees ¹	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Diagnostic Labs & X-rays (non-preventive)	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
MRI/CT/PET Scans ²	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Outpatient Surgeries or Services ²	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Inpatient Care						
Physician Fees ¹	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Inpatient Hospitalizations ^{1 & 2}	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Mental Health/Substance Abuse Hospitalizations	Ded/25%	Ded/50%	Ded/20%	Ded/50%	Ded/20%	Ded/40%
Outpatient Therapies & Manipulations						
Speech Therapy	\$60	Ded/50%	\$50	Ded/50%	Ded/20%	Ded/40%
Occupational Therapy	\$60	Ded/50%	\$50	Ded/50%	Ded/20%	Ded/40%
Physical Therapy	\$60	Ded/50%	\$50	Ded/50%	Ded/20%	Ded/40%
Chiropractic Office Visit ³	\$60	Ded/50%	\$50	Ded/50%	Ded/20%	Ded/40%



1. If you are having a complex procedure, there are often multiple charges to your bill: Physician Fee, Facility Fee, Anesthesiologist Fee, etc. Each fee will be processed according to its corresponding category.
2. Requires pre-certification--\$500 penalty will apply if pre-cert is NOT obtained.
3. Limited to 50 visits each year and referral not required.
4. OC24/Telemedicine visits for Behavioral Health will be more than the Standard copay.

Note: All coinsurance applies after the deductible, copays do not.

All medical plans include coverage for prescription medication. Butler's program is coordinated through MagellanRx.

Prescriptions

PPO Core Plan 30 Day Supply		PPO Plus Plan 30 Day Supply		CDHD-HSA Plan 30 Day Supply		
Tier	In Network Retail	In Network Retail		In Network Retail		
1	\$10	\$10		20%*		
2	\$35	\$35		20%*		
3	\$75	\$75		20%*		
4	25% to a maximum of \$150	25% to a maximum of \$150		20%*		
PPO Core Plan 90 Day Supply		PPO Plus Plan 90 Day Supply		CDHD-HSA Plan 90 Day Supply		
Tier	In-Network Retail	Magellan Mail Order	In-Network Retail	Magellan Mail Order	In-Network Retail	Magellan Mail Order
1	Not Covered	\$20	Not/Covered	\$10	Not Covered	20%*
2	Not Covered	\$70	Not Covered	\$60	Not Covered	20%*
3	Not Covered	\$150	Not Covered	\$150	Not Covered	20%*
4	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Copays apply before deductible (Combined with medical)		Copays apply before deductible (Combined with medical)		*Coinsurance applies after deductible (Combined with medical)		

Quick Note on Prescription Medications:

- Two, 30-day retail prescription fills are allowed for maintenance medication before MagellanRx mail order fills are required.
- **New Specialty Program – Select Drugs & Products.** All drugs listed on the Select Drugs and Products List require you seek prior review before your benefit will apply. A Program Case Coordinator will assist you with the process.
- Your Apta Health Care Coordinator can help you manage your prescriptions. See page 14.
- OTC medication may be a \$0 copay for you.
- Smoking Cessation and anti-obesity medications are covered.



TIP FROM TRIP:

Think of Over the Counter (OTC) drugs for your Ulcer and Allergy Medications

Brand name drugs like Nexium®, Prevacid®, Prilosec®, Zyrtec®, Claritin® and Zantac® that used to only be available with a prescription are now available over-the-counter (OTC). If the OTC version is available in the same strength as the prescription drug you're currently taking, then the OTC version could provide additional savings opportunities for you. As a result, your plan has elected to cover select OTC medications at a \$0 co-payment. Covered medications include non-sedating antihistamines (NSAs) and ulcer/heartburn treatments packaged as name brands, store brands or generics as long as they are prescribed by your physician and processed using your prescription benefit card at your local pharmacy. ***That's right...a \$0 co-pay!***



Select Drugs and Products ProgramSM

At Magellan Rx Management, we are partnering across the industry to provide a connected healthcare experience that truly leads humanity to healthy, vibrant lives. We are dedicated to giving you the best service and resources to help you and your family make better healthcare decisions.

The **Select Drugs and Products ProgramSM** is administered by *paydhealth* and is designed to improve access to specialty drugs. This program will assist you in reducing the cost of your medication by seeking sources of alternate funding for specialty drugs on the Select Drugs and Products List.

You must specifically enroll in the Select Drugs and Products Program in order to take advantage of these benefits. All specialty drugs listed on the Select Drugs and Products List require that you seek prior review and that your case be submitted to alternate funding before your benefit will apply. If you do not participate in the program, you will have a 100% reduction in your payable benefit for specialty medication.

If you are taking a specialty drug, you will be contacted by a Program Case Coordinator. Your Case Coordinator will provide you with further information regarding the Select Drugs and Products Program and walk you through the enrollment process and requirements. If you have any questions regarding the Select Drugs and Products Program, please call the Specialty Contact Center at 877.869.7772 (8:00 a.m. – 8:00 p.m. EST).

Meet Your Apta Care Coordinators

Care Coordinators are an expert team of nurses, patient services representatives and benefits specialists who are ready to help you before, during and after any health event. Think of Care Coordinators as your personal healthcare team. They fight hard to help you save money and make sure you get the best possible care for you and your family.

Turn to your Care Coordinators for help with:

- ID Cards
- Claims, billing and benefit questions
- Finding in-network providers
- Nurse coaching to help you stay or get healthy
- Reducing out-of-pocket costs
- Mail order medications
- Pharmacy issues
- Anything that can make the healthcare process easier for you



CARE COORDINATORS
BY QUANTUM HEALTH

<https://butler.myaptahealth.com>

1.877.610.8817

CARE COORDINATORS ARE MOBILE

Download the **MyQHealth – Care Coordinators** mobile app that lets you:

- Find in-network providers
- Access your ID card
- Check claims information
- Schedule a call with a Care Coordinator
- And so much more



Referral Process for a Specialist



COORDINATE YOUR CARE THROUGH YOUR PRIMARY CARE DOCTOR

Obtain a referral from your PCP before seeing a specialist

- Voluntary
- Saves money on member out-of-pocket costs
- Helps avoid visits to the wrong specialist
- Helps avoid referrals to an out-of-network specialist
- Get in to see specialist faster
- Get alerts for benefits not fully covered
- All referrals obtained are valid for 12 months

PRE-CERTIFICATION

Let's say your doctor wants you to have an MRI. Finding the right facility that has an opening which works with your schedule can be stressful. But wouldn't you rather make sure the MRI was going to be covered by insurance before you have the test performed?

Before you receive certain medical services or procedures, your health plan requires a doctor to confirm that these requested services are considered medically necessary under your plan. This verification process is called "pre-certification." Even if some services or therapies are performed in your doctor's office, you may still need a pre-certification. Pre-certification requests must be submitted by your physician directly to the Apta Care Coordinators.

SERVICES REQUIRING PRE-CERTIFICATION

Inpatient Hospitalizations & Skilled Nursing Facility Admissions	Home Health Care and Services	Oncology Care & Services (chemotherapy, radiation therapy, etc.)	MRI's, MRA's and PET Scans
Hospice Care	Out-Patient Surgeries (includes Colonoscopies)	Dialysis	Transplants – Organ and Bone Marrow
Durable Medical Equipment (DME) over \$1,500			

A \$500 penalty will be applied for all services rendered that do not have pre-certification completed.

Health Cost Estimator



Not all doctors charge the same



**Medical costs can vary a lot from one doctor to another
–So it pays to shop around.**

Your Care Coordinator can help you with the health cost estimator and can:

- Search for the type of service you need
- Compare the true costs of care using real data from real doctors
- Check which providers earned our UnitedHealth Premium rating for cost and quality
- See the total charge for your treatment, and know what to expect from beginning to end
- Begin using Health Cost Estimator by visiting www.umar.com and logging into your member site. Just look for the shopping cart icon on your personal home page.

You deserve an explanation



An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about your claims.

Among the more important things included on your EOB are:

- The service you received
- How much the service cost
- How much you may owe, if anything
- A notes section that explains the meaning of any special codes

- A section that shows how close you are to meeting any plan maximums

There is a second page that includes contact numbers if you have questions. It also tells you how to file an appeal if you want a claim decision reviewed.

Page 1



PO Box 30541 Salt Lake City, UT 84130-0541
1-800-826-9781
www.umar.com

CUSTOMER LOGO

Employee: Joe Patient
Employee Address: 1234 W SUNSHINE BLVD, STE 100A, BEST CITY US 12345-9876, 999999999
Member ID: 12345-9876
Patient: Joe Patient
Notice Date: 02-15-15
Employer Name: Customer Inc.
Group Number: 76-999999

EXPLANATION OF BENEFITS NOTICE – THIS IS NOT A BILL

Provider: Physician, Joe, MD Patient Account: 1234567890 Claim Control Number: 9999999999

Service Description	Dates of Service From: To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Co-Pay Amount	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
Emergency Care	02-01-15 02-01-15	\$500.00	\$100.00	908	\$50.00	\$25.00	\$325.00	80	\$260.00	\$260.00	\$140.00
Totals		\$500.00	\$100.00		\$50.00	\$25.00	\$325.00		\$260.00	\$260.00	\$140.00

Note Section
908 Provider negotiated discount. You are not responsible for this amount.

Payment To: XYZ Clinic Payment Date: 02-15-15 Payment Amount: \$260.00

Benefit	Benefit Level	Applied To Date
01 -01-15	\$200 Out Net Ind Cal Yr Deductible	\$200.00Met
01 -01-15	\$400 Out Net Fam Cal Yr Deductible	\$300.00
01 -01-15	\$400 In Net Ind Cal Yr Deductible	\$205.00
01 -01-15	\$800 In Net Fam Cal Yr Deductible	\$305.00

The type of service you received

How much the service cost

How much your benefits plan paid

How much you may owe (if anything)

Your code definition

Your plan maximums and how close you are to meeting them

Getting started with OC24health

24/7/365 access to medical providers through video

You now have access to quality care anytime, anywhere.

Get the care you need for \$45 per visit
(Reimbursement for the visit will depend on your particular health plan benefit.)

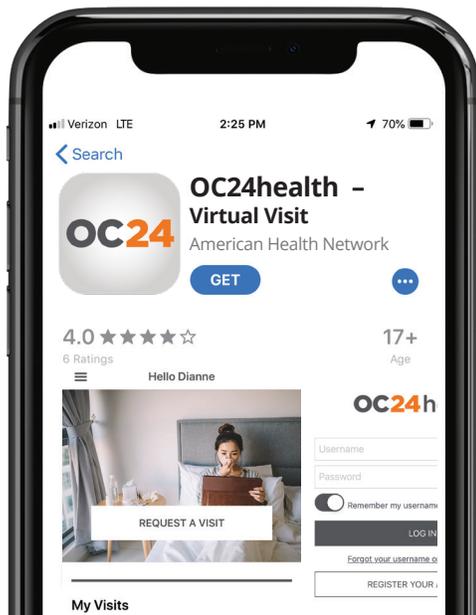
Treatment for symptoms such as:

Allergies
Asthma
Bronchitis

Colds and Flu
Earache
Headache

Hives
Insect Bites
Pink Eye

Rashes
Sinusitis
And more!



OC24health is excited to bring quality healthcare to you anytime, anywhere via mobile app or video—at work, in the comfort of your home and even while traveling.

Once you register for OC24health, you will have access to our network of local and national certified medical providers.

Our medical providers can diagnose, treat and prescribe medication for your non-emergency conditions. This includes treatments for the flu, sore throat, eye infections, bronchitis, and much more.

Whenever you need care, our medical providers are available within minutes. We are looking forward to serving you.

Sincerely,

OC24health

OC24health.com

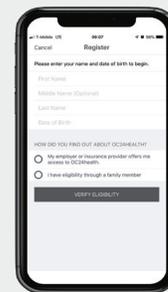
With your consent, we're happy to provide information about your visit to your primary care physician.

Download the app and set up your account today

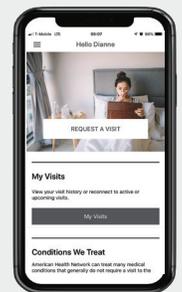
- 1 Get started**  
Download the app or visit OC24health.com
- 2 Set up**
Create username and password.
- 3 Request a visit**
A medical provider is now just a click away!



Log In



Set Up Account



Request a Visit



Speak with a licensed therapist from anywhere

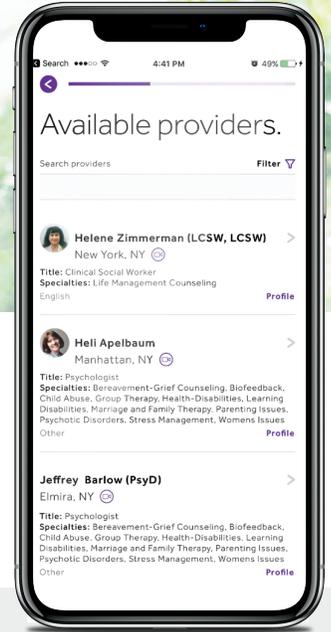
Don't wait to get the support you need. With OC24health's Behavioral Health, adults 18 and older can get confidential counseling seven days a week by video.

OC24health therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- Panic Disorder
- Family and marriage issues
- And more

The benefits of using Behavioral Health

- Confidential treatment
- Convenience to speak with a therapist from anywhere
- Flexible scheduling
- Quick access to the right provider for you



How to schedule a visit

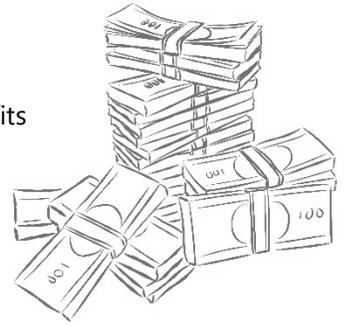
- 1 Register your OC24health account via web or app or log in to your account if you're already registered
- 2 Request a visit
- 3 Answer a few questions
- 4 Select your therapist
- 5 Request a time for your appointment

Confidential therapy on your terms

 OC24health.com |  Download the app |  855.617.2116

Health Savings Account (HSA)

HSAs—they're all the rage these days! But have you heard why? Sure, the rules are kind of complex, but if you have a frame of reference for how they work, you might decide the benefits are too good to miss.



HSA “Frames” of Reference: Benefits

What It Is, in a Nutshell!

A Health Savings Account (or HSA) is a bank account tied to a Consumer Driven High Deductible plan (or CDHD). When we say, “tied to,” we mean that you can only open an HSA if you are participating in an HSA-eligible CDHD through your employer. The bank account itself allows you to save and pay for qualified medical expenses with tax-advantaged money. What does that mean? Keep reading!

The Account? It's All Yours!

That's right! This bank account belongs to YOU. It goes with you if you change employers, and there is no “use it or lose it” rule like other tax-advantaged accounts out there. You keep your money, and leftover funds roll over from year to year. Also, just like any other bank account, you cannot use it to pay for expenses with money you don't have. So, keep an eye on your balance, and be aware that your HSA provider may have administrative fees tied to the account.

The Triple Threat Tax Advantage!

By opening and using an HSA, you save on taxes in three ways:

1. Contributions you or your employer make to the account are not taxed when you put them in.
2. Withdrawals from the account are not taxed if you are using the money to pay for qualified medical expenses (which we'll touch on in a bit).
3. Any unused funds in your HSA stay there, grow tax-free interest AND might qualify to invest. Some even use HSAs as another way to save for retirement. The triple whammy!

CAREFUL THOUGH: If you use your HSA for non-qualified expenses, you could be taxed AND penalized 20% by the IRS.

Butler University Contributes!

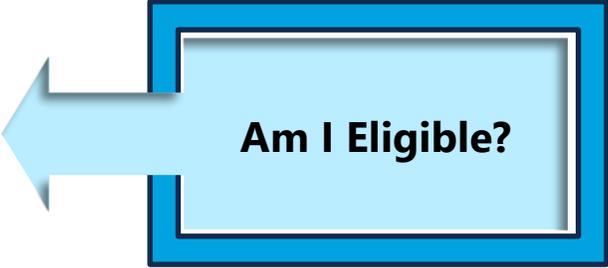
To support you in managing the higher deductible that comes with a HDHP, Butler University contributes the following on your behalf: Single - \$750; Family - \$1,500. This is paid in a lump sum in early February for an open enrollment election. Otherwise, this will be prorated throughout the year depending on date of hire.

HSA “Frames” of Reference: Restrictions

You must be enrolled in an HSA-eligible CDHD to qualify for an HSA. **You must also have a valid social security number and NOT be claimed as a dependent on someone else’s taxes.**

Lastly, you are not eligible to contribute to an HSA if you are covered under any other medical coverage, like:

- Your spouse’s first-dollar coverage health care plan, FSA or HRA
- Medicare, Medicaid or Tricare
- VA Services (if received within the last 90 days)
- NOTE: These restrictions limit only the ability to contribute to an HSA, but they do NOT restrict you from being covered by a CDHD.

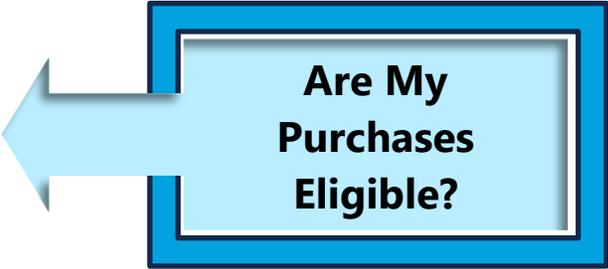


Am I Eligible?

Remember, if you use your HSA to pay for non-qualified expenses, you could be taxed AND face an IRS penalty of 20%.

To avoid that stress, make sure your expenses are IRS-approved:

- View the full list on of approved expenses on IRS Publication 502 (www.irs.gov/pub502).
- To prove you are following the rules, make sure you keep ALL your receipts and prescriptions in case of an IRS audit. YOU are responsible to the IRS; not Butler University.

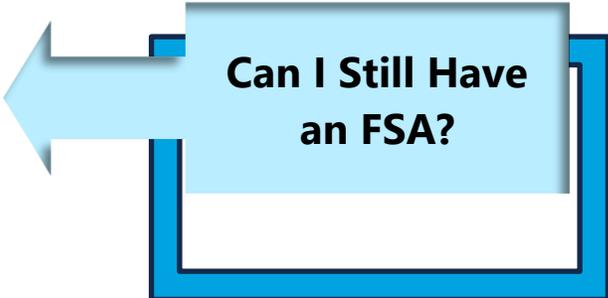


Are My Purchases Eligible?

IMPORTANT: If you contribute to an HSA, you are NOT eligible to participate in a Medical Flex Spending Account (FSA). An FSA is another type of tax savings benefit, and the IRS does NOT want you to “double dip” on your tax savings. The only FSAs you can participate in while contributing money to an HSA are:

1. Dependent Care FSA
2. Limited Purpose FSA (only available from Butler through FSA carry over)

If you’ve contributed ANY money to a medical FSA, then you are ineligible to contribute to an HSA for the rest of the year.

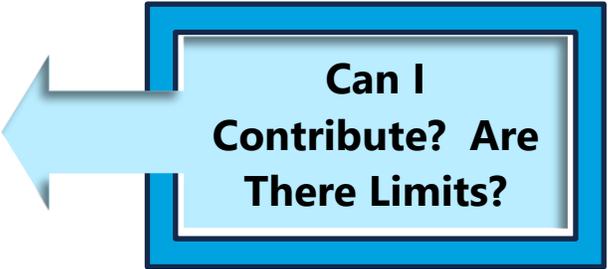


Can I Still Have an FSA?

Yes, you can and should consider contributing! Just know that the IRS puts limits on the total dollars you and your employer can contribute per year. For 2021, the totals are:

- Self-Only Limit: \$3,600
- Family Limit: \$7,200

55 or older? Your limit is increased \$1,000 for “catch-up.” YOU are responsible for making sure you don’t exceed your limits.



Can I Contribute? Are There Limits?

Ready to try an HSA? Here’s what you need to do!

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 all HSAs. The HSA 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 via telephone. Paper statements are available for a nominal fee.

Note: Each year you wish to participate in the HSA, you are required to “re-elect” the amount you wish 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.

Flexible Spending Accounts (FSAs)

Do you like a good deal? Why not consider a Flex Spending Account (FSA)? Tax savings aren't just for HSAs; let's look at how an FSA can help keep money in your bank!



The different types of FSAs are detailed below. Each one can help you save up to 30% of each dollar spent. Here's how that works:

1. You elect how much money you would like to contribute to your FSA.
2. That money is deducted throughout the year from your paycheck, tax free.
3. The short version: You don't pay federal, state or FICA taxes on this income! See the case study on the following page for more details!



2021	Flex Spending Account Options from Discovery Benefits.	
	Medical FSA	Dependent Care FSA
Am I eligible?	If you contribute to an HSA, no. Otherwise, yes.	Yes
What can I use it to pay for?	IRS-approved prescriptions, dental, vision & medical; See https://www.irs.gov/pub/irs-pdf/p502.pdf for a list of approved expenses.	Day care expenses for the following that allow you or your spouse to go to work or school full time: <ul style="list-style-type: none"> • Dependent child under age 13 • Physically or mentally disabled dependent of any age who spends 8+ hours per day in your home
When can I use it?	Immediately (even before accruing payroll deposits)	Immediately (This is through a reimbursement account, so you can only recoup the money you have paid into the account at the time you submit reimbursement for funds.)
Can I roll over funds?	Yes. You may carry over a maximum of \$500 into the next plan year.	No. These funds are use-it-or-lose it!
What is the minimum annual contribution?	\$120	\$120
What is the maximum annual contribution?	\$2,750	\$5,000 (or \$2,500 if married and filing separately)
What time will the 2021 account cover?	You can incur claims from 1/1/21 – 12/31/21	You can incur claims from 1/1/21 – 12/31/21
When is the “run-out period” (aka. the deadline to submit claims incurred in the above period)?	March 31, 2022	March 31, 2022



TIP FROM TRIP: RESTRICTIONS ON FLEX SPENDING ACCOUNTS

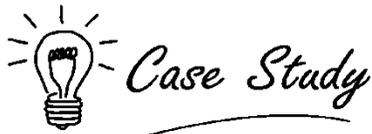
If you choose to open any type of these accounts, there are a few things you CANNOT do. Since most FSAs usually require you to use your money by the end of the year or lose it, you will want to be mindful of these restrictions when planning how you want to proceed.

Keep in mind:

- You cannot change the amount coming out of your paycheck mid-year unless you experience a qualifying event (see Making Changes section of this guide).
- You cannot transfer money from one FSA to another FSA—for example, if you are going to have too much money left in your Dependent Care FSA but not enough in your Medical FSA, you can't use the Dependent Care FSA funds for your Medical needs.

Additional restrictions for the Dependent Care FSA only include:

- You cannot use this money to pay an in-home babysitter whom you claim as a dependent.
- You cannot use this money to cover expenses for your domestic partner or your domestic partner's dependent.



Eric and Brianna's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Eric needs some major orthodontic work this year, they decide to put \$2,000 into a Medical FSA. Also, for their two kiddos, they plan to put \$3,000 in a Dependent Care FSA for day care expenses. Check out how this is going to put more money in their pockets!

	Without FSAs	With FSAs
Gross annual income	\$30,000	\$30,000
Total FSA contributions	-\$0	-\$5,000
Adjusted gross income	\$30,000	\$25,000
Estimated taxes		
Federal	-\$2,550*	-\$1,776*
State	-\$900**	-\$750**
FICA	-\$2,295	-\$1,913
After-tax earnings	\$24,255	\$20,561
Eligible out-of-pocket expenses		
Medical & Dependent Care Expenses	-\$5,000 (no tax advantage)	-\$0 (covered by FSA)
Remaining spendable income	\$19,255	\$20,561
Spendable income increase		\$1,306!!!

Ready to Open an FSA?

You will need to complete the FSA enrollment paperwork to set up your account with Discovery Benefits. Even if you signed up last year, you must re-enroll! FSA elections do not carry over year after year.

When submitting expenses for payment, you can use the following methods:

- Debit card
- Direct deposit (requires special enrollment form)
- Manually reimburse yourself

HOWEVER – the IRS requires proof that you are spending appropriately. So, get itemized receipts from your care providers and KEEP THEM!

Discovery Benefits will require you to provide this proof to allow you to continue getting money out of your account.



* Assumes standard deductions and four exemptions

** Varies, assume 3 percent

FOR ILLUSTRATIVE PURPOSES ONLY. CONSULT A TAX ADVISOR WITH QUESTIONS.

Dental

Have you been taking care of your pearly whites? You should! It's been proven that people with clean teeth often have better health, including a reduced risk for stroke and heart disease. You take care of them? They take care of you! Butler University aims to help promote your hygiene health by offering dental insurance through **Delta Dental**. Want the details?



Details

Dental Plan Option from Delta Dental of Indiana

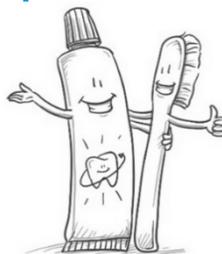
	Delta Dental PPO	Delta Dental Premier	Non-Participating
Deductible			
Individual	\$50	\$50	\$50
Family	\$100	\$100	\$100
Annual Plan Payment Maximum			
Individual	\$1,500	\$1,500	\$1,500
Preventive Services	Deductible does not apply		
Services Covered	Diagnostic & Preventive Services: Exams, cleanings and fluoride and space maintainers Emergency Palliative Treatment: To temporarily relieve pain Sealants: To prevent decay of permanent teeth Brush Biopsy: To detect oral cancer Radiographs: X-rays		
Coverage Rate	100%	100%	100%*
Basic Services	Deductible applies		
Services Covered	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		
Coverage Rate	80%	70%	70%*
Major Restorative Services	Deductible applies		
Services Covered	Major Restorative Services: Crowns Prosthetic Services: Bridges, implants and dentures		
Coverage Rate	50%	40%	40%*
Orthodontia	Eligible children up to age 19		
Individuals Covered			
Lifetime Payment Maximum	\$1,000 per individual	\$1,000 per individual	\$1,000 per individual
Coverage Rate	50%	50%	50%*

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

Some Procedures Might Be Excluded/Limited:

Please note that cosmetic procedures are NOT covered under this dental plan. Additionally, the following procedures are limited by a specific number of visits/age group:

- Oral Exams/Cleanings: 2 per calendar year
- Full Mouth X-rays: once every 3 years
- Bitewing X-rays (adult): 2 per calendar year
- Sealants (child to age 14): 1 per tooth per three-year period



Special Services Might Be Included:

If you are someone who qualifies under one of the following conditions, you may be eligible for additional cleanings and periodontal services than the limitations mentioned in the red box to the left. See your plan document for details.

- Pregnancy
- Diabetes
- Diagnosed Periodontal Disease
- Suppressed Immune System
- Kidney Failure/Dialysis



TIPS FROM TRIP: IN-NETWORK DENTISTS ARE THE BEST!

Have a family dentist that you love and don't want to leave? We get it! The good news is, generally, most dental plans allow you to choose which dentist you go see. The bad news is, if the dentist you see is not in-network, it's going to cost you more money.

To find out if your dentist is in-network, complete the following:

- Go to www.deltadental.com/us/en/find-a-dentist.html
- Dropdown to a preferred specialty (optional)
- Dropdown to Delta Dental PPO
- Type in your Dentist's last name (optional)
- Click "Find Dentists"

BALANCE BILLING IS THE WORST!

"Balance billing" (a term you may hear thrown around) is the way we describe what can happen if you go to an out-of-network dentist. Your dental insurance carrier has a predetermined idea of what pricing is considered "reasonable and customary" for all possible procedures. The insurance carrier is so sure about this predetermined pricing that they will not pay anything MORE than that dollar figure to your dentist for each corresponding procedure. That means, if your dentist usually charges more, he or she may end up feeling shorted for services provided.

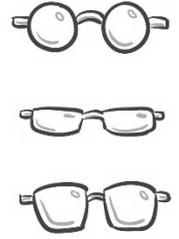
Here's the bummer news: If your dentist is considered out-of-network, then he or she can pass on the difference between the dentist's charge and the carrier's "reasonable and customary" amount on to YOU. This way, the dentist is paid in full, but *you* might feel overcharged. So, think hard about if you want to keep seeing an out-of-network dentist!

Wondering how much it costs to purchase this dental coverage?

Per Pay Premiums

	Costs to Purchase				
	9-month	12-month	Bi-Weekly 9-month	Bi-Weekly 12-month	Annually
Tier of Coverage					
Employee Only	\$9.88	\$7.41	\$4.68	\$3.42	\$88.92
Employee + Spouse	\$37.65	\$28.24	\$17.84	\$13.03	\$338.88
Employee + Child(ren)	\$22.73	\$17.05	\$10.77	\$7.87	\$204.60
Family	\$49.52	\$37.14	\$23.46	\$17.14	\$445.68

Vision



Did you know that the health of your body can sometimes affect the health of your eyes? Eye doctors do certain tests that can help with early detection of certain illnesses—like diabetes. That’s why it’s important for EVERYONE to get a regular eye exam, whether they need glasses or not! By providing vision insurance through **EyeMed**, Butler University wants to help.



TIP FROM TRIP:

IN-NETWORK VS. OUT-OF-NETWORK

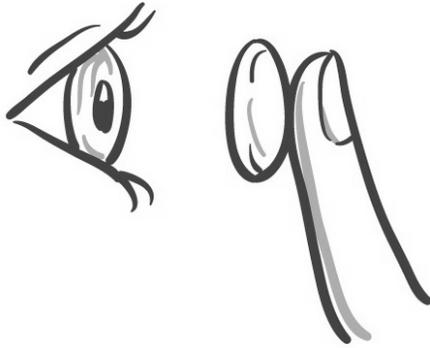
As you might have guessed, it’s more cost effective to go to an in-network eye doctor over an out-of-network one. To find an in-network eye doctor, complete the following:

- www.eyemed.com
- Click Member Login
- Click Locate a provider

If you go out-of-network, you will notice the details below show an “up to” amount. This is because you must pay the full cost of the service out of pocket, and then the insurance plan will reimburse you “up to” the defined amount. Look at your plan details for information on how to file for reimbursement.

Now for a rundown of the benefits...

Details	Vision Plan Option from EyeMed		
	In-Network	Out-of-Network	Frequency
Exam	\$10 copay	Up to \$42	Once every 12 months
Frames	\$130 allowance + 20% off remaining balance	Up to \$91	Once every 24 months
Lenses			
Single	\$20 copay	Up to \$40	Once every 12 months
Bifocal	\$20 copay	Up to \$60	
Trifocal	\$20 copay	Up to \$80	
Lenticular	\$20 copay	Up to \$100	
Contact Lenses (in lieu of glasses)			
Medically Necessary	\$0 copay; paid in full	Up to \$210	Once every 12 months
Elective (Non-Disposable)	\$140 allowance + 15% off remaining balance	Up to \$135	
Elective (Disposable)	\$140 allowance	Up to \$135	
Additional Benefits			
Standard Contact Lens Fitting and Follow Up	Discounted member cost not to exceed \$40		
Second Pair Discount	40% off additional pairs of sunglasses 15% discount on conventional lenses once funded benefit is used 20% off any item not covered by the plan including non-prescription sunglasses		
Lens Options	Photochromic, Standard Polycarbonate (Adults)		
Retinal Imaging	Discounted member cost not to exceed \$39		
Lasik or PRK from US Laser Network	15% off retail price or 5% off promotional price		



Don't "See" a Vision Insurance Card?

This time, it's not a trick of your eye. EyeMed does not distribute a member specific ID card. If you go to your eye doctor and provide your name, your SSN and EyeMed's name, your doctor should be able to look you up in the system.

Still wish you had a card to carry with you? You can download a generic card with the basic information you will need from EyeMed website at www.eyemed.com

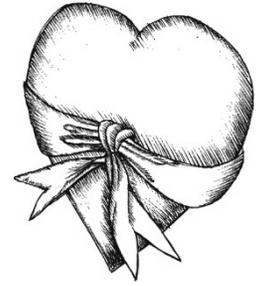
Wondering how much it costs to purchase our vision plan?

Per Pay Premiums

Tier of Coverage	Costs to Purchase				
	9-month	12-month	Bi-Weekly 9-month	Bi-Weekly 12-month	Annually
Employee Only	\$9.16	\$6.87	\$4.34	\$3.17	\$82.44
Employee + Spouse	\$16.40	\$12.30	\$7.77	\$5.68	\$147.60
Employee + Child(ren)	\$19.16	\$14.37	\$9.08	\$6.63	\$172.44
Family	\$23.68	\$17.80	\$11.22	\$8.20	\$213.16

Protecting Your Income

Life Insurance



Think about it. You insure your car. You insure your home/apartment. You even insure certain expensive valuables like diamonds in case they are lost or stolen. But what about your life? Not that we like to talk about it, but what if YOU are tragically lost or stolen from those who love and depend upon you? Would your loved ones still have enough income if you're not here? Life insurance is one way to secure your dependent's financial security, and Butler University offers you multiple options!

YOUR QUESTIONS	OUR ANSWERS – Basic Life Insurance Options from OneAmerica
	Benefit Eligible Employees
Am I eligible for this benefit?	This benefit is available for employees who are actively at work on the effective date if claim and working a minimum of 37.5 hours per week.
How much would the benefit pay?	One (1) times the employee's annual base salary up to a maximum of \$300,000
Does this benefit include AD&D Coverage? (See below) ¹	Yes
How much does it cost to purchase?	That's the best part: NOTHING! This benefit is provided by Butler University at no charge to you.
Can I bring this policy with me or convert it to an individual policy if I leave?	Yes

TIP FROM TRIP: WHAT IS AD&D ANYWAY?¹

AD&D stands for Accidental Death and Dismemberment. While the experience itself would be as unpleasant as it sounds, having insurance that comes to your financial aid if it does happen can be invaluable. An AD&D policy provides a list of potential accidents and various amounts the policy will pay for each incident. Loss of arm, leg, toe, finger, eye, vision, hearing...these and more are usually covered, assuming they happen by accident.

AD&D coverage is often tied to a Life Insurance policy, but it isn't always included. Make sure to refer to the charts in this section to see if AD&D is included and/or if it has an extra charge.



TIP FROM TRIP: CHOOSE YOUR BENEFICIARY!

Your beneficiary is the individual who receives the payment when life insurance is claimed. Consequently, you can see how important it is to elect one when you enroll! If you don't, the benefit money could get locked up in your Estate and the court systems. Note that you can change your beneficiary at any time. It is important to review and update beneficiaries at each open enrollment.

You can elect more than one beneficiary, assigning different percentages of the payout OR a *type*:

- Primary Beneficiary – receives the payment first if still living when the benefit is claimed.
- Contingent Beneficiary – receives the payment if your primary beneficiary is no longer living when the benefit is claimed.

Depending on you and your family's needs, the Basic Life Insurance policy may not be enough. Accordingly, Butler University provides you with the option to purchase additional voluntary life insurance, described as follows.

YOUR QUESTIONS	OUR ANSWERS – Voluntary Life Insurance Options from OneAmerica		
	For You	For Your Spouse	For Your Child(ren)
Am I eligible for this benefit?	This benefit is available for employees who are actively at work on the effective date and working a minimum of 37.5 hours per week.		
How much coverage is guaranteed to issue without EOI? (See below)²	In your first 31 days of eligibility, you can elect up to \$500,000 without EOI.	In your first 31 days of eligibility, you can elect up to \$50,000 without EOI.	In your first 31 days of eligibility, all amounts are guaranteed to issue without EOI.
Does the payout benefit reduce over time?	Upon reaching 70 years of age, your original benefit amount will reduce to a certain percentage. Please see HR for more details.	Benefit terminates at the end of the plan year a spouse turns age 70.	Benefit terminates at the end of the plan year a dependent turns age 25.
Does this benefit include AD&D Coverage?	This coverage is elected separately.		
Can I bring this policy with me or convert it to an individual policy if I leave?	Yes		

Life Insurance Considerations...

You are responsible to pay the full cost to purchase this benefit.

Supplemental life insurance is available to eligible employees at a value up 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>.



TIP FROM TRIP: WHAT IS EOI ANYWAY?²

Evidence of Insurability (EOI) is something **OneAmerica** may ask for if you meet one of the following conditions:

1. This is your first 30 days of eligibility for the benefit, and you are electing an amount of coverage that is OVER a set amount (called Guaranteed Issue).
2. You elected coverage in a previous year, and you are INCREASING the coverage you originally elected.
3. You neglected to elect coverage when it first became available to you, and you now want to elect ANY amount of coverage (even if under the Guaranteed Issue).

EOI usually involves a substantial set of questions and/or a blood test to evaluate your current state of health.

Protecting Your Income

Disability Insurance



Think you won't need disability insurance someday? Statistics say that one in four twenty-year-olds will be disabled before they reach retirement, and 95 percent of accidents are not work related. Pregnancy, back and neck pain, cancer, heart disease, mental illness...all can lead to various lengths of being unable to work. A great way to protect your paycheck should something happen is to invest in disability insurance. Here are some details of what's available to you:

	Short Term Disability (STD) Options from OneAmerica
	Benefit Eligible Employees
Do I qualify for this benefit?	This benefit is available for all active FT employees working 37.5 hours or more per week.
What percent of my paycheck will be covered?	60% of Salary
What is the maximum amount I'll be paid weekly?	\$3,000
How long do I have to wait until my benefits kick in?	7 Days
What is the longest period the weekly benefit will be paid?	12 weeks You may use vacation/personal time for pay while waiting 7 days for STD to start.
Will tax be deducted from my monthly benefit?	Yes, since Butler is paying for this premium, the IRS will consider this as income.
How does my PTO and accrued Vacation time tie into this wait?	You are required to use any accrued vacation or personal time to pay yourself during the 7-day elimination period.
Does this benefit pay if I'm also claiming Worker's Comp?	No – you cannot claim Worker's Comp and STD benefits at the same time.

For eligibility requirement and more information regarding these income continuation benefits, please visit <https://www.butler.edu/hr/benefits>

Requesting a Leave of Absence

Call your Employer to request your absence.

Call Sedgwick at **888.436.9530** or visit timeoff.sedgwick.com to initiate a request for leave.

Provide information requested by Sedgwick as soon as possible.



Butler University also offers Long Term Disability. See the chart below for the details:

	Long Term Disability (LTD) Options from OneAmerica
	Benefit Eligible Employees
Do I qualify for this benefit?	This benefit is available for all active FT employees working 37.5 hours or more per week.
What percent of my paycheck will be covered?	60%
What is the maximum amount I'll be paid monthly?	\$14,000
How long do I have to wait until my benefits kick in?	90 days of eligible, personal medical disability.
How long do my benefits last	Your benefits last until Social Security Full Retirement Age (SSFRA*).
Is there a pre-existing condition?	Yes. You cannot receive benefits for a disability... (1) For which you receive treatment within 3 months prior to the policy's effective date OR (2) That occurs within the first 12 months of coverage.
Will tax be deducted from my monthly benefit?	Yes, since Butler is paying for this premium, the IRS will consider this as taxable income.
How does my PTO and accrued Vacation time tie into this wait?	Since there is a longer waiting period before the LTD benefits begin, there should be no overlap with your PTO or Vacation time.
Does this benefit pay if I'm also claiming Worker's Comp?	No – you cannot claim Worker's Comp and LTD benefits at the same time.

*SSFRA the Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.

For eligibility requirement and more information regarding these income continuation benefits, please visit <https://www.butler.edu/hr/benefits>



Please Note

There may be a list of exclusions, pre-existing conditions and/or limitations that come with your Short Term and/or Long-Term Disability plans. Please review your plan certificate for full details.

Requesting a Leave of Absence

Call your Employer to request your absence.

Call Sedgwick at **888.436.9530** or visit timeoff.sedgwick.com to initiate a request for leave.

Provide information requested by Sedgwick as soon as possible.



403b Retirement Plans

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 the Butler University 403(b) Retirement Plan administered by TIAA. All Butler employees are eligible to participate in the plan on the first of the month after their date of hire.

Participation in the retirement plan, for the purpose of receiving employer matching contributions, requires the employee to contribute 5% of their base salary and Butler University will provide a discretionary matching contribution of 10% to the plan on behalf of the participating employee. Employees will make your salary deferral election(s) for the retirement plan by setting up your account with TIAA and following the online salary deferral election instructions. Please follow the instructions below to get started.

(More information available at <https://www.butler.edu/hr/benefits/financial/retirement-savings-plan.>)

Quick Guide to Managing Your Retirement Account Online

Enroll Online and Elect Per Pay Contribution Amount

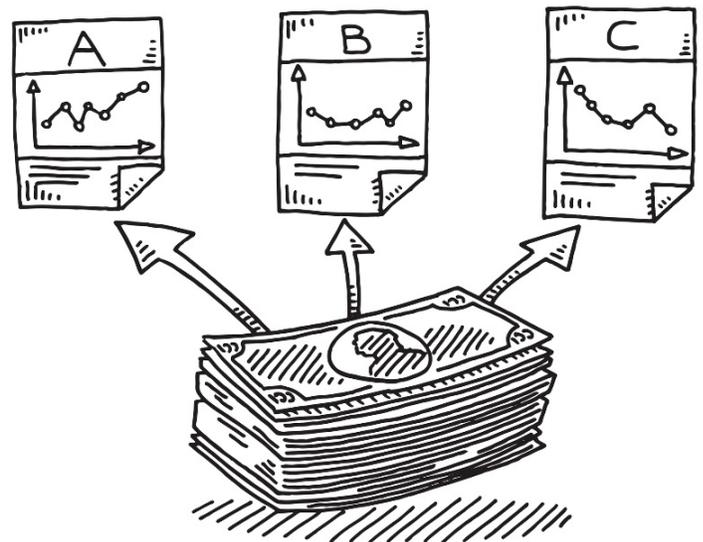
- Go to www.TIAA.org/butler.
- Click *ENROLL OR UPDATE*.
- If you are a first-time user: Click *Register with TIAA* to create your user ID and password.
- If you are a returning user: Enter your TIAA user ID and click *Log In*.
- Follow the prompts and print out the confirmation page. You are now enrolled. Important: Employees are eligible to make contribution elections online at any time. Paper salary reduction forms are no longer needed. Please be aware that there are election deadlines required for processing online elections. Review the payroll date and election date schedule provided on the TIAA website.
- Remember to balance out your supplemental retirement plan contribution so that you do not reach the annual IRS limit too soon. When this happens ALL your contributions are terminated and you might miss out on the 10% employer match that you are eligible for.

Change Investments for Future Contributions

- Go to www.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.

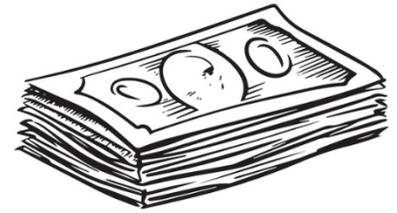
Transfer Funds

- Go to www.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 www.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

Helpful Hint	Details
Online Information and Account Information	Use TIAA.org/butler to: <ul style="list-style-type: none"> • Establish a secure user ID and password. • Review and update your personal information. • Update your beneficiary designation. • Check account balances, make contribution elections and review per pay contributions. • Change the investment of future contributions. • Transfer assets among the plan's investment options. • View and research the performance of the plan's investment options. • Sign up for eDelivery of materials you'd prefer to receive by email. • Get loan information. • Access retirement planning tools and calculators.
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	<ul style="list-style-type: none"> • Online: Go to www.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 www.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 www.TIAA.org/webinars to participate in live webinars or visit www.TIAA.org/advice to access information about budgeting, college savings, investing and more.
Online Tools and Calculators	Go to www.TIAA.org/tools for interactive planning tools. <ul style="list-style-type: none"> • Under <i>Retirement Planning</i>, select the <i>Retirement Goal Evaluator</i> for an estimate of how much of your salary you might be able to replace at retirement. • Under <i>Taxes</i>, select the <i>Tax Advantage Calculator</i> to estimate the long-term growth potential of money contributed to a tax-deferred annuity. Under <i>Saving and Investing</i> , select the <i>Asset Allocation Evaluator</i> for sample portfolios based on your answers to a few questions.

Paid Time Off & Vacation Pay

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. Vacation time is not available to part-time, occasional and temporary staff members.

All regular Nine (9), ten (10) and 12-month Full-time staff and twelve (12) month faculty are eligible to receive vacation benefits. Vacation benefits are pro-rated based on hire date. Additionally, vacation benefits are pro-rated for 9 and 10-month employees. Paid vacation time is available and is distributed over a June 1 – May 31 fiscal year.

For employees hired between June 1 and February 28, the employee's time of service will be counted as one year. Employees hired between March 1st and May 31st will be required to wait until June 1st of the following fiscal year to increase to the next levels.

Level 1 (All staff **not designated** as a Director level or above): As of the beginning of the University's fiscal year (June 1st) employee records will show the annual allotment of vacation days. However, these days are neither earned by nor accrued for employees at that time. Rather, they are earned during the course of the year, on a pro-rata basis.

Level 1 (All staff not designated as Director level or above) Vacation Allotment			
Years	# days given	Years	# days given
1 to 2 years	11	6 to 7 years	16
2 to 3 years	12	7 to 8 years	17
3 to 4 years	13	8 to 9 years	18
4 to 5 years	14	9 to 10 years	19
5 to 6 years	15	10 years and above	20

*Less than one year of employment – up to 10 days, based upon month hired (see New Employees Hired Within the Fiscal Year Section)

Level 2 (All staff **designated** Director level and above): As of the beginning of the University's fiscal year (June 1st) employee records will show the annual allotment of up to twenty (20) vacation days. However, these days are neither earned by nor accrued for employees at that time. Rather, they are earned during the course of the year, on a pro-rata basis. *New employees hired within the fiscal year will receive time based upon the month hired (see New Employees Hired Within the Fiscal Year Section).

***New Employees Hired Within the Fiscal Year:** During the first year of employment new employees will be allotted vacation days of a pro-rated amount based on their hire date and level of position. These days are earned during the course of the year, on a pro-rata basis. An employee must be hired by the 20th of the month to be eligible for the full pro-rated amount. **The schedule for the first year and the month hired, is as follows:**

Level 1 (All staff not designated as a Director level or above) Vacation Allotment		Level 2 (All staff designated as Director level and above) Vacation Allotment	
Hired before 20th of	# of days given	Hired before 20th of	# of days given
June	10	June	20
July	9	July	18
August	8	August	17
September	8	September	15
October	7	October	13
November	6	November	12
December	5	December	10
January	4	January	8
February	3	February	7
March	3	March	5
April	2	April	3
May	0	May	0

Full-Time Staff Personal Time Off

All regular nine (9), ten (10) and twelve (12) month, full-time STAFF and (12) month faculty are eligible to participate in the personal time off program. At the beginning of every fiscal year, eligible employees will show an allotment of personal time off of eight (8) days (June 1st to May 31st).

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



PTO Allotment	
Hired Between	# of days given
June 1 & August 20	8 days
August 21 & November 20	6 days
November 21 & February 20	3 days
After February 20	0 days

Butler Policies

All Butler policies can be found at <https://www.butler.edu/hr/policies>. A few of the policies are outlined below.

Non-Discrimination

Butler University makes equal opportunity available to all persons without regard to race, color, religion, national origin, age, disability, citizenship status, military service status, genetic information, sex or any other legally protected category. This policy must be reviewed each year by every employee. For more information on this important policy please go to <https://www.butler.edu/file/160842/download>.

Title IX Policy – Sex Discrimination

Consistent with federal laws known as Title IX, the Clery Act and the Violence Against Women Reauthorization Act of 2013 (VAWA), Butler University is committed to having an educational and working environment free from sex discrimination in any form, including sexual harassment, misconduct and violence. To review this important policy, please go to <https://www.butler.edu/file/155276/download>.

Substance Abuse Policy

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." As a condition of employment, all University employees (including full-time, part-time and temporary employees) are required to abide by terms of the policy. To review this important policy please go to <https://www.butler.edu/file/108334/download>.

Additional Benefit Offerings

Employee Assistance Program (EAP)

Butler University provides free and confidential employee assistance program to all employees. Through the EAP program, employees can find support, resources and information for personal and work-life issues. The **ComPsych** program provides confidential, professional counseling for up to six (6) 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>

Contact Your GuidanceResources® Program

Call: 855.365.4754
TDD: 800.697.0353
Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceResources® Now
Web ID: ONEAMERICA6

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Butler Wellness Incentive

Butler is now offering a wellness incentive to any employee and/or spouse enrolled in one of Butler's medical plans. To receive this incentive, the employee and/or covered spouse must visit their In-Network Primary Care Physician for an annual wellness exam. The wellness exam requires lab work be completed and results confirmed at the time of the doctor visit. Both the doctor visit and lab work must be completed during the plan year (January 1 2021 – December 31, 2021). Employees who are enrolled in a Butler Medical plan can receive \$100 for themselves and \$100 for their enrolled spouse. A **Wellness Incentive Form** is included on page 39 of this guide or you may request from askHR@butler.edu.

Long-Term Care Insurance

All eligible employees have the opportunity to voluntarily 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, 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 and part-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:

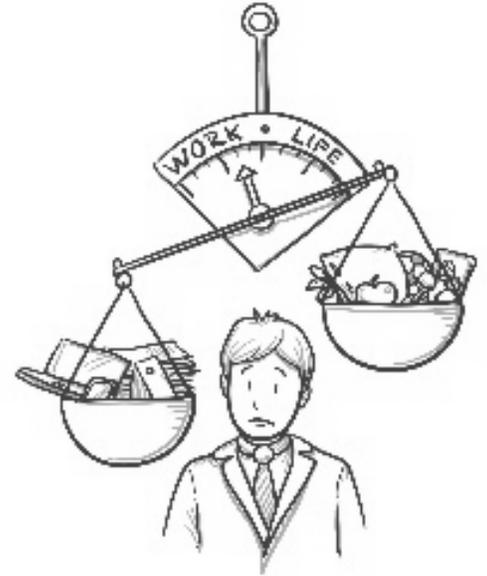
All eligible employees and family members must maintain a permanent US residence and have a valid Social Security or Tax Identification number from the US Government.

- 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.



Meditation at the Blue House: Center for Faith & Vocation (CFV)

- 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: https://www.butler.edu/cfv](https://www.butler.edu/cfv)



Miscellaneous Benefits

- 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
- Dawg Bucks
- 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/>

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 The 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 at <https://www.butler.edu/hr/tuition-remission>.





BUTLER UNIVERSITY WELLNESS INCENTIVE FORM

Name of person who is receiving this wellness exam and screening: _____

(PLEASE PRINT)

Is this the: Employee Spouse Date you signed this page: _____

Employee Name (Please Print): _____ Employee ID #: _____

Employee signature: _____ Employee Date of Birth: _____

Employee is currently enrolled in this Butler Medical Plan (Check one): **PPO Core** **PPO Plus** **CDHD HSA**

*My signature above means I understand that I am voluntarily receiving a wellness exam and screening and voluntarily giving this completed form to HR Services in Butler University's Human Resources department. Also, by signing this form, I am giving permission for Butler University to verify the information below by phone call to my physician. **Please make sure your physician's office retains a copy of this form for their records.***

TO BE COMPLETED BY IN NETWORK MEDICAL PROVIDER:

Butler University will pay a wellness incentive to the person named above for seeing an in network medical provider and having certain wellness screenings as noted below. **Please confirm which of these screenings have been performed. By checking "Yes" you are confirming the labs have been done and the results have been received.**

PLEASE CHECK THE APPROPRIATE BOX(S) BELOW:

- 1. Yes No **Blood pressure screening**
- 2. Yes No **Height/Weight**
- 3. Yes No **Wellness Lab work (such as CBC, lipid panel and glucose).**

Name of In Network Medical Provider: _____

Address of In Network Medical Provider: _____

Phone Number of In Network Medical Provider: _____

Signature of In Network Medical Provider: _____ Date _____

EMPLOYEE OR SPOUSE: Return this completed form to Human Resources. Information is subject to verification before your wellness incentive is paid.



Date form received: _____ Is form complete and information verified? Yes No

If yes, date to accounting for payment: _____ If no, date returned to employee for completion: _____

Please note: Incentives will be processed monthly upon receipt and verification of the form.

HRC Employee Wellness Incentives



You can't give your personal best if you don't feel your best. Working with the Health and Recreation Complex, 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.

Health & Recreation Complex (HRC)

Membership / Day Pass

- For Full-Time Employees
 - Free Annual Membership
- For Part-Time Employees
 - \$3 for a single use day pass
 - \$250 for an annual membership



HRC Recreation & Wellness Orientation

- Free for Full and Part-Time Employees
- Individual and group sessions available

Personal Training

- For Full and Part-Time Employees
- Review details for fitness assessment and rates on the HRC Personal Training website www.butler.edu/personaltraining

Massage Therapy

- For Full and Part-Time Employees plus Families
- \$70 for a 60-minute session (\$10 discount for HRC members)
- www.butler.edu/massage

FREE Wellness Programs (for Part-Time and Full-time employees)

- Noon-time Group Fitness classes: <https://www.butler.edu/recwell/group-fitness-classes>.
- Basketball & Volleyball at HRC: <https://www.butler.edu/wellnessincentives>
- Free Morning, Noon-Time and Evening Walking at HRC
- Indoor & outdoor Campus Walking/Jogging Routes: <https://www.butler.edu/fitness/jogging-and-walking-routes>

Contact

- hrc@butler.edu

Questions and Answers

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](https://my.butler.edu). At this time, all other enrollments or changes require paper forms which you may request from askHR@butler.edu.

Where do I find enrollment forms?

Unless you have been informed otherwise, if you are enrolling during the 2021 Open Enrollment period, you will follow the instructions at the beginning of this guide and complete your enrollment online through [My.Butler.edu](https://my.butler.edu). Documents such as rate sheets and plan summary documents can be found on https://www.butler.edu/2021_Benefits_Open_Enrollment.

I'm enrolling in the CDHD Plan, how do I get my HSA?

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 www.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

Whom 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 2021?

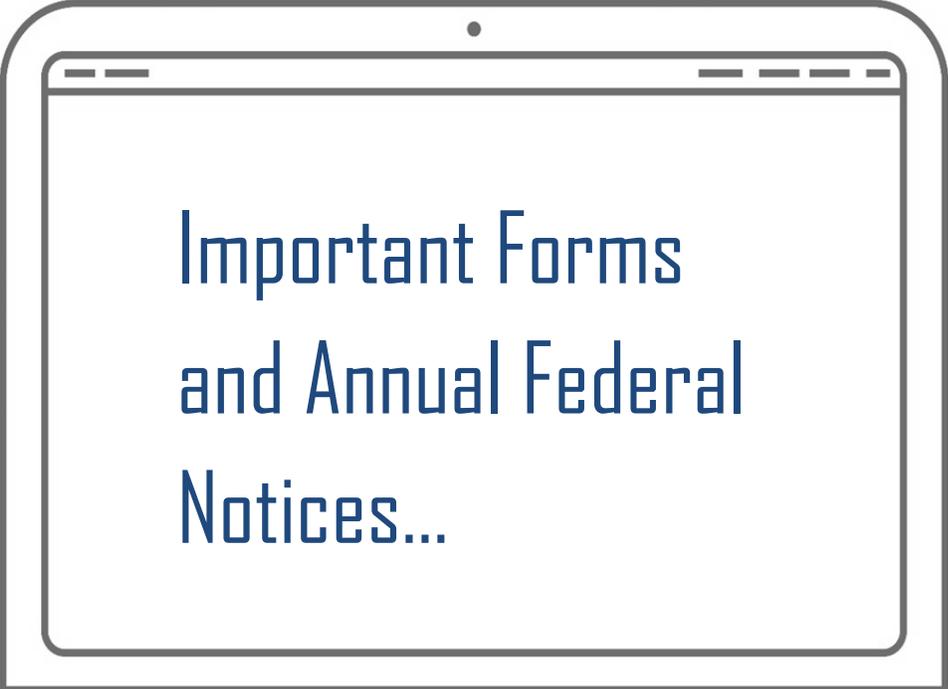
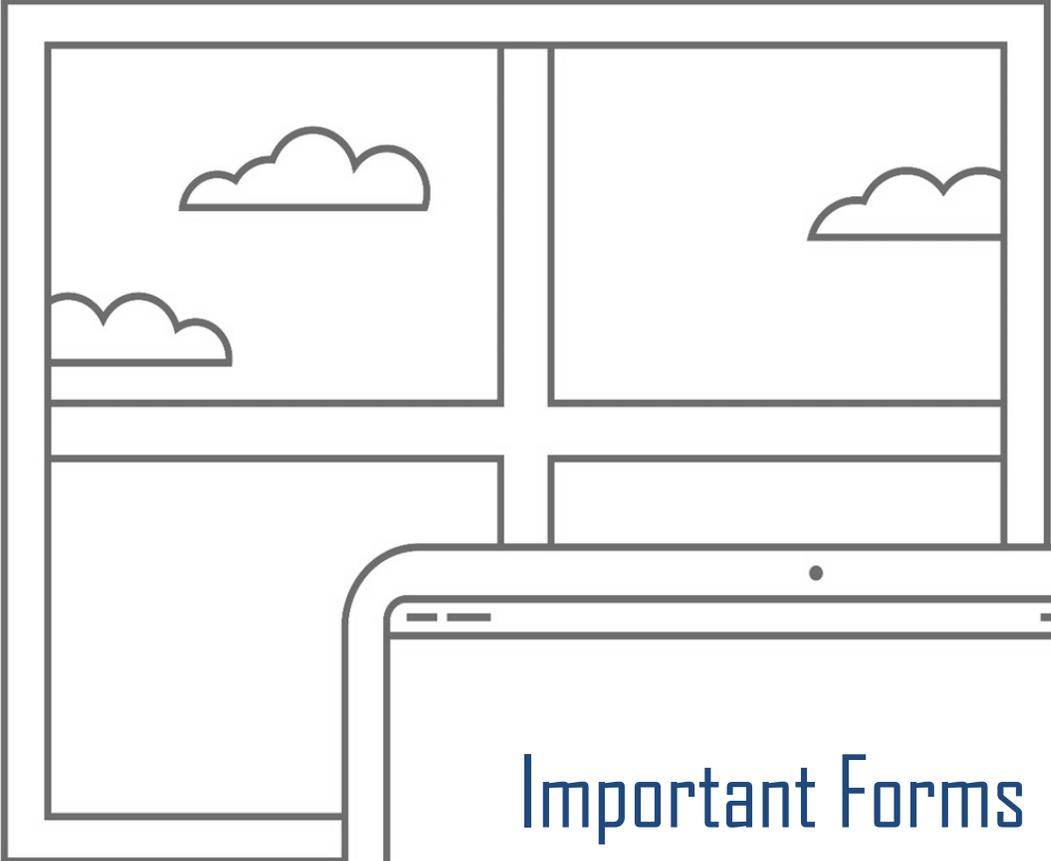
If you move from a PPO plan with FSA to the CDHD plan with HSA for 2021 and you had \$500 or less in your FSA, your FSA funds will rollover into a Limited Use FSA for 2021. These funds can only be used for eligible dental and vision claims. You will not be allowed to contribute further funds to the Limited 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.

Behind this Page, You Will Find...



Important Forms
and Annual Federal
Notices...



Glossary

This glossary has many commonly used terms but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

- **Bold blue** text indicates a term defined in this Glossary.
- See the last page of this glossary for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real-life situation.

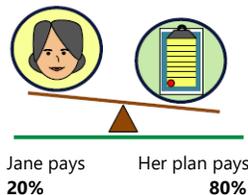
Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal: A request for your health insurer or **plan** to review a decision or a **grievance** again.

Balance Billing: When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may not balance bill you for covered services.

Co-insurance:

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance plus any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



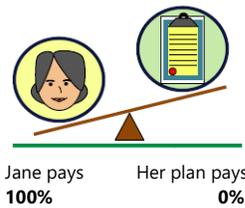
Complications of Pregnancy:

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment: A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible:

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



Durable Medical Equipment (DME):

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition: An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation:

Ambulance services for an **emergency medical condition**.

Emergency Room Care: **Emergency services** you get in an emergency room.

Emergency Services: Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services: Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance: A complaint that you communicate to your health insurer or **plan**.

Habilitation Services: Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance: A contract that requires your health insurer to pay some or all your health care costs in exchange for a **premium**.

Home Health Care: Health care services a person receives at home.

Hospice Services: Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care: Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance: The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment: A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

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

Network: The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider: A provider who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or **plan**, or if your health insurance or **plan** has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance: The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do not contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment: A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit:

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health insurance or **plan** doesn't cover. Some health insurance or **plans** don't count all your **co-payments**, **deductibles**, **co-insurance** payments, **out-of-network** payments or other expenses toward this limit.

Physician Services: Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan: A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

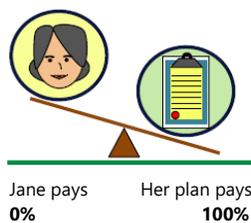
Preauthorization: A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or **plan** may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or **plan** will cover the cost.

Preferred Provider: A provider who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or **plan** has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or **plan** may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or **plan**, but the discount may not be as great, and you may have to pay more.

Premium: The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage: **Health insurance** or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs: Drugs and medications that by law require a prescription.



Primary Care Physician: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery: Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services: Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care: Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable): The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

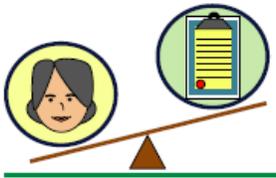
Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.



You and Your Insurer Share Costs: Example

Jane's Plan Details:

Deductible: \$1,500
 Co-insurance: 20%
 Out-of-Pocket Limit: \$5,000



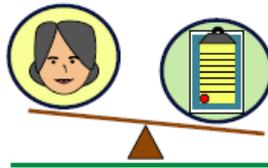
Jane pays **100%** Her plan pays **0%**

Jane hasn't reached her \$1,500 deductible yet.

Her plan doesn't pay any of the costs.

Office visit costs: \$125
 Jan Pays: \$125
 Her plan pays: \$0

→
more costs



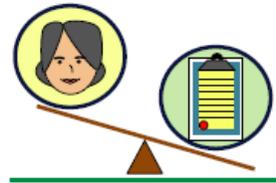
Jane pays **20%** Her plan pays **80%**

Jane reaches her \$1,500 deductible, co-insurance begins

Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: \$75
 Jane Pays: 20% of \$75=\$15
 Her plan pays: 80% of \$75=\$60

→
more costs



Jane pays **0%** Her plan pays **100%**

Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$200
 Jane Pays: \$0
 Her plan pays: \$200

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 2020 for coverage starting as early as January 1, 2021.

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.¹

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

How Can I Get More Information?

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

Human Resources
4600 Sunset Avenue, Jordan Hall 037
Indianapolis, Indiana 46208
(317) 940-6683
askHR@butler.edu

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

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.

3. Employer name Butler University	4. Employer Identification Number (EIN) 35-0867977	
5. Employer address 4600 Sunset Avenue	6. Employer phone number (317) 940-9355	
7. City Indianapolis	8. State Indiana	9. ZIP code 46208
10. Who can we contact about employee health coverage at this job? Human Resources		
11. Phone number (317) 940-9355	12. Email address askHR@butler.edu	

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: To be eligible to enroll as a Subscriber, an individual must be an employee of the Employer who is entitled to participate in the benefit plan arranged by the Employer, who has satisfied any probationary or waiting period established by the Employer who is Actively At Work, and meets the Plan's eligibility criteria.
- With respect to dependents:
 - We do offer coverage. Eligible dependents are: the Subscriber's legal spouse, the Subscribers or the Subscriber's spouse's children, and Children for whom the Subscriber or the Subscriber's spouse is a legal guardian or as otherwise required by law.
 - 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.

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).

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.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid. To request special enrollment or obtain more information, contact Human Resources at 4600 Sunset Avenue, Jordan Hall 037, Indianapolis, Indiana 46208, (317) 940-9355, askHR@butler.edu.

Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the Butler University Welfare Benefit Plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (317) 940-9355.

Notice of Privacy Practices

Butler University
4600 Sunset Avenue
Indianapolis, Indiana 46208
(317) 940-8000
www.butler.edu

Privacy Official:

Human Resources
4600 Sunset Avenue, Jordan Hall 037
Indianapolis, Indiana 46208
(317) 940-9355
askHR@butler.edu

Effective Date: 10/15/2020

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 health and claims records
- Correct your health and claims records
- 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:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues

- Do research
- Comply with the law
- Respond to organ and tissue donation requests and 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 a copy of health and claims records

- You can ask to see or get a copy of your health and claims records 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 and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are 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 consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

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.

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:

Human Resources
4600 Sunset Avenue, Jordan Hall 037
Indianapolis, Indiana 46208
(317) 940-6683
askHR@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 payment for your care
- Share information in a disaster relief situation

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

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.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and share your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

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 and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- 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, on our web site, and we will mail a copy to you.

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 this plan. Therefore, the following deductibles and coinsurance apply:

	PPO Core Plan		PPO Plus Plan		CDHD Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	\$1,650	\$3,300	\$1,150	\$2,300	\$2,800	\$5,600
Coinsurance	25%	50%	20%	50%	20%	40%

If you would like more information on WHCRA benefits, call your plan administrator at (317) 940-9355.

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 at (317) 940-9355 for more information.

Employer's Children's Health Insurance Program (CHIP) Notice

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility —

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPPI.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	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
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dhcfr.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhpp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

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

Medicare Part D Creditable Coverage Notice

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:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Butler University has determined that the prescription drug coverage offered by the Butler University Welfare Benefit 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. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Butler University coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

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 person listed below for further information call Human Resources at (317) 940-9355. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through 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: 10/15/2020
Name of Entity/Sender: Butler University
Contact--Position/Office: Human Resources
Address: 4600 Sunset Avenue, Jordan Hall 037, Indianapolis, Indiana 46208
Phone Number: (317) 940-9355

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.

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, Jordan Hall 037

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, Jordan Hall 037,
Indianapolis, Indiana 46208
(317) 940-9355
askHR@butler.edu

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 servicemember'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 servicemember 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

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

ACA Section 1557 Nondiscrimination Notice

Discrimination is Against the Law

Butler University complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Butler University does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Butler University:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Human Resources.

If you believe that Butler University has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Human Resources
4600 Sunset Avenue, Jordan Hall 037
Indianapolis, Indiana 46208
(317) 940-9355
askHR@butler.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>.

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.



Customer Service Contacts

Vendor	Phone Number	Web Address
Apta Health Medical Prescription Drugs	1-877-610-8817	https://Butler.myaptahealth.com
Delta Dental Dental	1-800-524-0149	www.deltadentalin.com
EyeMed Vision	1-866-723-0514	www.eyemed.com
Discovery Benefits FSA	1-866-451-3399	www.discoverybenefits.com/employees
HSA Authority HSA	1-888-472-8697	www.oldnational.com/thehsaauthority Employer Code: 143674
One America Life and AD&D Short Term Disability Long Term Disability	1-800-553-5318	
ComPsych Employee Assistance Program	1-855-365-4754	www.guidanceresources.com Company Web ID: ONEAMERICA6
TIAA Retirement Plan	1-800-842-2252	www.tiaa.org/butler
Butler University HR Human Resources Office JH 037 HR Benefits Office JH 052	317-940-9355	askhr@butler.edu

DISCLAIMER: This guide describes some of the benefit plans available to you as an employee of Butler University. It is not a Summary Plan Description, and it does not provide all the details. The details of these plans are contained in the official Plan Documents, including some insurance contracts. If there are discrepancies between the information in this guide and the official Plan Documents, provisions of the Plan Documents will govern. Butler University reserves the right to terminate, amend, suspend, withdraw or modify any plan in whole or in part at any time. Plan Documents are available upon request from HR.