

Our Commitment To You

Saint Louis University is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our benefits program offers health care, dental and vision coverage, as well as financial security to our employees and their families. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that is right for you.

Be Ready for Enrollment

Saint Louis University provides a full range of benefits that address your needs now and in the future.

To Your Health

- ✓ Medical Insurance
- ✓ Prescription Drug Benefits
- ✓ Employee Assistance Program
- ✓ Dental Insurance
- ✓ Vision Insurance
- ✓ Care.com

To Your Wealth

- ✓ Life Insurance and AD&D
- ✓ Long-Term Disability Insurance
- ✓ Accident Insurance
- ✓ 403(b) Retirement Savings Plan
- ✓ Identity Theft Protection
- ✓ Legal Insurance
- ✓ Savi PSLF

Enrollment Information

Do I Need to Enroll?

Before deciding whether you need to enroll in Saint Louis University's health and group benefits, keep in mind that there are many good reasons to take a close look at all the benefits and options Saint Louis University offers you, even if you're already covered under the Saint Louis University benefit plan(s).

You may experience changes from year to year so, it's a good idea to make sure your benefits still fit you — and that you're not paying for more coverage than you need.

Preventive and Non-preventive Services

Preventive care services are those that are generally linked to routine wellness exams. Non-preventive services are those that are considered treatment or diagnosis for an illness, injury, or other medical condition. There may be limits on how often you can receive preventive care treatments and services. You should ask your health care provider whether your visit is considered preventive or non-preventive care. Examples of preventive care include:

- ▶ Annual routine physicals
- ▶ Bone-density tests, cholesterol screening
- ▶ Immunizations, mammograms, Pap smears, pelvic exams, PSA exams
- ▶ Sigmoidoscopies, colonoscopies

Copayments

A copayment (copay) is the fixed dollar amount you pay for certain in-network services. In some cases, you may be responsible for coinsurance after a copay is made.

2023 Wellness Medical Premium Discount

Saint Louis University is requiring biometric screening for anyone that wishes to receive a wellness premium discount in 2023. Biometric screening must be completed by December 31, 2022. The wellness discount is \$50 for an employee and an additional \$25 for covered spouses. Click [here](#) for information on how to schedule your screening. If you elect the PPO plan, make less than \$40,060 and complete the biometric screening, you will continue to receive free employee only coverage.

New for 2023, 2022 new hires that completed a biometric screening in 2022 will not be required to complete an additional Fall 2022 screening to receive the 2023 premium discount.

For employees of Saint Louis University only. Your screening will include height, weight, blood pressure, calculation of body mass index (BMI), glucose, hemoglobin A1C (this is a measurement of your average blood sugar over the past 3 months) and a cholesterol screening (HDL, LDL, and triglycerides). For the glucose and cholesterol testing, it is REQUIRED that you fast for 8 hours prior to your screening appointment. This means NOTHING to eat or drink except for water. Take your medications as normal with water.

[Register Now](#)

Diabetic and Pre-Diabetic Programs

We sponsor programs through UHC which help pre-diabetics and diabetics focus on prevention, control, and ongoing management. Take advantage of these UHC outreach programs and utilize the coaches and resources available to you.

SLU also offers a Diabetes Health Plan, which offers enhanced benefits for diabetes related expenses.

Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

- ▶ Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.
- ▶ Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- ▶ Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.
- ▶ If you have complex medical and prescription drug issues, please refer to the transparency tools that are available with UHC and Express Scripts.

ALEX® — For Help Selecting a Benefit Plan

Remember, you can always get additional information from **ALEX®**, your personal virtual benefits counselor/assistant! ALEX® will help you select the best benefit plan for you and your family. When you talk to ALEX® he'll ask you a few questions about your benefit needs, crunch some numbers, and point out what makes the most sense for you. And anything you tell ALEX® remains confidential, so don't be afraid to share your information. Oh, and he's available on any computer or mobile device!

Employee Assistance Program

Saint Louis University offers an employee assistance program through ComPsych. Employees are encouraged to take advantage of the many resources ComPsych provides. Instructions for accessing the ComPsych portal (including website and company ID information) are listed on page 14 of this guide.

Provider Search and Price Transparency Assistance

- ▶ Through UHC and Express Scripts' search and pricing tools, you will be able to search for in-network providers and price shop your services and prescriptions.
- ▶ For UHC, you can access cost estimators on [myUHC.com](#), or download the UnitedHealthcare app to connect with your account and better track your spending.
- ▶ For Express Scripts, you can search drug prices through [express-scripts.com](#) or the Express Scripts app under the "Price a Medication" feature.

2023 Voluntary Dental Benefits

Saint Louis University dental benefits are provided by Delta Dental. See below chart for plan designs.

BENEFIT ANNUAL/CALENDAR YEAR MAXIMUM	FLEX PLAN		BASIC PLUS PLAN	
	PPO Network	Premier/ Out-of-Network	PPO Network	Premier/ Out-of-Network
Calendar Year Deductible (Single/Family)	\$50/\$150	\$50/\$150	\$25/\$75	\$25/\$75
Preventive Services	0% No Deductible	0% No Deductible	0% No Deductible	50% No Deductible
Basic Services	10% After Deductible	30% After Deductible	30% After Deductible	65% After Deductible
Major Services	40% After Deductible	60% After Deductible	60% After Deductible	80% After Deductible
Calendar Year Max (Per Person)	\$1,500	\$1,500	\$1,000	\$1,000
Orthodontia Services	50% For All Members	60% For All Members	50% For Children To Age 19 Only	75% For Children To Age 19 Only
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000

Health Savings Account (HSA)

If you enroll in the UHC QHDHP, you'll have access to a Health Savings Account (HSA) through Optum. You can think of your HSA as a personal savings account for your health care expenses, with some impressive tax advantages. The account even includes a contribution from Saint Louis University that can be a big help throughout the year.

HOW MUCH CAN YOU CONTRIBUTE?	2023 IRS CONTRIBUTION LIMIT ¹	SAINT LOUIS UNIVERSITY CONTRIBUTION ²	YOUR MAXIMUM CONTRIBUTION AMOUNT
Employee Only Coverage	\$3,850	\$400	\$3,450
Family Coverage	\$7,750	\$800	\$6,950

NOTE: If an individual reaches age 55 by the end of the calendar year, he or she can contribute an additional \$1,000.

¹ Individual limits may be lower based on your specific situation. Please see page 8 and 9 of the Optum HSA Guide.

² If signing up for an HSA on/after 7/1 in a given year, you will receive half of the contribution. If enrolling after 12/15, you will receive none of the contribution.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Saint Louis University offers two types of Flexible Spending Accounts through Optum — a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.





MetLaw Legal Insurance

We'll all need an attorney at some point in our lives, whether it's when starting a family, buying a house or caring for elderly parents. But

Life Insurance

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

Basic Term Life and Accidental Death & Dismemberment (AD&D)

Saint Louis University provides eligible employees with Basic Term Life and AD&D coverage at no cost to you and enrollment is automatic.

- ▶ **Basic Term Life:** The benefit is equal to 1 times your base annual earnings to a maximum of \$400,000. Upon reaching age 70, your benefit decreases by 50%.
- ▶ **AD&D:** If you are seriously injured or lose your life in an accident, you will be eligible for an AD&D payout of 1 times your base annual salary up to a maximum of \$600,000. Reduction schedule applies after age 70.

Supplemental Life

You may choose to purchase Supplemental Life Insurance coverage through New York Life in addition to the company-paid benefit.



Benefits Administrator Information

If you have any questions regarding eligibility, benefit plans or enrollment periods or would like additional information, contact the person



Important Notices

About This Guide

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 St. Louis 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- ▶ 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: **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: 09/27/2022

Name of Entity/Sender: St. Louis University

Contact: SLU Benefits Office

Address: 3545 Lindell Blvd
St. Louis, MO 63103

Phone Number: **1-314-977-2595**

Email: benefits@slu.edu

Your ERISA Rights

As a participant in the St. Louis University benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- ▶ Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- ▶ Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated summary plan description. The administrator may make a reasonable charge for the copies.
- ▶ Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- ▶ Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description governing the plan on the rules governing your COBRA continuation coverage rights.
- ▶ Reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have credible coverage from another plan. You should be provided a certificate of credible coverage, free of charge, from your group health plan or health insurance issuer when:
 - ✓ You lose coverage under the plan;
 - ✓ You become entitled to elect COBRA continuation coverage;
 - ✓ You request it up to 24 months after losing coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

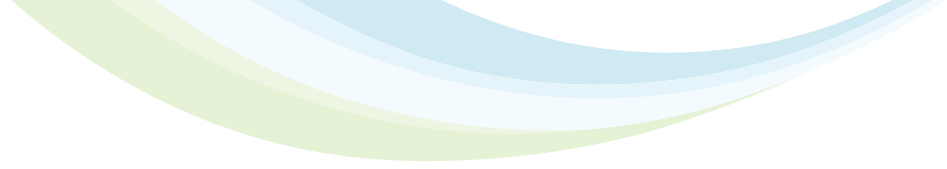
If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- ▶ Know why this was done;
- ▶ Obtain copies of documents relating to the decision without charge; and
- ▶ Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:


- ▶ You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the



Continuation Coverage Rights Under COBRA

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice



The disability extension is available only if you notify the Plan Administrator in writing of the

the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the benefits office at 1-314-977-2595 OR benefits@slu.edu.

Glossary

Affordable Care Act and Patient Protection (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime limits on medical benefits, reduced FSA contributions, covering preventive care without cost-sharing, etc, among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Employer Contribution

Each year, the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during Annual Enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next Annual Enrollment.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the American Medical Association.



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

