

BUTLER UNIVERSITY



2023

Employee Benefits

Health. Finance. Work-Life Balance.

Because of You, We Are BU.





Benefits

BENEFIT	Carrier	Butler Pays	You Pay	Find it on Page
Medical Plan Options	UMR	✓	✓	1-2
Prescriptions	Magellan Rx & PaydHealth	✓	✓	3
Flexible Spending	WEX Health		✓	4-5
Dependent Care Flexible Spending	WEX Health		✓	4-5
Health Savings Account (HSA)	UMB (formerly HSA Authority)	✓	✓	4-7
Generation You	UMR	✓		8-9
Surgical Incentive	Ortho Indy	✓		10
Behavioral Health	OC24health	✓		11
Dental	Delta Dental	✓	✓	12
Vision	EyeMed		✓	13
Employee Assistance Program	ComPsych	✓		14
Life and AD&D Insurance	OneAmerica	✓		15
Voluntary Life and AD&D Insurance	OneAmerica		✓	15
Short-Term Disability	OneAmerica	✓		16
Long Term Disability	OneAmerica	✓		16
Retirement	TIAA-CREF	✓	✓	17-18
Wellness Incentive	Butler	✓		23

Work-Life Balance

BENEFIT	Find it on Page
Holiday Schedule	19-20
Paid Time Off	19-20
Vacation	19-20
Parental Leave	21
Tuition Remission	21
Tuition Exchange	21
Health & Recreation Complex (HRC)	22
Miscellaneous Benefits	22

Additional Information

Looking for more information on benefits?	https://www.butler.edu/human-resources/benefits/
Are you on the plan that is right for you?	https://hsa.umb.com/calculators/hsa-traditional-health-plan
Questions?	benefits@butler.edu



ENROLLING IN YOUR BENEFITS

NEW HIRE	OPEN ENROLLMENT	QUALIFYING EVENTS
You have 30 days from your date of hire to enroll or waive coverage	October 31 – November 11, 2022	Within 30 days of a qualifying life event
Visit My.Butler.edu	Visit My.Butler.edu	Contact Total Rewards benefits@butler.edu
What You Should Know?		
Benefits run from date of hire to December 31	Benefits run January 1 – December 31	Benefits run from date of event to December 31
You may elect to participate or waive benefits that are offered during this time	You must login to my.butler.edu to confirm current enrollment coverages, even if you do not make changes	Qualifying events include: <ul style="list-style-type: none"> • Change in marital status • Change in number of dependents • Change in employment status • Change in court ordered coverage
		Documentation is required to make a qualifying event change
All benefit coverages terminate on the day in which: <ul style="list-style-type: none"> • Your regular work schedule is reduced to under 30 hours per week <ul style="list-style-type: none"> • Your employment with Butler ends • You stop paying premiums 		
Dependent coverage ends <ul style="list-style-type: none"> • December 31 of the plan year in which they turn age 26 <ul style="list-style-type: none"> • When your coverage ends 		
Definitions		
Employee	Regular, full-time employee <ul style="list-style-type: none"> • 37.5 or more hours per week • 30 hours or more for medical, dental, and vision coverage 	
Spouse	Legal married spouse	
Dependent	Under age 26 or legally dependent due to a physical or mental disability <ul style="list-style-type: none"> • Biological child • Adopted or placed for adoption child • Stepchild • Legal guardianship 	



Medical & Rx

Butler University provides three medical plan options which are administered by **UMR**. Your healthcare network for 2023 is UnitedHealthcare Choice Plus. For full details, please refer to your plan documents.

To find your physician in network, go to www.umar.com. Dropdown to Member, then select the “Find a Provider” icon. Follow the instructions on the page, making sure you select the UnitedHealthcare Choice Plus Network.



At-A-Glance

Network	PPO Plus Plan		PPO Core 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	\$1,150	\$2,300	\$1,650	\$3,300	\$3,000	\$ 6,000
Family ¹	\$2,300	\$4,600	\$3,300	\$6,600	\$6,000	\$12,000
Out-of-Pocket Maximum²						
Single	\$3,450	No Maximum	\$4,950	No Maximum	\$5,600	No Maximum
Family ¹	\$5,460	No Maximum	\$8,460	No Maximum	\$9,400	No Maximum
Other Costs	You Pay:		You Pay:		You Pay:	
Coinurance Rate	20%	50%	25%	50%	20%	40%
Account Attached to Plan⁴	FSA		FSA		HSA	

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.

PLAN	TOTAL ANNUAL COST	BUTLER ANNUAL PORTION	YOUR ANNUAL PORTION
PPO PLUS			
EE Only	\$11,685.84	\$ 9,273.96	\$ 2,411.88
EE + Spouse	\$27,619.08	\$19,840.56	\$ 7,778.52
EE + Child(ren)	\$17,308.80	\$12,532.68	\$ 4,776.12
Family	\$28,817.64	\$18,296.52	\$10,521.12
PPO CORE			
EE Only	\$ 8,980.32	\$ 8,202.00	\$ 778.32
EE + Spouse	\$21,224.40	\$17,304.96	\$3,919.44
EE + Child(ren)	\$13,694.52	\$11,308.68	\$2,385.84
Family	\$22,145.64	\$16,154.40	\$5,991.24
CDHD			
EE Only	\$ 7,499.40	\$ 6,921.48	\$ 577.92
EE + Spouse	\$16,791.72	\$13,649.40	\$3,142.32
EE + Child(ren)	\$12,743.64	\$10,834.68	\$1,908.96
Family	\$20,377.80	\$15,572.16	\$4,805.64



Premiums

	PPO Plus Plan	PPO Core Plan	CDHD-HSA Plan
Bi-Weekly; 12 Month			
EE Only	\$92.76	\$29.94	\$22.23
EE + Spouse	\$299.17	\$150.75	\$120.86
EE + Child(ren)	\$183.70	\$91.76	\$73.42
Family	\$404.66	\$230.43	\$184.83
12 Month			
EE Only	\$200.99	\$64.86	\$48.16
EE + Spouse	\$648.21	\$326.62	\$261.86
EE + Child(ren)	\$398.01	\$198.82	\$159.08
Family	\$876.76	\$499.27	\$400.47
Bi-Weekly; 9 Month			
EE Only	\$126.94	\$40.96	\$30.42
EE + Spouse	\$409.40	\$206.28	\$165.39
EE + Child(ren)	\$251.37	\$125.57	\$100.47
Family	\$553.74	\$315.33	\$252.93
9 Month			
EE Only	\$267.99	\$86.48	\$64.21
EE + Spouse	\$864.28	\$435.49	\$349.15
EE + Child(ren)	\$530.68	\$265.09	\$212.11
Family	\$1,169.01	\$665.69	\$533.96



Prescription Drugs

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

Prescriptions		PPO Plus Plan 30 Day Supply		PPO Core 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 Plus Plan 90 Day Supply		PPO Core 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	\$10	Not/Covered	\$20	Not Covered	20%*	
2	Not Covered	\$60	Not Covered	\$70	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 Magellan Rx mail order fills are required.
- **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 GenerationYou Care Coordinator can help you manage your prescriptions.
- OTC medication may be a \$0 copay for you.
- Smoking Cessation and anti-obesity medications are covered.



Flexible Spending vs. Health Savings Accounts

Butler University offers multiple ways for you to save money on your annual expenses with tax-free options. Look at how an HSA or FSA can help keep money in your bank! We've broken down each option below. You elect how much money you would like to contribute. That money is deducted throughout the year from your paycheck, tax free. **The short version: You don't pay federal, state or FICA taxes on this income!**

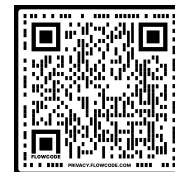
2023	Medical FSA	Dependent Care FSA	Health Savings Account
Am I eligible?	If enrolled in PPO Plus or PPO Core Plan	Yes	If enrolled in the CDHD Plan
What can I use it to pay for?	IRS-approved prescriptions, dental, vision & medical; See https://www.irs.gov/pub/irs-pdf/p502.pdf for a list of approved expenses.	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. 	IRS-approved prescriptions, dental, vision & medical; See https://www.irs.gov/pub/irs-pdf/p502.pdf for a list of approved expenses.
When can I use it?	Immediately (even before accruing payroll deposits)	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.	Immediately (only those funds that have been deposited)
Can I roll over funds?	Yes. You may carry over a maximum of \$610 into the 2024 plan year.	No. These funds are use-it-or-lose it!	Yes. You may carry over any funds you do not use.
What is the minimum annual employee contribution?	\$120	\$120	\$120
What is the maximum annual contribution?	\$3,050	\$5,000 (or \$2,500 if married and filing separately)	The IRS does put limits on the total dollars contributed per year. For 2023, the total is: <ul style="list-style-type: none"> • Self-Only Limit: \$3,850 • Family Limit: \$7,750 55 or older? Your limit is increased \$1,000 for "catch-up." YOU are responsible for making sure you don't exceed your limits.
What does Butler University contribute?	Nothing	Nothing	Single - \$750 Family - \$1,500 Paid in lump sum by 2/1/2023. Employees hired after 1/1/2023 will receive pro-rated contribution based on hire date.



What time will the 2023 account cover?	Claims incurred from 1/1/23 – 12/31/23	Claims incurred from 1/1/23 – 12/31/23	Claims you incurred since your Health Savings Account was opened
When is the “run-out period” (aka. the deadline to submit claims incurred in the above period)?	March 31, 2024	March 31, 2024	Not Applicable
How do I set-up my account?	<p>You will need to complete the FSA enrollment paperwork to set up your account with WEX. Even if you signed up last year, you must re-enroll! FSA elections do not carry over year after year.</p> <p>When submitting expenses for payment, you can use the following methods:</p> <ul style="list-style-type: none"> • Debit card • Direct deposit (requires special enrollment form) • Manually reimburse yourself <p>HOWEVER – the IRS requires proof that you are spending appropriately. So, get itemized receipts from your care providers and KEEP THEM!</p> <p>WEX will require you to provide this proof to allow your account to remain active.</p>	<p>You will need to complete the Dependent Care enrollment paperwork to set up your account with WEX. Even if you signed up last year, you must re-enroll! Dependent Care elections do not carry over year after year.</p> <p>When submitting expenses for payment, you can use the following methods:</p> <ul style="list-style-type: none"> • Debit card • Direct deposit (requires special enrollment form) • Manually reimburse yourself <p>HOWEVER – the IRS requires proof that you are spending appropriately. So, get itemized receipts from your care providers and KEEP THEM!</p> <p>WEX will require you to provide this proof to allow your account to remain active.</p>	<p>It is your responsibility to set up an HSA in your name. Butler currently partners with UMB (formerly The HSA Authority) 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.</p> <p>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. You can change your contributions any time of year.</p>



If you have questions about your Flexible Spending Accounts call WEX at 1-866-451-3399 or go to their website at <https://www.wexinc.com/solutions/benefits/participants-employees>.



If enrolling in the HSA eligible CDHD plan, you will need to open an HSA bank account through UMB (formerly HSA Authority). For account opening instructions, review the HSA section of this guide or visit the UMB website at hsa.umb.com. The Butler Employer Code is **THA0001-143674**.

Address: UMB Bank, n.a., UMB Healthcare Services, P.O. Box 419226, Kansas City, MO 64141

Phone: 866-520-4HSA, Monday through Friday 7:00 AM–7:30 PM CT and Saturday 8:00 AM–5:00 PM CT

HSA WITH UMB

Effective November 18, 2022 UMB Bank was appointed the custodian of Butler’s health savings account (HSA)

A health savings account is a tax-advantaged checking account that gives you the ability to save for future medical expenses or pay current ones. It is individually owned; however, you may elect to designate an authorized signer who may also withdraw funds and be issued a debit card

HSA Eligibility	<p>To be eligible you:</p> <ul style="list-style-type: none"> • Must be currently enrolled in an HSA-qualified health plan • May not be enrolled in any other non-HSA-qualified health plan • May not be claimed as a dependent on another person’s tax return • May not be enrolled in Medicare, Medicaid or Tricare • Must not have used VA medical benefits in the past 3 months, with the exception of preventative services or treatment for a service-connected disability
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OPENING YOUR ACCOUNT

Required Information	<ul style="list-style-type: none"> • Government-issued ID for account holder and authorized signer, if applicable. • Date of birth for your beneficiaries • Social security number and date of birth for authorized signer, if applicable
How to Open Your Account	<p>Go to hsa.umb.com Click on "Enroll for a new HSA" Enter THA0001-143674 in the Enrollment Verification # Click on Open My Account Now</p>
Online Access	<p>After you enroll, you will receive your account number and debit card in the mail within 5 to 7 business days with detailed instructions on how to access your account online via the UMB HSA Website. You will need your account number and debit card number to set up your password. Online access will allow you to view your account balance; reimburse yourself for medical expenses incurred without the debit card; download forms; and access a variety of other internal and external links to resources and tools to help you manage your HSA.</p>

2023 CONTRIBUTION LIMITS

Individual Maximum total contribution (including employer portion)	\$3,850
Family Maximum total contribution (including employer portion)	\$7,750
Additional catch-up contribution if age 55 or older	\$1,000

You are responsible for ensuring you do not exceed your limits



HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION CHANGE REQUEST FORM

*PLEASE RETURN COMPLETED FORM TO HUMAN RESOURCES, BENEFITS benefits@butler.edu

EMPLOYEE INFORMATION

Form with fields: Last Name, First Name, MI, Employee ID, Department, Hire Date, Street Address, City, State, Zip, Phone, Email Address

HSA CONTRIBUTION CHANGE REQUEST

I hereby authorize my employer to change my payroll deduction amount for my Health Savings Account as noted below:

- Three checkbox options for changing HSA contribution amount, starting/re-starting contributions, or stopping contributions.

Note: For 2023, the maximum yearly contribution for individuals may not exceed \$3,850.

For 2023, the maximum yearly contribution for family may not exceed \$7,750.

Eligible participants aged 55 or older may also contribute up to \$1,000 as a catchup contribution each year.

Employer contributions must be included when determining the maximum amount to contribute to your HSA account.

If you need assistance to determine your contribution maximum, please contact your Benefits Team at benefits@butler.edu.

Employee Signature and Date fields

Table with 3 columns: Date Received, Date Entered, Initials. Header: HR use only



Your GenerationYou™ Guide

Ready to connect – and guide you to the answers you seek

Health care in the modern world calls for a sensitive, personal approach to service – **one that's built on real relationships and trust.**

Which is why GenYou™ delivers an experience that's beyond traditional models of member support. Our Guides partner with you so you feel more confident in the decisions you make about your health, and comforted by the steps you're taking to get there.

Because we all need a person we can rely on. Let your GenYou Guide be yours.

Connecting you to the care you need

Whether your question is common or complex, we make it easier for you to get answers by ensuring you have the information you need.

Keeping it real

Your Guide is an actual person who's focused on serving you, equipped with knowledge and options to support and anticipate your unique needs and goals.

We're in it with you

If you need something that's out of our reach, we'll connect you to the resources your need – and we'll even stay on the call as long as you need.

GenerationYou

Your personal guide to all things health care.

Dedicated to
YOU

To connect with your GenYou Guide, call the number on your member ID card.



GenerationYou makes benefits easy

Activate your membership card now to access your new benefit solution.

- To register, either download the mobile app via the QR code below, or call the number on the sticker
- Complete the Story of You questionnaire
- Locate a top-notch provider or facility in your area
- Get rewarded for receiving high-quality, low-cost care



We're ready when you are

Here are some of the ways we can help:

Finding the right fit is important. We can help

Finding the right provider can feel daunting. We'll match you to high-quality health care providers and the highest level of benefits – right where you live – to avoid paying more than you need to. We can schedule appointments with providers, and identify possible health screenings or preventive care.

Know your coverage – and costs

Navigating health care can be tricky, which is why no question is a bad one. Your GenYou Guide is ready to go over your benefit details with you, or connect you to the right person to find the answer you need, so you won't be caught by surprise.

We'll help you:

- Make more optimal health care decisions with "Things to Do"
- Engage with your Clinical CARE Team to meet your unique needs
- Look into a recent medical claim to make sure it was paid correctly
- Check to see what your out-of-pocket costs are for services
- See how much you have paid – and how much you have left – of your individual or family deductible
- Understand reward programs available to you
- Discover what services are available to you based on your plan

Let's talk

Our GenYou Guides are available weekdays from 7:00 a.m. to 7:00 p.m. eastern time at 844-600-0919.

Injured? We'll fix it!

We are excited to partner with Butler University to be your preferred Orthopedic Provider!



WHO IS ORTHOINDY?

OrthoIndy is one of the most highly respected orthopedic practices in the Midwest. Our goal is to ensure people have easy convenient access to our specialized orthopedic physicians. From preventive care to non-surgical treatments, OrthoIndy is committed to the highest quality care and safe, speedy recoveries.

SERVICES

- Hospital Services
- Imaging (MRI)
- Orthopedic Clinic
- Physical Therapy
- Urgent Care Clinics
- Worker's Compensation

SPECIALTIES

- Bone Tumor and Soft Tissue Oncology
- Cartilage Restoration
- Foot and Ankle
- General Orthopedics
- Hand and Upper Extremities
- Hip
- Knee
- Orthobiologics
- Pediatric Orthopedics
- Physiatry (Non-operative, Interventional Pain Management)
- Shoulder
- Spine
- Sports Medicine
- Total Joint Replacement
- Trauma

URGENT CARE CLINICS

OrthoIndy Urgent Care offers patients immediate access to orthopedic care without the wait and cost of an emergency room visit. OrthoIndy Urgent Care is intended for patients with very recent injuries, sprains or broken bones. No appointment needed. Visit any of our six clinics conveniently located in Brownsburg, Center Grove, Fishers, Greenwood, Indianapolis and Westfield.

WHY CHOOSE US

- If you are enrolled in one of Butler's health plans, you are eligible to receive a \$750 taxable payroll incentive for each qualified surgical procedure performed at OrthoIndy.
- Blue Cross Blue Shield Distinction Center
- Becker's Hospital Review 2022 Best Hospitals for Patient Experience in the Midwest
- 2022 Quantros Care Check: #1 in Indiana for Medical Excellence in Major Orthopedic Surgery
- Multiple Healthgrades Awards for Hip and Knee Replacements



APPOINTMENTS

To request an appointment or learn more about our Urgent Care Clinics please visit OrthoIndy.com, call **317.802.2000** or scan this QR code.



BUTLER

OrthoIndy and OrthoIndy Hospital are a network provider with our carrier.

ORTHOINDY

BONE • JOINT • SPINE • MUSCLE

OrthoIndy Hospital is physician owned and operated.



Speak with a licensed therapist from anywhere

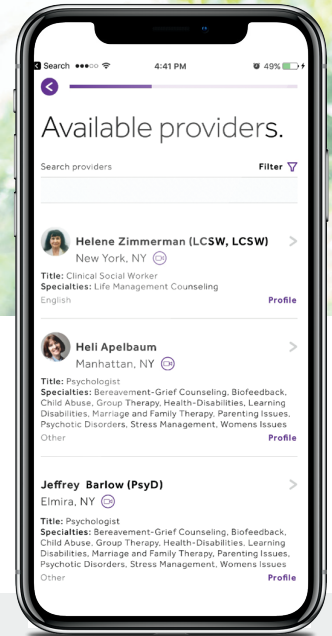
Don't wait to get the support you need. With OC24health's Behavioral Health, adults 18 and older can get confidential counseling seven days a week by video.

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



Dental

Butler University aims to help promote your oral hygiene health by offering dental insurance through **Delta Dental**. Most dental plans allow you to choose which dentist you see. Going to an in-network dentist will help save you money.

To find out if your dentist is in-network, go to www.deltadental.com/us/en/find-a-dentist.html. Dropdown to preferred specialty (optional), select Delta Dental PPO, type in your dentist's last name (optional) and click "Find Dentists."



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			
Coverage rates for diagnostic & preventive services, emergency palliative treatment, sealants, brush biopsy and radiographic	100%	100%	100%*	
Basic Services	Deductible applies			
Coverage rates for minor restorative services, endodontic services, periodontal services, oral surgery services, other basic services and relines and repairs	80%	70%	70%*	
Major Restorative Services	Deductible applies			
Coverage rates for major restorative services and prosthodontic services	50%	40%	40%*	
Orthodontia				
Individuals Covered	Eligible children up to age 19			
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.

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



Vision

Butler University wants to help protect the health of your eyes, that's why we provide vision insurance through **EyeMed**.

To find out if your eye doctor is in-network, go to www.eyemed.com. Click Member Login to search for providers. 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



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		

Per Pay Premiums	Costs to Purchase			
	Bi-Weekly 12-month	12-month	Bi-Weekly 9-month	9-month
Tier of Coverage				
Employee Only	\$3.80	\$8.23	\$5.20	\$10.97
Employee + Spouse	\$6.80	\$14.74	\$9.31	\$19.65
Employee + Child(ren)	\$7.95	\$17.22	\$10.88	\$22.96
Family	\$9.84	\$21.32	\$13.47	\$28.43

Employee Assistance Program (EAP)

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts
- 6 in-person sessions per issue, per year



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting



Online Support

GuidanceResources[®] Online is your 24/7 link to vital information, tools and support. Log on for:

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Life Insurance

Life insurance is one way to secure your dependent's financial security, and Butler University offers 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 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		

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.		
What is Evidence of Insurability (EOI)?	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 coverage that is OVER a set amount; (2) You elected coverage in a previous year, and you are increasing the coverage you originally elected; or (3) You neglected to elect coverage when it first became available to you, and you now want to elect ANY amount of coverage. EOI usually involves a substantial set of questions and/or blood test to evaluate your current state of health.		
How much coverage is guaranteed to issue without EOI?	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 month a dependent turns age 26.
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		
How much does it cost?	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: www.butler.edu/human-resources/benefits/financial/life-accident-insurance .		



Disability Insurance

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:

	Benefit Eligible Employees	
	Short Term Disability (STD) Options from OneAmerica	Long Term Disability (LTD) Options from OneAmerica
Do I qualify for this benefit?	This benefit is available for all active FT employees working 37.5 hours or more per week.	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 monthly earnings	60% of monthly earnings
What is the maximum amount I'll be paid?	\$3,000 weekly	\$14,000 monthly
Will tax be deducted from my monthly benefit?	Yes, since Butler is paying for this premium, the IRS will consider this as income.	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?	You are required to use any accrued vacation or personal time to pay yourself during the 7-day elimination period.	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 STD benefits at the same time.	No – you cannot claim Worker's Comp and LTD benefits at the same time.

For eligibility requirement and more information regarding these income continuation benefits, please contact Total Rewards at benefits@butler.edu



NEED A LEAVE OF ABSENCE?

Contact Total Rewards to discuss your need for a Leave of Absence, benefits@butler.edu.





***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



Additional Benefit Offerings

Tuition Remission

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, www.butler.edu/human-resources/benefits/financial/tuition-remission.

Tuition Exchange

Butler University also participates in The Tuition Exchange program with approximately 700 other private colleges/universities across the country. A listing of participating schools is available at www.tuitionexchange.org. Additional information and rules for Tuition Exchange are available in Human Resources at www.butler.edu/human-resources/benefits/financial/tuition-exchange.

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, 2023 – December 31, 2023). 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 21 of this guide, or at butler.edu/human-resources/benefits/health-benefits.

Parental Leave

Butler will provide up to 8 weeks of 100% paid parental leave as applicable to employees following the birth of an employee's child or the placement of a child with an employee in connection with adoption or foster care. During the first 5 workdays (7 calendar days), the employee will utilize their own PTO and/or Vacation. If all paid time has been exhausted, the employee will be unpaid for the first 5 workdays. Employees must be employed at Butler for at least 1 year and have worked at least 1,250 hours over the 12 months previous to the leave to be eligible.



Miscellaneous Benefits

Health & Recreation Complex (HRC)

The Health and Recreation Complex (HRC) serves as a wellness resource for Butler University students, faculty and staff, Butler alumni, and the Indianapolis community.

Membership Information

Butler Full-Time Employees:

- Free Annual Membership

Butler Part-Time Employees:

- Annual: \$250
- 3-Month: \$100
- 1-Month: \$35
- Day Pass: \$3 (single use and 10 pack available)



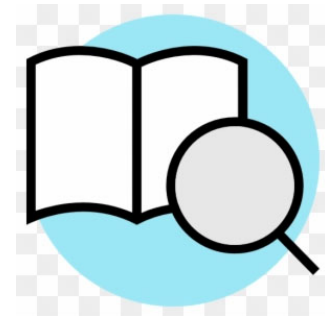
All HRC members must be 16 years or older, but weekends mean family time at the HRC. Members may bring their children who are not yet 16 years old to enjoy this great facility free of charge from 5:00 p.m. Friday until 5:00 p.m. Sunday. Note that those under 16 years of age are restricted to the gym and aquatic center. For more membership information, please contact hrc@butler.edu or 317-940-6073.

*Personal Computer Loan Program

The University recognizes that various fields of study have diverse needs and that faculty and staff must have the opportunity to explore the ways computer resources can be used. Thus, the purpose of the Personal Computer Loan Program is to foster the faculty and staff development of computer applications and knowledge in all fields. Visit www.butler.edu/human-resources/benefits/financial/personal-computer-loan/ to learn more about the policy and procedures of this program.

*Library Privileges

- Research Resources
- Publishing Resources
- Teaching Resources
- Access to popular newspaper and magazines
 - New York Times
 - Wall Street Journal
 - Indianapolis Star (eEdition)
 - Chronicle of Higher Education



For more information, please visit <https://www.butler.edu/library/>

*Discounted Tickets to select Butler Arts and Events Center Performances

*Butler Bookstore Discount

*Yoga and meditation opportunities through the Center for Faith and Vocation (CFV)

(scheduled offerings determined by CFV, <https://butler.edu/student-life/faith-vocation/>)

*No-cost membership to Elements Financial Credit Union, <https://www.elements.org/butler>



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.

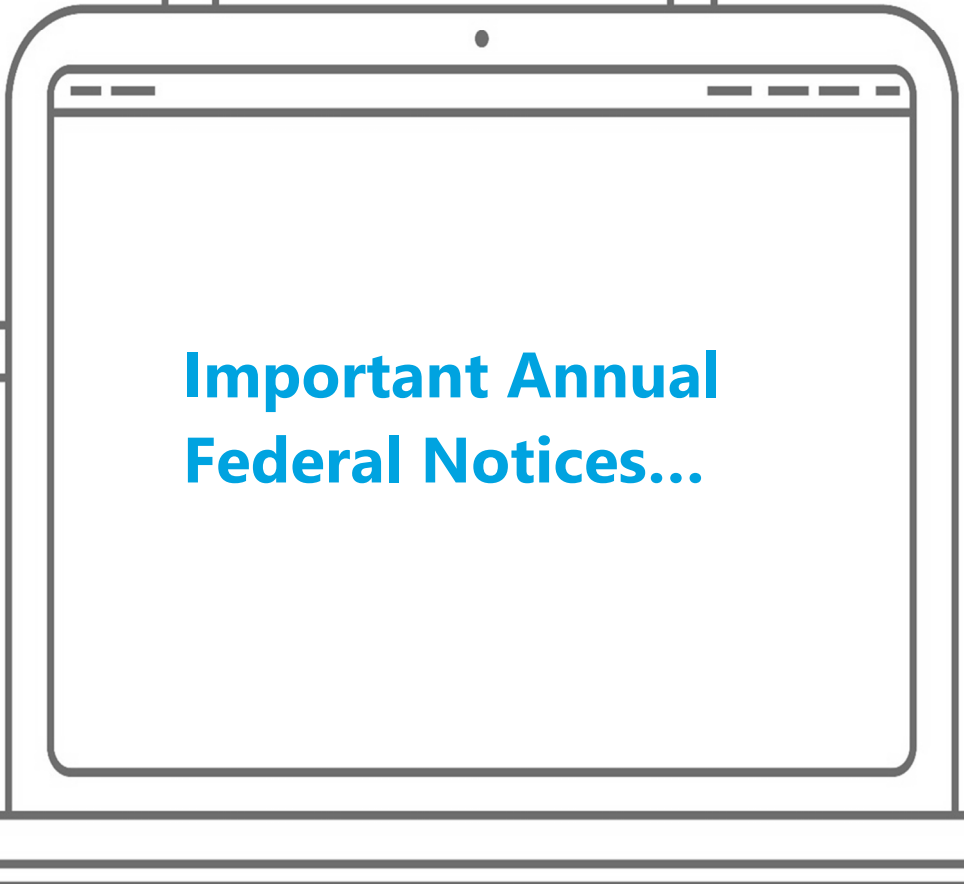
Date form received: _____ Is form complete and information verified? Yes No
If yes, date to accounting for payment: _____ If no, date returned to employee for completion: _____

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

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 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.)

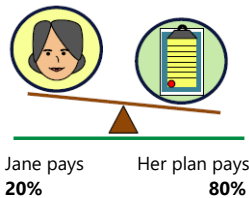
- **Bold blue** text indicates a term defined in this Glossary.
- See the last page of this glossary for an example showing how **deductibles, co-insurance** and **out-of-pocket limits** work together in a real-life situation.

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.

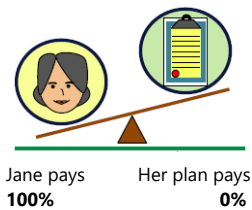
Co-insurance: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance plus any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit 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.

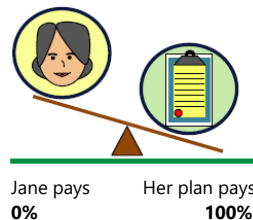
Non-Preferred Provider: A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or **plan**,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



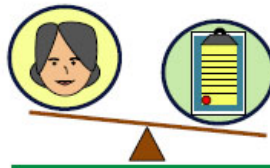
Jane pays **100%** Her plan pays **0%**

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 began in October 2022 for coverage starting as early as January 1, 2023.

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 052
Indianapolis, Indiana 46208
(317) 940-9355
benefits@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 benefits@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 052, Indianapolis, Indiana 46208, (317) 940-9355, benefits@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.

Newborns' and Mothers' Health Protection Act Notice

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

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 052
Indianapolis, Indiana 46208
(317) 940-9355
benefits@butler.edu

Effective Date: 10/15/2022

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 052
Indianapolis, Indiana 46208
(317) 940-9355
benefits@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 Plus Plan		PPO Core Plan		CDHD Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	\$1,150	\$2,300	\$1,650	\$3,300	\$3,000	\$6,000
Coinsurance	20%	50%	25%	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, 2022. 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@MyAKHIP.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://dhcfp.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://mywvhipp.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 2023 Plan Year 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.

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: 9/27/2022

Name of Entity/Sender: Butler University

Contact--Position/Office: Human Resources

Address: 4600 Sunset Avenue Indianapolis, IN 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 052

Indianapolis, Indiana 46208

(317) 940-9355

benefits@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 052,
Indianapolis, Indiana 46208
(317) 940-9355
benefits@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 052
Indianapolis, Indiana 46208
(317) 940-9355
benefits@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
UMR Health (Medical)	1-877-610-8817	www.umar.com
MagellanRx (Specialty Drugs)	1-877-869-7772	www.magellanrx.com
Generation You	1-844-600-0919	
OC24health (Telehealth)	1-855-617-2116	OC24health.com Download the app
Delta Dental (Dental)	1-800-524-0149	www.deltadentalin.com
EyeMed (Vision)	1-866-723-0514	www.eyemed.com
WEX (FSA)	1-866-451-3399	https://www.wexinc.com/solutions/benefits/participants-employees
UMB (formerly HSA Authority) (HSA)	1-866-520-4HSA	hsa.umb.com Employer Code: THA0001-143674
OneAmerica (Life, STD & LTD)	1-800-553-5318	
ComPsych (EAP)	1-855-365-4754	www.guidanceresources.com Company Web ID: ONEAMERICA6
TIAA (Retirement Plan)	1-800-842-2252	www.tiaa.org/butler
Butler University (Human Resources) HR Total Rewards Office JH 052 HR Office JH 037	317-940-9355	benefits@butler.edu – questions benefits@butler.edu – confidential information & documents

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.