NOTRE DAME
DE NAMUR UNIVERSITY

# 2023

## Employee Benefits Guide

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## About This Guide

Notre Dame de Namur University recognizes that our employees are our most valuable asset. Every employee contributes to the success of the organization and our mission.

In recognition of your efforts, Notre Dame de Namur University provides employees with a competitive and comprehensive benefits package designed to meet the needs of you and your family. It's our goal to ensure that you have the resources to develop and succeed in both your career and your personal life.

This guide provides an overview of Notre Dame de Namur University's benefits. We encourage you to review the information in this guide before making your benefit elections.

Keep in mind that this summary provides only a general overview of the benefits available to you. It does not include details of all covered expenses or exclusions and limitations. Please refer to each plan's Evidence of Coverage (EOC) booklet for the terms and conditions of coverage. Further, Notre Dame de Namur University reserves the right to change, amend or terminate any or all of the benefits shown in the summary, as necessary.

## Enrollment Highlights

### Who Is Eligible

You are eligible for benefits on the first of the month following 30 days of continuous employment. All regular employees scheduled to work 30 or more hours each week are eligible for benefits.

You may enroll your eligible dependents for medical, dental, vision and voluntary dependent life insurance coverage. Dependents are also eligible to receive Employee Assistance Program (EAP) services.

**Your eligible dependents include:**

- Your spouse or registered domestic partner
- Your children up to age 26
- Any dependent child who is incapable of self-support because of a physical or mental disability

**Full-time employees who work at least 30 hours per week are eligible to participate in Notre Dame de Namur University's Employee Benefit Program on the 1st of the month following 30 days of employment.**

### Making Changes to Your Benefits

You may make changes to your benefit choices once a year during Notre Dame de Namur University's Open Enrollment period. All benefits coverage you elect will be effective for a full 12 months (from July 1 - June 30) unless you have a qualified change in status or termination of your employment. Because many of your benefits are available on a pre-tax basis, the IRS requires you to have a qualified change in status in order to make changes to your benefit elections during the year. **Examples of a qualified change in status include:**

- Marriage, legal separation or divorce
- Disability
- Birth, adoption, or custody change of a dependent
- Death of a spouse/domestic partner or dependent
- Dependent ceases to satisfy requirement for dependent eligibility
- Beginning or ending of your spouse's employment
- A change in employment (either yours or your spouse's) from part-time to full-time or full-time or to part-time; or,
- A significant increase in the cost of Notre Dame de Namur University health care benefit offerings

**The IRS requires you to have a qualified change in status in order to make changes to your benefit elections during the year. You must contact Human Resources within 30 days of the change occurring.**

If you have a qualified change in status and wish to make changes to your benefits, you must contact Human Resources within 30 days of the change occurring. The change to your benefits must be consistent with the change in family status. For example, if you get married, you can enroll your new spouse under your current health plan, but you may not make a change to your current medical plan election.

***Please note: Documentation is required to make changes to your benefit elections. For example, a birth certificate, marriage certificate, or proof of loss of other coverage should be provided when requesting a change.***

# Your Medical Plan Options: Kaiser

## Kaiser HRA

As an employee electing Kaiser, you will receive medical care at any Kaiser facility in your area. No benefits will be paid for services received from a non-Kaiser provider or facility except in emergency situations. The Kaiser plan requires that members select a Primary Care Physician (PCP). Your PCP works with you to coordinate your health care needs.

| | Kaiser HRA |
|---|---|
| **Services** | **In-Network Only** |
| Calendar Year Deductible:<br>Per Member<br>Per One member in Family of 2+<br>Per Entire Family | <br>$2,000<br>$2,000<br>$4,000 |
| Annual Out-of-Pocket Max:<br>Per Member<br>Per One member in Family of 2+<br>Per Entire Family | <br>$4,000<br>$4,000<br>$8,000 |
| Preventive Care:<br>Physical Exams<br>Labs/X-rays/Screenings | <br>$0<br>$0 |
| Teledoc Visits: | $0 |
| Office Visits: | $20 after deductible |
| Specialist Visits: | $20 after deductible |
| Lab & X-ray Outpatient: | $10 after deductible |
| Chiropractic Services<br>Up to 30 visits per year | $10 Copay |
| Hospital Medical Services:<br>Inpatient/Outpatient | <br>20% after deductible |
| Mental Health / Substance Abuse Services:<br>Inpatient<br>Outpatient | <br>20% after deductible<br>$20 after deductible (group visits are covered at a $10 copay after deductible) |
| Emergency: | 20% after deductible |
| Prescription Drugs (Rx): 30-day supply<br>Tier 1 (Generic)<br>Tier 2 (Brand Name)<br>Specialty | Not subject to deductible<br>$10<br>$30<br>20% up to $250 max per fill |

## What to Think About as you Choose Your Medical Plan

Understanding the way that the HRA plans work is key to helping you make the most out of your benefit programs. The following pages include a number of resources to help you do just that.

First, we recommend that you review the basic outline of how the different plans work with regards to the costs at the doctor's office and also consider the costs out of your paycheck. Second, it is important to consider your family's medical needs, including prescriptions. Every situation is unique and some are more complex than others. This booklet serves as a general overview of your benefits; if you need additional assistance in comparing your options, please reach out to Filice Insurance. You can find contact information on page 31 of this booklet.

## The Kaiser HRA

**How it Works:**
Your in-network preventive care is covered at 100%. You must meet an annual, calendar year deductible before the plan begins to cover non-preventive care expenses like specialist visits, lab work, prescriptions, and surgeries. You are responsible for 100% of non-preventive care costs up to your Annual Deductible. **However, NDNU covers the first 100% of the cost of your deductible using your HRA: $2,000 for Employee Only Coverage / $4,000 for Family Coverage. Employees will be responsible for their prescription and chiropractic copays even if they have not yet reached the plan deductible.**

After you reach your Annual Deductible, you and the plan share the costs of your health care services. The plan pays 80% and you pay 20% (this cost sharing is called coinsurance); some services are subject to a Copay rather than coinsurance (see benefit summary on page 4).

For covered services, coinsurance will only apply up to the Out-of-Pocket Maximum **$4,000 for Employee Only Coverage / $8,000 for Family Coverage**. Once you reach this amount, the plan pays 100% of covered expenses for the rest of the calendar year.

### Deductible Phase ($2,000 Individual / $4,000 Family)

All services are subject to the plan deductible except your prescription drugs and chiropractic care copays. **You will use your Marin Benefits debit card to pay for eligible deductible expenses.**

### Once you meet your Deductible

Some of your services will be subject to a copay (for example doctor visits are $20) and some will be subject to 20% coinsurance. You will continue to pay this share of costs until you meet your Out-of-Pocket Maximum. **You will no longer be able to use your Marin Benefits debit card for your expenses.**

### Out-of-Pocket Maximum ($4,000 Individual / $8,000 Family)

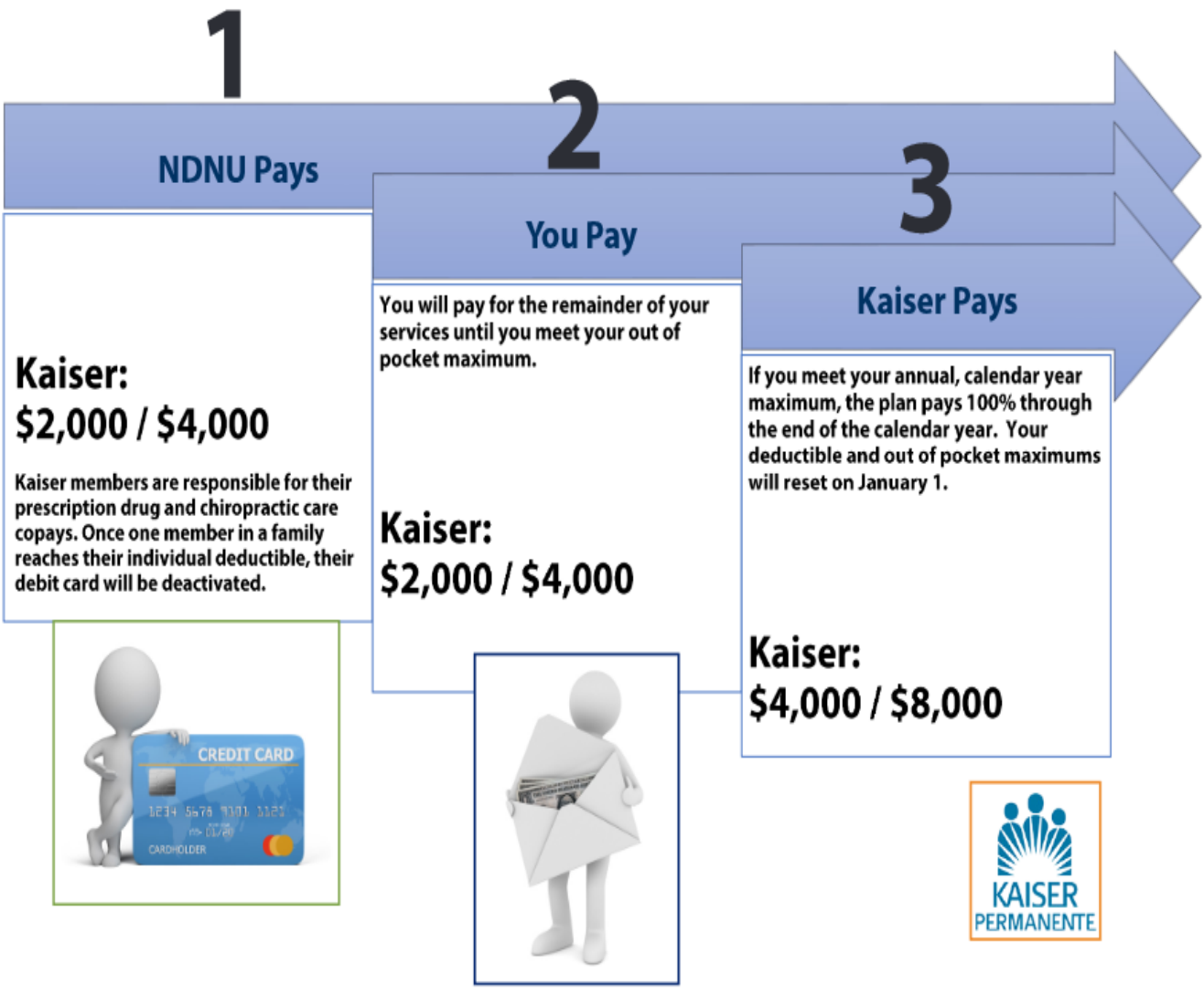
If you reach your out-of-pocket maximum, the plan pays 100% for any additional services and/or prescription drugs. These maximums run on a calendar year (the same applies to your deductible).

## Understanding How the HRA Works

100% of your deductible expenses are paid through the HRA. **All Kaiser HRA plan members will be issued a debit card to use for eligible deductible expenses.**

If and when you reach your plan deductible, your debit card will be turned off. **For family coverage, once one member in the family reaches the individual deductible of the plan ($2,000 for Kaiser) the debit card for that individual will be turned off and they will be responsible for their costs until the out of pocket maximum is reached.**

You may be required to submit documentation to to substantiate your debit card transactions. Refer to the instructions on pages 7 for further instructions.



# Understanding How the HRA Works

## Your HRA Administrator: Marin Benefits

### Your Marin Benefits Debit Card

Accessing your HRA funds has never been easier! You will be provided with a debit card and any dependents age 18 and older who are enrolled in the HRA medical plan will also be issued a card. Do not attempt to use the card for non-eligible expenses as it could result in your card being frozen and/or your HRA to be deactivated. You card is pre-loaded with your HRA funds. Remember, your card is replenished with your HRA funds at the start of each calendar year in accordance with your plan deductible. Once your deductible is met your debit card will be deactivated. You are responsible for all out of pocket expenses up to the plan's out of pocket maximum.


### Paying for Your Deductible Expenses

We encourage you to request to be billed if you are asked to pay at the point of service (doctor's office, laboratory, etc.). If payment is required at the time of service, you can use your debit card to pay but please be aware that the charge at the point of service will not always be accurate. To verify allowed charges and what has been applied towards your deductible, it will be necessary for you to review your Explanation of Benefits (EOB) from your respective insurance carrier (see pages 9-10 for instructions on how to obtain your EOB).

### Submitting Claims

**If you did not use your Marin Benefits debit card to pay for your services, you can submit your claim in the following ways:**

1. Online: **www.mywealthcareonline.com/marinbenefits**
2. Fill out a **Claim Form**, attach proper documentation and fax to:
   Fax: 415-454-2928
3. Fill out a **Claim Form**, attach proper documentation and mail to:
   700 Larkspur Landing Circle, Suite 199
   Larkspur, CA 94939

**You can download a Claim Form by visiting benefits.filice.com/ndnu under the Forms section. See pages 9-10 for instructions on how to download the required documentation to submit along with your claim.**

## Register

### Managing your HRA

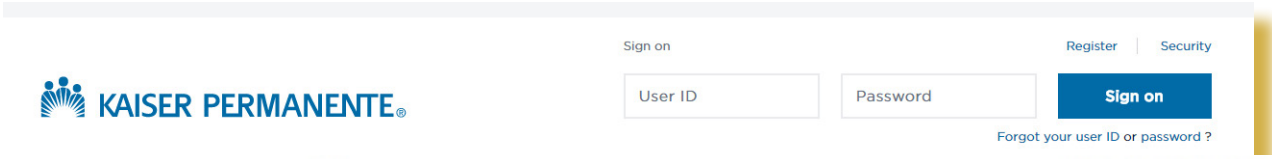
We highly encourage employees to register online at the link above to best manage their HRA. Registering on the Marin Benefits participant portal allows you to check your HRA plan balance, transaction history, submit claims online and much more! To register you will need the following information:

**Employee ID:** **Your Social Security Number**
**Employer ID:** **MBINDNU**

# Accessing Your Explanation of Benefits (EOB)

## For Kaiser Members

1. Go to www.kp.org
2. Click on the "Register Now" Link
3. Follow the prompts and enter your personal information; you will need your Kaiser medical record number which can be found on your Kaiser ID card.
4. Create a username and password
5. Enter your email address to have information sent directly to you
6. Confirm your registration




KAISER PERMANENTE®

This is not a bill

Have questions about your benefits?
Give us a call at 1-800-390-3510 or visit kp.org

### Explanation of Benefits

Medical record number: 0000000000
Plan type: HMO - HMO COMMERCIAL-DHMO

Group identification: 000000000*0000
Account holder identification: 000000000000

Summary of services for Jane Doe

June 25, 2016

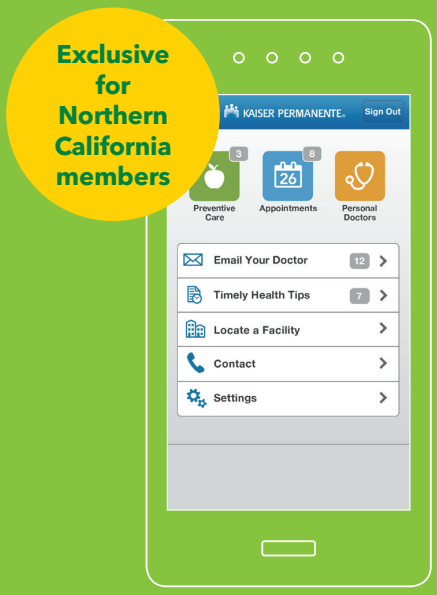
| Service Date | Location/Provider, Claim No., Reason Code | Description | Charges | Plan Rate | Paid by Plan | Paid by Other Insurance | Your Share of the Charges: Not Covered* | Deductible | Copay/ Coinsurance |
|---|---|---|---|---|---|---|---|---|---|
| 06/13/16 | STEVE ANG 27612 24 | RADIOLOGY:ABDO MEN;SINGLE ANTEROPOSTERIO R VIEW (74000) | $75.00 | $27.00 | $0.00 | $0.00 | $0.00 | $27.00 | $0.00 $0.00 |
| 06/13/16 | JEFFREY SHAW 47949 24 | COMPLETE BLOOD COUNT (85025) | $31.00 | $14.00 | $0.00 | $0.00 | $0.00 | $14.00 | $0.00 $0.00 |
| 06/13/16 | JEFFREY SHAW 47949 24 | LAB:ELECTROLYTE BLOOD MEASUREMENT (80051) | $77.00 | $12.00 | $0.00 | $0.00 | $0.00 | $12.00 | $0.00 $0.00 |
| 06/13/16 | JEFFREY SHAW 47949 24 | LAB:LIPASE (83690) | $46.00 | $12.00 | $0.00 | $0.00 | $0.00 | $12.00 | $0.00 $0.00 |
| 06/13/16 | JEFFREY SHAW 47949 24 | LAB:ALANINE AMINOTRANSFERA SE (84460) | $30.00 | $9.00 | $0.00 | $0.00 | $0.00 | $9.00 | $0.00 $0.00 |
| 06/13/16 | JEFFREY SHAW 47949 24 | LAB:BLOOD BILIRUBIN MEASUREMENT (82247) | $30.00 | $9.00 | $0.00 | $0.00 | $0.00 | $9.00 | $0.00 $0.00 |
| 06/13/16 | JEFFREY SHIFFER 47949 24 | LAB:ALKALINE PHOSPHATASE MEASUREMENT (84075) | $21.00 | $9.00 | $0.00 | $0.00 | $0.00 | $9.00 | $0.00 $0.00 |
| 06/13/16 | JEFFREY SHIFFER 47949 24 | LAB:CREATININE BLOOD MEASUREMENT (82565) | $30.00 | $9.00 | $0.00 | $0.00 | $0.00 | $9.00 | $0.00 $0.00 |
| Totals | | | $340.00 | $101.00 | $0.00 | $0.00 | $0.00 | $101.00 | $0.00 |
| Total amount you owe or have already paid | | | | | | | | $101.00 | |

SAMPLE

# PAIR UP FOR YOUR HEALTH

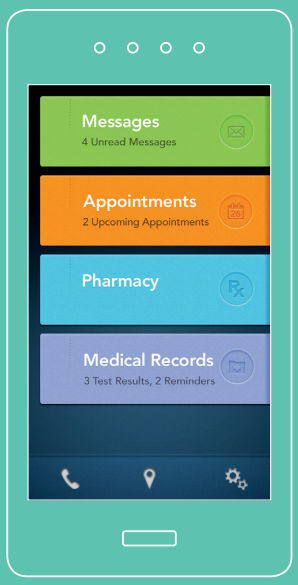
## Stay on top of your health, 24/7, with our two apps.

### KP PREVENTIVE CARE APP




Get appointment reminders and preventive services alerts for you and your family, access your doctor's home page, and more.

### KAISER PERMANENTE APP




Email your doctor, schedule routine appointments, refill prescriptions, check lab results, and more.

Available on the App Store

ANDROID APP ON Google play

**Download both apps for free on your smartphone.**

**Are you registered?** If you're already registered on **kp.org**, you're all set to start using your KP Preventive Care for Northern California and Kaiser Permanente apps. If not, you'll need to go to **kp.org/registernow** to set up your account from a computer. Then use your new user ID and password to activate the apps.

# Join Your Video Visit

## Join on Mobile

Go to kp.org/mydoctor/videovisits.

## Join on Computer

Go to kp.org/mydoctor/videovisits.

## STEP 1

www.

## STEP 2

Choose "Get the App" to download KP Preventive Care App.
Open the app & log-in using your kp.org username.

*If you do not have a kp.org username, tap "Sign In Help" at the bottom and follow the prompts to sign in with your medical record number.*

Click "Get Prepared" and follow the instructions for downloading and installing the Vidyo Web plug-in.

## STEP 3

Go to "Appointments".
Tap "Join" to start your video visit.

Click "Join Your Video Visit" to start your visit.

Need Help? Go to kp.org/mydoctor/videovists and click "Video Visit Support".

# Your Dental Plan: Delta Dental

Dental benefits are offered to benefit-eligible employees and their families through Delta Dental.

PPO Plans: With your dental plan, you can visit any dentist, but you pay less out-of-pocket when you choose an in-network dentist. Out of Network dental services are subject to reasonable and customary (R & C) fees, which may mean additional costs to you if your dentist charges above what 9 out of 10 dentist charge in your area.

DELTA DENTAL®

| | Delta Dental PPO Plus Premier - Deluxe 200 | | |
|---|---|---|---|
| **Services** | **Delta Dental PPO dentists [2]** | **Delta Dental Premier dentists [2,3]** | **non-Dental Denal dentists [2,4]** |
| *Calendar Year Deductible* | $50 / Individual<br>$150 / Family | $50 / Individual<br>$150 / Family | $50 / Individual<br>$150 / Family |
| Preventative (2 visits per calendar year)<br>*Cleanings, Exams, X-Rays* | 100%<br>No deductible | 100%<br>No deductible | 100%<br>No deductible |
| Basic Services<br>*Fillings, Extractions, Periodontics* | 90%<br>After deductible | 80%<br>After deductible | 80%<br>After deductible |
| Major Services<br>*Crowns, Bridges, Dentures, Dental Implants* | 60%<br>After deductible | 50%<br>After deductible | 50%<br>After deductible |
| *Orthodontia Procedures*<br>*Adults and Children* | 50%<br>up to $1,500 lifetime max | 50%<br>up to $1,500 lifetime max | 50%<br>up to $1,500 lifetime max |
| ***Annual Maximum*** | ***$2,000*** | ***$2,000*** | ***$2,000*** |

*[1] The waiting period may be waived: 1) if you were enrolled when your employer initially purchased this dental plan or 2) if you were enrolled in your employer's prior comprehensive dental plan with no break in coverage.*
*[2] Reimbursement is based on: 1) PPO contracted feed for PPO dentists, 2) Premier contracted fees for Premier dentists and 3) the plan contract allowance for Non-Dental dentists.*
*[3] Delta Dental Premier dentist are considered non-PPO dentists.*
*[4] Non-Delta Dental Providers have no agreement with Delta Dental and are free to bill you any difference between what Delta Dental pays and the submitted fee.*

*Manage your benefits with*

## Online Advantage

The information you need at your fingertips:

- View and/or print your personalized Dental ID card
- View and/or print benefit information pages (all benefits)
- View most recent dental visits and procedures
- View and/or print plan booklets
- View status of submitted claims

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at **deltadentalins.com**.

Save with a PPO dentist

# Your Vision Plan: Mutual of Omaha/EyeMed Vision

Your Mutual of Omaha Vision plan offers one of the largest vision care networks in the industry. You will get the most from your vision benefits by visiting an EyeMed doctor. EyeMed offers a wide choice of private practice optometrists, ophthalmologists and opticians. An EyeMed provider can be located by visiting MutualofOmaha.com/vision or calling Member Services department at 833.279.4358.

If you visit an out-of-network provider for services and materials, you'll be required to pay the full amount by that provider at that time. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting an EyeMed doctor.

Mutual of Omaha VISION | EYEMED

| Services | In-Network Only |
|---|---|
| Vision Exam<br>Every 12 months | $10 for Exam |
| Lenses<br>(per pair)<br>Every 12 months | $25 copay<br>(for lenses and frame)<br>Covered in full: Single, Bifocal, Trifocal, Lenticular |
| Frames<br>Every 24 months | $130 allowance for frames of your choice<br>+ 20% off the amount over your allowance. |
| Elective Contact Lenses<br>Every 12 months<br>(Contact lenses are in place of lenses and frame) | $130 Allowance for contact lens exam<br>(fitting and evaluation) and materials. If you choose contact lenses you will be eligibe for frames 12 months from the date the contact lenses were obtained |

### Getting Started

- Log on to MutualofOmaha.com/vision
- Click on "View my vision benefits"
- Click the "Create an account" button – enter your name, date of birth, member ID number (located on your member ID card) or the last four digits of your Social Security Number (if provided by your employer) and follow the instructions to select your username and password

### Logging On

- Go to MutualofOmaha.com/vision
- Click on "View my vision benefits"
- Enter your username and password
- Click the "Login" button

## Track Claims

### Access a claim form

If you visit an out-of-network provider, you will have to pay for services out-of-pocket and submit a claim form located in the "Forms" section.

### Find a provider

Once you've created an account and signed in, click "Provider Locator." From here, you can search by ZIP code or "use my location" to find a provider near you.

### Customer Service

833-279-4358

Download the EyeMed Members App on your iPhone, iPad or Android to view benefit information and ID card.

## Out-of-Network

If you choose an out-of-network provider, it will be necessary to complete a claim form and submit it along with your itemized receipt. You can find a claim form under the Forms section on your Notre Dame de Namur University benefits portal: **benefits.filice.com/ndnu**.

## Life Insurance Options: Mutual of Omaha

Notre Dame de Namur University provides all eligible employees Basic Life and Accidental Death & Dismemberment (AD&D) Insurance ***at no cost*** through Mutual of Omaha. Employees working 30 hours per week are enrolled for these coverages on the first of the month following 30 days of employment. Be sure to complete beneficiary information at time of enrollment and update your information as appropriate.

### Voluntary Life and AD&D Insurance

You have the opportunity to supplement your Basic Life and AD&D Insurance by purchasing Voluntary insurance coverage through Mutual of Omaha for yourself and your eligible dependents. You must elect Life and AD&D coverage for yourself in order to cover your spouse and/or child(ren). If you leave Notre Dame de Namur University, you may be eligible to port or convert your voluntary life policy.

**Please Note:** If you or your spouse do not enroll in the Voluntary Life plan when you are first eligible, you may enroll at a later date. However, ALL coverage amounts will require proof of good health (Evidence of Insurability/EOI) and are subject to approval by Mutual of Omaha. Your employer will inform you once Mutual of Omaha completed their review process.


#### *Basic Life Insurance*

In the event of your death, this plan pays your beneficiary a benefit of $50,000.

#### *Basic AD&D Insurance*

In the event of your accidental death, this plan pays your beneficiary an additional benefit of $50,000.

*If you are seriously injured as the result of an accident (for example: lose your eyesight, paralysis), this plan will pay a partial benefit to you.*

**Additional Life Insurance Features:**

- **Accelerated Death Benefit**
- **Waiver of Premium**
- **Additional AD&D Benefits**
- **Travel Assistance**
- **Conversion**

#### *Voluntary Life/AD&D Coverage Options*

#### *Employee*

You may purchase increments of $10,000, to a maximum amount equal to five times your annual salary or $500,000. Guarantee Issue = $100,000.

#### *Spouse or Domestic Partner*

You may purchase increments of $5,000 not to exceed $250,000 or 100% of your employee elected coverage. Benefits will be paid to the employee. Guarantee Issue = $50,000.

#### *Child(ren)*

You may purchase life insurance for your child(ren) from ages 14 days to 23 years (or age 25 if full-time student) in $1,000 increments to a maximum of $10,000. Each eligible dependent child must have the same amount of insurance.

***Annual Increase:*** Employees who are enrolled in the Voluntary Life/AD&D at the time of the annual enrollment period have the ability to enroll for additional $10,000 of coverage up to the Guarantee Issue amount and will not be required to submit an EOI. This is an employee only benefit.

**Guarantee Issue means the highest amount of coverage that can be issued to you without Evidence of Insurability (EOI); this is available to New Hires only. If you do not enroll when you are newly eligible, you will need to complete an EOI for any amount of coverage for which you apply.

# Income Protection Benefits: Mutual of Omaha

## Long-Term Disability Insurance (LTD)

LTD coverage provides financial assistance if you are not able to return to work after 90 days of disability due to an illness or injury that is not work-related.

If you become ill or injured and are unable to work, Notre Dame de Namur University provides income protection benefits ***at no cost to you*** through Mutual of Omaha. These benefits have been designed to protect your income in a situation where you become unable to work due to a disability.

Please note that specific restrictions apply to these benefits. In addition, any benefit, if received, is considered income and subject to all applicable taxes.

- Any LTD benefits are offset by income from other sources, including Social Security, or Workers' Compensation so that the maximum monthly benefit you receive is not greater than 60% of your monthly earnings.

- LTD benefits can continue until you are able to return to work (or you reach the normal retirement age for Social Security benefits).

- Because LTD is payable through Social Security Normal Retirement Age, active employees who become disabled at their retirement age will be guaranteed a set duration of benefits. Please see the Certificate of Coverage for complete schedule.

| Long Term Disability Coverage Options | |
|---|---|
| Core Benefit | • 60% of your monthly pre-disability earnings up to $8,500 per month.<br>• 90-day waiting period before benefits start.<br>• You will have coverage available until your Social Security Normal Retirement Age (SSNRA) |

***Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are:***

- Prevented from performing at least one of the material duties of your regular occupation during the first 24 months of disability and after 24 months are unable to perform all of the material duties of any gainful occupation; and
- During the first 24 months of disability are unable to generate current earnings which exceed 99% of your monthly earnings from your regular occupation, and after 24 months if partially disabled, are unable to generate current earnings which exceed 85% of your monthly earnings from any gainful occupation.

You can be totally or partially disabled during the elimination period.

**Pre-Existing Conditions:**
You are not covered for a Disability caused or substantially contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-Existing Condition.
You have a Pre-existing Condition if:

- You received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the first 3 months immediately prior to the effective date of coverage under this Policy; and
- the Disability caused or substantially contributed to by the condition begins in the first 12 months after the effective date of coverage under this Policy.

# Your Healthcare Coverage Costs: Medical, Dental and Vision

| | Kaiser HRA | | | |
|---|---|---|---|---|
| | Premium | Per Pay Period EE Contribution | Monthly EE Contribution | NDNU Contribution |
| **Employee** | $ 705.85 | $ 45.00 | $ 90.00 | $ 615.85 |
| **Employee + 1** | $ 1,411.70 | $ 375.00 | $ 750.00 | $ 661.70 |
| **Family** | $ 1,997.56 | $ 650.00 | $ 1,300.00 | $ 697.56 |

| | Delta Dental | | | |
|---|---|---|---|---|
| | Premium | Per Pay Period EE Contribution | Monthly EE Contribution | NDNU Contribution |
| **Employee** | $ 62.69 | $ 3.50 | $ 7.00 | $ 55.69 |
| **Employee + Spouse** | $ 137.22 | $ 30.15 | $ 60.29 | $ 76.93 |
| **Employee + Children** | $ 134.87 | $ 42.09 | $ 84.18 | $ 50.69 |
| **Family** | $ 228.98 | $ 68.75 | $ 137.49 | $ 91.49 |

| | Mutual of Omaha EyeMed Vision | | | |
|---|---|---|---|---|
| | Premium | Per Pay Period EE Contribution | Monthly EE Contribution | NDNU Contribution |
| **Employee** | $ 6.49 | $ 1.58 | $ 3.16 | $ 3.33 |
| **Employee + Spouse** | $ 14.90 | $ 5.43 | $ 10.86 | $ 4.04 |
| **Employee + Children** | $ 15.73 | $ 5.43 | $ 10.86 | $ 4.87 |
| **Family** | $ 20.41 | $ 8.69 | $ 17.37 | $ 3.04 |

| | LegalShield/IDShield | |
|---|---|---|
| | Legal + Individual IDShield | Legal + Family IDShield |
| **LegalShield** | $9.48 | $9.48 |
| **IDShield** | $4.48 | $9.48 |
| **Combined** | $13.95 | $16.95 |

# Your Healthcare Coverage Costs: Voluntary Life/AD&D

## Voluntary Life Employee Premium Table

**To select your benefit amount and calculate your monthly premium, do the following:**

1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of $10,000 (ex. $10,000, $20,000, or $50,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2) Find your age bracket in the far left column.
3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than $100,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want $150,000 in coverage, you obtain your premium amount by multiplying the rate for $50,000 times 3.

| | $10,000 | $20,000 | $30,000 | $40,000 | $50,000 | $60,000 | $70,000 | $80,000 | $90,000 | $100,000 |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 - 34 | $0.60 | $1.20 | $1.80 | $2.40 | $3.00 | $3.60 | $4.20 | $4.80 | $5.40 | $6.00 |
| 35 - 39 | $0.90 | $1.80 | $2.70 | $3.60 | $4.50 | $5.40 | $6.30 | $7.20 | $8.10 | $9.00 |
| 40 - 44 | $1.50 | $3.00 | $4.50 | $6.00 | $7.50 | $9.00 | $10.50 | $12.00 | $13.50 | $15.00 |
| 45 - 49 | $2.50 | $5.00 | $7.50 | $10.00 | $12.50 | $15.00 | $17.50 | $20.00 | $22.50 | $25.00 |
| 50 - 54 | $3.70 | $7.40 | $11.10 | $14.80 | $18.50 | $22.20 | $25.90 | $29.60 | $33.30 | $37.00 |
| 55 - 59 | $5.50 | $11.00 | $16.50 | $22.00 | $27.50 | $33.00 | $38.50 | $44.00 | $49.50 | $55.00 |
| 60 - 64 | $9.10 | $18.20 | $27.30 | $36.40 | $45.50 | $54.60 | $63.70 | $72.80 | $81.90 | $91.00 |
| 65 - 69 | $16.30 | $32.60 | $48.90 | $65.20 | $81.50 | $97.80 | $114.10 | $130.40 | $146.70 | $163.00 |
| 70 - 74 | $23.10 | $46.20 | $69.30 | $92.40 | $115.50 | $138.60 | $161.70 | $184.80 | $207.90 | $231.00 |
| 75 - 79 | $49.90 | $99.80 | $149.70 | $199.60 | $249.50 | $299.40 | $349.30 | $399.20 | $449.10 | $499.00 |
| 80+ | $126.60 | $253.20 | $379.80 | $506.40 | $633.00 | $759.60 | $886.20 | $1,012.80 | $1,139.40 | $1,266.00 |

## Voluntary AD&D Employee Premium Table

You have the ability to select the amount of AD&D coverage you feel is appropriate for yourself and your eligible dependents. However, there are some guidelines you need to consider when choosing this coverage.

COVERAGE SELECTION GUIDELINES

1) You and each of your eligible dependents must be covered by some level of voluntary term life insurance to be eligible for AD&D coverage.
2) AD&D Coverage is not required for you or your eligible dependents, even if you have voluntary term life coverage.
3) Dependent AD&D benefit amounts cannot exceed 100% of your AD&D benefit amount.
4) You and your eligible dependents can select any amount of AD&D coverage between the Minimum and the Guarantee Issue Amount (indicated on the Benefits Summary).
5) If you or your spouse select life insurance above the Guarantee Issue Amount (and complete an Evidence of Insurability application), you are eligible for up to the same amount of AD&D coverage.

COVERAGE SELECTION AND PREMIUM CALCULATION

To select your benefit amount and calculate your monthly premium, do the following:

1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of $1,000 (ex. $3,000, $4,000, or $5,000).
2) Locate the corresponding premium amount in the row below.
3) Enter your benefit and premium amounts into their respective areas in the AD&D section of your enrollment form. If the benefit amount you want to select is greater than $10,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want $150,000 in coverage, you obtain your premium amount by multiplying the rate for $50,000 times 3.

| $1,000 | $2,000 | $3,000 | $4,000 | $5,000 | $6,000 | $7,000 | $8,000 | $9,000 | $10,000 |
|---|---|---|---|---|---|---|---|---|---|
| $.04 | $.08 | $.12 | $.16 | $.20 | $.24 | $.28 | $.32 | $.36 | $.40 |

**See page 17 of this booklet for enrollment guidelines. Dependent rate information can be found by visiting benefits.filice.com/ndnu**

**Premiums for voluntary benefits are made via post tax payroll deductions. If you need further assistance please contact Filice Insurance.**

## Flexible Spending Account Options: Navia Benefit Solutions

Navia Benefit Solutions is the third party administrator for the Flexible Spending Account (FSA) plans. Notre Dame de Namur University will continue to offer two FSA options. Both of these plans allow you to use pre-tax dollars to pay for IRS qualified health and dependent care expenses. Each year, you decide how much to contribute to your FSA on a pre-tax basis. The annual amount you elect is deducted from your paycheck in equal amounts each pay period.

### Health Care FSA

The Health Care FSA allows you to set aside up to $3,050 annually to pay for certain health care expenses that are not covered or only partially covered by your health care plans (medical, dental, vision and prescription drug). Examples of eligible expenses include copays for office visits and prescription drugs, chiropractic care, laser eye surgery and orthodontia. ***As part of the COVID relief offered through the CARES Act, you can use your FSA funds for over-the-counter medications and feminine care products.***

### Navia Debit Card

For the Health FSA, you will receive a debit card to use at participating vendors. Rather than filing a claim and waiting for reimbursement for your out of pocket eligible expenses, you can use your debit card to pay your provider directly for qualified medical care expenses. This card will only work for eligible FSA expenses. Upon enrollment in the plan you will receive one card in your name. The cards are valid for 3 year periods; if you already have a debit card it will be reloaded with your new election. If you would like additional cards in the name of a spouse or eligible dependent you may request them through www.naviabenefits.com. There is a $5 reissue fee for all additional card requests.

### COVID Relief and FSAs

NDNU will offer two temporary FSA benefit enhancements as part of their COVID relief efforts:

1. **Unlimited Rollover:** Any balance remaining in your FSA on 6/30/2023 can be rolled over to the 2023-2024 plan year. This applies to both the Healthcare and Dependent Care FSA plans.

2. **Dependent Care Maximum:** The maximum election for 2023 will return to **$5,000** per household. Note that the Dependent Care maximum is based on tax year and not Plan Year. See below and page 22 for important information.

### Important IRS Rules Related to FSAs

1. The normal 2.5-month grace period will not apply for the 2023-2024 Plan Year. Instead, you will be able to roll-over your full ending balance for your use towards new expenses incurred 7/1/2023 - 6/30/2024.
2. You have a 90 day run out period until September 30 to file a claim for the money in your FSA account for claims incurred between 7/1/2023-6/30/2023.
3. Money cannot be transferred between accounts. For example, you cannot use your Dependent Care FSA for health care expenses or vice versa.

# Flexible Spending Account Options: Navia Benefit Solutions

## Dependent Care FSA

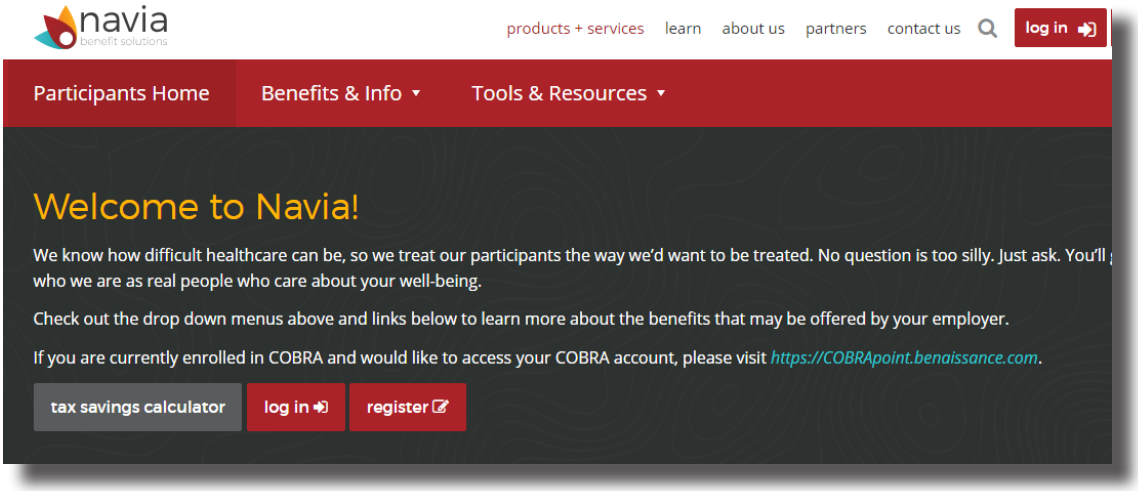
The Dependent Care FSA (DCFSA) is designed for people who need dependent care so that they can work. You are eligible to participate if you are single or married. However, if you are married, your spouse must either work or go to school full-time, or be unable to care for your dependents due to a disability, in order for you to be eligible for the Dependent Care FSA. Dependent care can be for your children under age 13, spouse or parents. Dependents must live with you and be claimed as a dependent on your federal income tax return.

The Dependent Care FSA (DCFSA) will have a new maximum of $5,000 per household effective 7/1/2023. There are several considerations if you are thinking of taking advantage of this increase for NDNU's 2023-2024 Plan Year. See below for key takeaways. Please note that the below is not tax advice. You should consult with a tax professional if you have any questions regarding taxation or if you are in need of advice.

***References below to the 2022 tax year means 1/1/2023 - 12/31/2023***

- The new 2023 tax year limit is $5,000 per household or $2,500 if your spouse also participates in a DCFSA and you file your taxes separately.
- With respect to current tax year election / salary reduction for 2023: An individual cannot exceed the $5,000 maximum. This will take into account your pre-tax contributions from 1/1/2023 - 12/31/2023.
- With respect to carryover / grace period for prior year amounts (from 2020 to 2022): An individual cannot exceed $10,500 in ***excludable expenses*** for services incurred within the tax year.
- With respect to the 2023 tax year: Presumably, the limit for the 2023 tax year will revert back to $5,000. Any unused DCFSA amounts from 2023 that remain available for use in 2023 will be subject to the prior $5,000 limit (i.e., any eligible expenses over $5,000 that are incurred and reimbursed from the DCFSA in 2023 would be taxable in 2023). You will be given the opportunity to make adjustments to your 2023 tax year contributions in order stay within the presumed 2023 limit.

Navia has compiled a comprehensive library of resources to help you navigate benefit changes during the COVID-19 pandemic. The information is updated regularly. In addition, you can find participant tools and resources that will help you maximize your FSA benefits through NDNU. Visit the Navia participant portal to learn more!



# Legal and Identity Theft Services: LegalShield and IDShield

LegalShield℠ | IDShield℠

## HAVE YOU EVER?

- ☐ Needed your Will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support
- ☐ Worried about being a victim of Identity theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information online
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

## THE LEGALSHIELD MEMBERSHIP INCLUDES:

**Dedicated Law Firm**
**Legal Advice/Consultation** on unlimited personal issues
**Letters/Calls** made on your behalf
**Contracts/Documents Reviewed** up to 15 pages
**Residential Loan Document Assistance**
**Lawyers prepare your Will/Living Will/Health Care Power of Attorney/Financial Power of Attorney**
**Speeding Ticket Assistance**
**IRS Audit Assistance**
**Trial Defense** (if named defendant/respondent in a covered civil action suit)
**Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
**25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
**24/7 Emergency Access** for covered situations

### Put your law firm in the palm of your hand with the LegalShield mobile app

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children.

This is general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, covereage, amounts, conditions and exclusions.

## THE IDSHIELD MEMBERSHIP INCLUDES:

**Social Media Monitoring**
Allows you to monitor multiple social media accounts and content feeds for privacy and reputational risks.

**Privacy and Security Monitoring**
Internet monitoring of your name, date of birth, SSN, email address, phone numbers, and more. Monthly credit score tracking. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18 for no additional cost.

**Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

**Full Identity Restoration**
Complete identity recovery services by Kroll Licensed Private Investigators to its pre-theft status.

**$5 Million Service Guarantee**
We'll do whatever it takes for as long as it takes to help recover and restore your identity.

### Put Identity Theft Protection in the palm of your hand with the IDShield mobile app

IDShield family coverage includes, the member, member's spouse and up to 8 minor children under the age of 18.

Dependents age 18-26 receive consultation and restoration only.

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

# Additional Benefits

As an employee of NDNU, you have access to a number of additional benefits. Please contact Human Resources or Filice Insurance for more information about these additional benefits.

## GoNavia Commuter Benefits

Commuter and parking benefits are available to employees who wish to take advantage of paying for related expenses with pre-tax dollars. ***The current monthly benefit maximums are $270 for mass transit and $270 for parking.*** The plan is also administered through the Navia Benefit Solutions.

To place your first order, you will need to log in to your online account at www.naviabenefits.com. The deadline to place your monthly order is the 20th of each month. You can make changes to your order on a monthly basis.

**Step 1:** Login as a participant to www.naviabenefits.com. If you have not registered yet, you will need to complete the registration process.

**Step 2:** Once logged in, select the "GoNavia Commuter Orders" link under the "My Tools" section.

**Step 3:** Select your benefit.

**Step 4:** Enter the dollar amount for your order.

**Step 5:** Select the months you would like to have your order recur

**Step 6:** Once you've confirmed your order and agreed to the terms and conditions select "place my order"

**You're finished!** You will receive a confirmation email once your order has been submitted.

## Employee Assistance Program

A confidential EAP and Travel Assistance plans are offered to employees and their families at no cost to the employee. These services are for you and your family members when you need help balancing the demands of daily living.

- 24/7 toll-free access to EAP professionals. Case managers are available to facilitate referrals.
- Includes assistance and referrals to help with the challenges you face with family, work and life-style.
- Personal and family counseling, assistance with weight management, parenting and mental health.
- Legal and financial help.
- Child care, elder care and college planning resource

Call 800.316.2796 to speak to an EAP counselor
Website: **www.mutualofomaha.com/eap**

## Travel Assistance

Mutual of Omaha provides Notre Dame de Namur University employees with 24-hour, 365-days-a-year travel assistance whenever you or your family members are travelling domestically or internationally 100+ miles from home. Services include but are not limited to:

- Emergency medical assistance such as transportation, evacuation, referrals to doctors / dentists / facilities, and prescription assistance.
- Emergency cash
- Translation and interpretation services
- Locating legal services
- Assistance with lost or stolen baggage
- Pre-trip assistance (obtaining visas or required documentation, consulate / embassy locations, currency exchange rates and more!)

Access the Mutual of Omaha Secure Travel:

- ID number 9900MOO2:
- 800-856-9947 (U.S.)
- 312-935-3658 (International)

# Required Notifications

## HIPAA Notice of Privacy Practices

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

OUR COMPANY'S PLEDGE TO YOU
This notice is intended to inform you of the privacy practices followed by the Notre Dame de Namur University and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 9/9/2013.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Notre Dame de Namur University requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

PROTECTED HEALTH INFORMATION
Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

HOW WE MAY USE YOUR PROTECTED HEALTH INFORMATION
Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition.
We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

## HIPAA Notice of Privacy Practices (continued)

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Most uses and disclosures of psychotherapy notes also require your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information.
For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of Notre Dame de Namur University for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

YOUR RIGHTS
Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below.
In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

OUR LEGAL RESPONSIBILITIES
We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice. We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below. If you have any questions or complaints, please contact:

Notre Dame de Namur University
Dr. Karen D. White
1500 Ralston Avenue, Belmont, CA 94002-1908
650.508.3645

COMPLAINTS
If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

## Special Enrollment Notice

THIS NOTICE IS BEING PROVIDED TO ENSURE THAT YOU UNDERSTAND YOUR RIGHT TO APPLY FOR GROUP HEALTH INSURANCE COVERAGE. YOU SHOULD READ THIS NOTICE EVEN IF YOU PLAN TO WAIVE COVERAGE AT THIS TIME.

LOSS OF OTHER COVERAGE
If you are declining coverage 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).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

MARRIAGE, BIRTH, OR ADOPTION
If you have a new dependent as a result of a 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, or placement for adoption.

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

MEDICAID OR CHIP
If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy. Example: When you were hired by us, your children received health coverage under CHIP and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

## Special Enrollment Notice (continued)

FOR MORE INFORMATION OR ASSISTANCE
To request special enrollment or obtain more information, please contact:

Notre Dame de Namur University
Dr. Karen D. White
1500 Ralston Avenue, Belmont, CA 94002-1908
650.508.3645

Note: If you and your eligible dependents enroll during a special enrollment period, as described above, you are not considered a late enrollee. Therefore, your group health plan may not require you to serve a pre-existing condition waiting period of more than 12 months. Any preexisting condition waiting period will be reduced by time served in a qualified plan.

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

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

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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 Dr. Karen D. White.

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.

## New Health Insurance Marketplace Coverage Options and Your Health Coverage (continued)

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.

Employer Name: Notre Dame de Namur University
Employer Identification Number (EIN): 94-1156646
Employer Phone Number: 650.508.3645
Employer Address: 1500 Ralston Avenue
City: Belmont
State: CA
Zip Code: 94002-1908
Who can we contact about health coverage at this job: Dr. Karen D. White

Here is some basic information about health coverage offered by this employer:
Notre Dame de Namur University offers health coverage to: Some employees. Eligible employees are full-time active employees of Notre Dame de Namur University working an average of 30 hours per week.

With respect to dependents, Notre Dame de Namur University offers coverage to dependents. Eligible dependents include: Spouse, Domestic Partner, and Children to age 26.

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

Please 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.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.

## Women's Health & Cancer Rights Act

Group health plans, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

For more information about the Women's Health & Cancer Rights Act, please contact your Human Resources department.

## General Notice of COBRA Continuation Coverage Rights | California

Notre Dame de Namur University

Introduction

You are 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 receive 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 coverage would otherwise end because of a life event known as 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."

* The interaction of Medicare and receipt of COBRA benefits is a complex area of the law. Please consult with your legal counsel or benefits specialist to ensure proper compliance with applicable legal requirements.

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.

## General Notice of COBRA Continuation Coverage Rights | California (continued)

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 Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

You Must Give Notice of Some Qualifying Events
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 (check one and complete; fill in if longer period permitted under your Plan):
Within 60 days after the qualifying event occurs.

You must provide this notice to:

Dr. Karen D. White
Executive Director, Human Resources
Notre Dame de Namur University
1500 Ralston Avenue
Belmont, CA 94002-1908
650.508.3645

Notice of a qualifying event must include: (Enter any information and/or documentation required by the Plan)
Proof of gain or loss of other coverage

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 total 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 continuation coverage.
(Check box if applicable) The Plan has provisions that require you to give notice of a disability determination, including time frames and procedures. They are as follows:
Please see Human Resources for details

Notice of an SSA disability determination should be given to:
Dr. Karen D. White
Human Resources Manager
Notre Dame de Namur University
1500 Ralston Avenue
Belmont, CA 94002-1908
650.508.3704

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event while receiving 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.

## General Notice of COBRA Continuation Coverage Rights | California (continued)

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), or 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.

Extended Cal-COBRA Coverage for California Employees
The Plan must offer any qualified beneficiary who is entitled to less than 36 months of continuation coverage under COBRA and has exhausted such coverage the opportunity to extend coverage under Cal-COBRA to a total of 36 months from the date the qualified beneficiary's continuation coverage began. A qualified beneficiary electing such further continuation coverage must pay to the group plan, on or before the due date of each payment but not more frequently than on a monthly basis, not more than 110 percent of the applicable rate charged for a covered employee or, in the case of dependent coverage, not more than 110 percent of the applicable rate charged to a similarly situated individual under the group benefit plan being continued under the group contract. In the case of a qualified beneficiary who is determined to be disabled by SSA (see "Disability" above), the qualified beneficiary shall be required to pay to the group health plan an amount no greater than 150 percent of the group rate after the first 18 months of continuation coverage.

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
In order to protect your family's rights, you should keep the Plan Administrator informed of 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
For information about the Plan, contact:
Dr. Karen D. White
Executive Director, Human Resources
Notre Dame de Namur University
1500 Ralston Avenue
Belmont, CA 94002-1908
650.508.3645

For information about COBRA continuation coverage, contact:
Dr. Karen D. White
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650.508.3645

## Medicare Part D Creditable Coverage Disclosure Notice

Important Notice from Notre Dame de Namur 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 Notre Dame de Namur 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. Notre Dame de Namur University has determined that the prescription drug coverage offered by the Anthem and Kaiser plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are 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 Notre Dame de Namur University coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Notre Dame de Namur University coverage, be aware that you and your dependents may be able to get this coverage back.

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 Notre Dame de Namur 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 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 Notre Dame de Namur University changes. You also may request a copy of this notice at any time.

## Medicare Part D Creditable Coverage Disclosure Notice (continued)

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 and 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 and 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: | 7/1/2023 |
| Name of Entity/Sender: | Notre Dame de Namur University |
| Contact--Position/Office: | Dr. Karen D. White |
| Address: | 1500 Ralston Avenue<br>Belmont, CA 94002-1908 |
| Phone Number: | 650-508-3651 |
| Email: | kwhite@ndnu.edu |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Carrier Contact Information

| Plan | Phone Number | Website / Email | Policy # |
|---|---|---|---|
| Medical: Kaiser | Member Services:<br>800-464-4000<br>Deductible Product Team:<br>800-390-3507, #1 | www.kp.org | 5064 |
| HRA:<br>Marin Benefits | 415-526-1401 | www.marinbenefits.com<br>helpdesk@marinbenefits.com | MBINDNU |
| Dental: Delta Dental | 800-765-6003 | deltadentalins.com | TBD |
| Vision: Mutual of Omaha (EyeMed) | 800-877-7195 | www.mutualofomaha.com/vision<br>To find providers: www.eyemed.com | 910206 |
| Life, AD&D and Disability:<br>Mutual of Omaha | 800-655-5142 | www.mutualofomaha.com | G000AXY3 |
| Travel Assistance:<br>Mutual of Omaha | 800-856-9947 (US)<br>312-935-3658 (Int'l) | www.mutualofomaha.com | 9900MOO2 |
| Employee Assistance Program:<br>Mutual of Omaha | 800-316-2796 | www.mutualofomaha.com/eap | N/A |
| Flexible Spening Account (FSA) and Commuter<br>Navia Benefit Solutions | 800-669-3539 | www.naviabenefits.com | NDN |
| LegalShield / IDShield:<br>Brielle Crouse | 865-405-1209 | brielle@premiersolutionsintl.com | N/A |
| 403(b) Retirement Plan:<br>TIAA-CREF | 800-617-4729 | www.tiaa-cref.org<br>To enroll visit:<br>www.tiaa-cref.org/ndnu | N/A |
| All Other Benefits Questions:<br>Amber Burson, Filice Insurance<br>Nancy Centeno, Filice Insurance | 925-962-1981<br>925-385-5302 | aburson@filice.com<br>ncenteno@filice.com | N/A |

All documents relating to the NDNU's Employee Insurance Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, General COBRA Notice and any other relevant Plan Documents or Notices, are available to employees and their dependents electronically through NDNU's website. You may receive a paper copy of any of the above documents free of charge by contacting the Human Resources department. To view any of the above-mentioned documents at any time, visit NDNU's personalized benefits website:

**benefits.filice.com/ndnu**

## Notes


1500 Ralston Avenue
Belmont, CA 94002-1908
650.508.3642