

# 2025 Benefits Enrollment Guide





# Welcome to Your Benefits

We appreciate all the invaluable contributions made by our employees. As our employees are one of our greatest assets, we recognize that our success is dependent upon our people. While benefits costs have risen in recent years, we commit to try and provide our employees with a comprehensive and competitive benefits program. We annually review and update our benefits package so that it provides the services you need to enhance the quality of your life.

This guide describes Methodist University’s Employee Benefits package. You have many resources available for questions related to your plans as you enroll and throughout the year. Take advantage of those resources to be sure you receive the full benefits you need and all that is available to you.

The coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Methodist University’s health care benefit year begins January 1st and ends December 31st.

## Important information

It is important that you access Benefitfirst during the designated enrollment window if you wish to make any changes to your current benefits. If you do not want to make changes, your current benefit elections will remain the same with the exception of your Flexible Spending Account (FSA). You must re-enroll in your FSA every year.

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# Eligibility & Enrollment

## Who Can Enroll

All full-time Methodist University employees working at least 30 hours per week are eligible for benefits. As a new hire, you are eligible for benefits on the first day of the month following your date of hire. Additionally, you may enroll during your annual Open Enrollment period for a January 1st effective date.

You may enroll the following eligible dependents in our group benefit plans:

- Your legal spouse (provided they are not eligible to be covered under another employer's medical plan)
- Your natural, adopted or stepchildren up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

## Making Your Benefit Elections

It is important that you make your benefit elections within the time frame allowed during your new hire or Open Enrollment period. Postponing the confirmation of your elections will result in a delay in enrollment processing. In other words, if you wish to see a doctor or fill a prescription soon after your benefits begin, please make your elections in a timely fashion or you may experience a delay.

Once you confirm your benefit elections, your next opportunity to change or elect benefits will not be until the next Open Enrollment period, unless you experience a qualifying Life Event such as listed below. Documentation must be provided.

## Making Changes to Your Benefits

If you experience one of the below life events, you can make a change to your benefits, as long as the event is reported within 30 days. Failing to report the event timely or provide the proper documentation may require you to wait until the next Open Enrollment period.

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your work status or your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receipt of a Qualified Medical Child Support Order (QMCSO)

For a complete list of qualifying events, please see HR.

# Enrollment Instructions

You may enroll using the Benefitfirst portal or by phone from work or home anytime. The online portal is available 24/7. Follow the steps below to elect your benefits for the 2025 plan year.

## Online Enrollment

- Go to [benefitfirst.com](https://benefitfirst.com)\* and enter the Company ID: 692.
- Create your User ID.
- Your personal password is included in your Personal Benefit Statement letter.
- Click *Login* and follow the instructions.
- YOU MAY USE YOUR PRIOR YEAR'S USER ID AND PASSWORD IF AVAILABLE.
- Choose a unique, confidential password and click *Submit*.
- At the company homepage, choose *Enroll Now*.
- If you are a new hire, choose *Enroll in Benefits as a Newly Eligible Employee*.
- If you are an existing employee, choose the appropriate transaction and click *Continue*.
- Check your personal information for accuracy and click *Next*.
- Add any eligible dependents and click *Next*.
- Starting with the medical screen, complete your benefit selections choosing the plan and coverage level you desire.
- You will be asked to review your elections on the last enrollment screen and certify by re-entering your password.
- Click the *Submit* button to confirm your elections.

## Phone Enrollment

### Monday - Friday, 8:30am - 5:00pm EST

Call the Benefitfirst Call Center at 888-322-9374 and use the Company ID: 692.

Have the names, dates of birth, and Social Security numbers for any dependents to be covered (does not apply to newborns under six months of age). Federal mandates require Social Security numbers and Medicare disclosure for all covered employees and dependents.

\*If your browser warns that you are entering a secure site, click "Yes" to continue. We recommend turning the pop up blocker off for the Benefitfirst website. Go to the Tools menu in your browser and click on Pop Up Blocker, then Pop Up Blocker settings: Enter benefitfirst.com in the "Address of Web site to allow" box and click the "Add" button. Alternatively, users can press and hold the "Ctrl" key down when they click on the "Continue" button on the Enrollment Wizard start-up page.

# Benefits At A Glance

Benefit	Coverage Available
<b>Medical</b>	Employees have the choice between a PPO with HRA plan or a High Deductible Health Plan (HDHP) with HSA through BCBS North Carolina.
<b>Health Savings Account</b>	For employees currently enrolled in the HDHP, a \$500 University contribution will be added to your HSA and will coincide with the January payroll cycle. For new hires or late enrollees into the HDHP, the amount will be pro-rated based on the number of months enrolled in the HDHP medical plan, and when final and accurate banking information is provided.
<b>Health Reimbursement Arrangement</b>	For employees enrolled in the PPO medical plan, the employee will pay the first \$500 of in-network deductible charges and then the University will reimburse the next \$1500. The employee is then responsible for the remaining \$1500 of the deductible.
<b>Virtual Visits</b>	24/7 access to doctors by phone, web, or app with Teladoc. Available for those enrolled on the group health insurance.
<b>Dental</b>	Employees choose between a Base Plan and a Buy Up Plan through Guardian. Contributions are made pre-tax.
<b>Vision</b>	Employees may elect a voluntary vision benefit through Guardian. Contributions are made pre-tax.
<b>Basic Life/AD&amp;D</b>	The University provides each employee with Basic Life and AD&D insurance through Guardian, and pays for the full cost of coverage. Employees receive 1.5x their annual earnings to a \$250,000 maximum in coverage.
<b>Voluntary Life Insurance</b>	Employees may supplement their life insurance by purchasing additional coverage through Guardian. In addition, life insurance may be purchased to cover a spouse and/or child(ren) after electing coverage for yourself.
<b>Disability</b>	Employees have the option to purchase a Short-Term disability benefit through Guardian which provides for a percentage of your salary if you become disabled and are unable to work due to an accident or illness. Employees are also eligible to receive Long-Term disability benefits paid for by the University.
<b>Whole Life/LTC</b>	Employees have the option to purchase Allstate Group Whole Life insurance with a Long Term Care benefit which builds cash value over time.
<b>Supplemental Benefits</b>	Employees may purchase Critical Illness, Accident, Cancer, and Hospital Indemnity plans through Guardian to supplement their medical coverage. These plans provide a cash benefit to pay for everyday expenses should you or a dependent suffer a covered event.
<b>Retirement 403(b)</b>	The Methodist University Retirement Plan through TIAA provides you with the opportunity to save for retirement on a tax advantaged basis. This plan is a type of retirement plan known as a 403(b) plan. Please contact the Human Resources Department for additional information.
<b>Additional Benefits</b>	<ul style="list-style-type: none"> <li>• Tuition Remission (see employee handbook or faculty manual for details)</li> <li>• Employee Assistance Program (University paid)</li> <li>• Nimocks Fitness Center</li> <li>• Uniform Expenses (Maintenance, Custodial and Public Safety departments)</li> </ul>
<b>Leave Benefits</b>	Holidays, PTO, bereavement and jury leave. Please see Employee Handbook for details.

# Employee Contributions

Rates are per monthly pay period.

	Employee Only	Employee + Spouse	Employee + Child-ren)	Employee + Family
Medical				
HDHP + HSA	\$20.00	\$403.68	\$383.72	\$899.49
PPO + HRA	\$120.00	\$1,184.45	\$674.93	\$1,551.09
Teladoc*	No charge	No charge	No charge	No charge
	* Registering for Teladoc qualifies you for the Wellness rates, which reduces your medical premiums by \$10.00.			
Dental & Vision				
Dental Low Plan	\$41.76	\$76.54	\$78.59	\$116.93
Dental High Plan	\$56.98	\$109.10	\$110.47	\$164.99
Vision Plan	\$7.79	\$15.58	\$15.58 (1 child)	\$21.90
Supplemental				
Accident Plan	\$18.00	\$24.00	\$26.00	\$32.00
Hospital Low Plan	\$15.50	\$32.10	\$25.00	\$41.00
Hospital High Plan	\$27.00	\$56.00	\$43.00	\$75.00
Cancer Plan	\$25.00	\$45.00	\$30.00	\$50.00

<b>CRITICAL ILLNESS*</b>						
<b>Employee</b>						
<b>Benefit Amounts</b>	<30	30-39	40-49	50-59	60-69	70+
<b>\$10,000</b>	\$6.60	\$7.90	\$11.70	\$17.90	\$26.10	\$58.80
<b>\$20,000</b>	\$13.20	\$15.80	\$23.40	\$35.80	\$52.20	\$117.60
<b>\$30,000</b>	\$19.80	\$23.70	\$35.10	\$53.70	\$78.30	\$176.40
<b>Spouse</b>						
<b>Benefit Amounts</b>	<30	30-39	40-49	50-59	60-69	70+
<b>\$5,000</b>	\$3.30	\$3.95	\$5.85	\$8.95	\$13.05	\$29.40
<b>\$10,000</b>	\$6.60	\$7.90	\$11.70	\$17.90	\$26.10	\$58.80
<b>\$15,000</b>	\$9.90	\$11.85	\$17.55	\$26.85	\$39.15	\$88.20
*Smoker or Non-smoker rates						



## Whole Life + LTC

	\$10,000	\$20,000	\$30,000	\$50,000	\$70,000	\$100,000
Age 18-25	\$6.01	\$12.02	\$18.02	\$30.04	\$42.06	\$60.08
Age 26-30	\$7.52	\$15.03	\$22.55	\$37.59	\$52.62	\$75.17
Age 31-35	\$9.57	\$19.13	\$28.70	\$47.84	\$66.97	\$95.67
Age 36-40	\$12.49	\$24.98	\$37.48	\$62.46	\$87.44	\$124.92
Age 41-45	\$16.38	\$32.77	\$49.15	\$81.92	\$114.68	\$163.83
Age 46-50	\$21.90	\$43.80	\$65.70	\$109.50	\$153.30	\$219.00
Age 51-55	\$30.12	\$60.23	\$90.35	\$150.59	\$210.82	\$301.17
Age 56-60	\$42.63	\$85.27	\$127.90	\$213.17	\$298.43	\$426.33
Age 61-65	\$60.56	\$121.12	\$181.67	\$302.79	\$423.91	\$605.58
Child(ren)	\$10,000 Children's Term Rider: \$4.55 monthly (covers all children)					

\*Monthly (LTC) Long-Term Care Benefit pays up to 25 months and does not reduce the life insurance amount.

### Save on Your Medical, Dental & Vision Costs

Take advantage of the tax-free accounts that accompany our medical plans to save money on your medical, dental, and vision expenses. PPO plan participants are eligible for the Health Reimbursement Arrangement (HRA) which helps you pay your deductible. HDHP participants are eligible for a Health Savings Account to put away tax-free money to pay for eligible expenses. You may also be eligible for a Flexible Spending Account. Learn more on pages 16 - 18 of this guide.



# Medical Benefits

University employees have the choice between two plans offered through Blue Cross Blue Shield of North Carolina: a PPO plan with a Health Reimbursement Arrangement (HRA) and a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

With the PPO plan, you pay a copay for office visits and other covered services are paid by the plan coinsurance once you have reached your deductible.

Through the Health Reimbursement Arrangement (HRA), you pay the first \$500 of your deductible then the University will reimburse the next \$1,500 of the employee's in-network deductible. The employee is responsible for the remaining \$1,500.

With the HDHP, you are able to add pre-tax dollars to an HSA to pay for your deductible and other out-of-pocket healthcare costs in addition to an annual \$500\* University contribution. Once you satisfy your deductible, the plan pays a percentage for in-network office visits and other covered services.

Both plans offer preventive care at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage when needed. Although out-of-network coverage is available, using network providers will save you money. Find network providers at [blueconnectnc.com](https://blueconnectnc.com).

## Teladoc Virtual Care

Teladoc provides access to a U.S. board-certified doctor by phone, web or mobile app 24/7. Get prescriptions when medically necessary, and confirm or adjust diagnosis and treatment for an existing condition. Set up your account to day by visiting [teladoc.com](https://teladoc.com) or download the mobile app.

*\*If you enroll at a date later than January 1st your contribution amount will be pro-rated.*





# Prescription Drug Benefits

To help control drug costs Methodist University has chosen the NetResults performance formulary for your prescription drug coverage administered through Prime Therapeutics® (Prime). NetResults helps manage rising drug costs by replacing high-cost drugs with their low-cost alternatives. The NetResults drug list includes nearly all of the most-used generic drugs and 90% of the most-used brand-name drugs.\*



NetResults benefits are tiered meaning the amount you pay may vary. Tier 1 drugs are typically the lowest cost option. If you have a medicine in a higher tier, or not on the list, talk with your doctor to see if there is an alternative. For added savings, the NetResults formulary is paired with the Broad Plus (RX E3) network of pharmacies. Refer to your member ID card or confirm your network with your Benefits Administrator.

## Are my drugs and pharmacy covered?

Your plan and formulary type are printed on the front of your member ID card. Look for the Rx symbol and a letter/number combination on the bottom right. This will indicate the NetResults formulary with either the Broad Plus or Limited National network. Here's how to see if your drug and pharmacy are available:

- **Step 1:** Visit [bluecrossnc.com/find-a-drug-or-pharmacy](https://bluecrossnc.com/find-a-drug-or-pharmacy) and select Employer & Employee Plans.
- **Step 2:** From the Choose a Plan menu, select the NetResults option that corresponds to the Rx letter code on your member ID card.
- **Step 3:** Select See Drug Coverage to be directed to Prime's webpage where you can search for your drug. To search for your pharmacy, select Find a Pharmacy and enter your address.

If you do not have an ID card, contact your Benefits Administrator to get your Rx letter code. There are few exceptions where brand-name drugs are covered and even preferred due to negotiated pricing.

*\*Estimate was derived from a 2016 internal Blue Cross and Blue Shield of North Carolina (Blue Cross NC) pharmacy department analysis.*



ImpaxRX



METHODIST  
UNIVERSITY

## We want to help you determine if you can get your high-cost medications for NO COST!

Methodist University has asked the **ImpaxRx Medication Under Management™** program to help you do that.

If you or other family members have been prescribed and taking any of the High-Cost medications that ImpaxRx has programs for, an ImpaxRx Prescription Advocate will be reaching out to you directly to **determine if you will qualify to receive your high-cost medication at NO COST to you.**

A few examples of high-cost drugs are Enbrel, Harvoni, Stelara.

Timely participation with ImpaxRx is required to receive these prescribed high-cost medications without interruption. If you are contacted by ImpaxRx, **please do not hesitate to work with the Prescription Advocate to help you determine if your high-cost drug is available at no cost to you.**

**If you have questions,  
please contact ImpaxRX  
at 844-467-2979, option 1.**



# Medical Plan Comparison

	Open Access Plus PPO Plan		HDHP + HSA	
Plan Services	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Plan Year Deductible	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family	\$2,500 Individual \$5,000 Family (\$5,000 per member)	\$5,000 Individual \$10,000 Family (\$10,000 per member)
Out-of-Pocket Maximum	\$5,500 Individual \$11,000 Family	\$11,000 Individual \$22,000 Family	\$5,000 Individual \$10,000 Family (\$7,000 per member)	\$10,000 Individual \$20,000 Family (\$13,100 per member)
Preventive Visit	Covered in full	State mandates only	Covered in full	30% after deductible
Primary Care Visit	\$25 copay	60% after deductible	20% after deductible	50% after deductible
Specialist Visit	\$50 copay	60% after deductible	20% after deductible	50% after deductible
Urgent Care Visit	\$50 copay	\$50 copay	20% after deductible	50% after deductible
Emergency Room	\$300 copay	\$300 copay	20% after deductible	20% after deductible
Inpatient Hospital	30% after deductible	60% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	60% after deductible	20% after deductible	50% after deductible
Chiropractic	\$50 copay	60% after deductible	20% after deductible	50% after deductible
Vision Care				
Routine Eye Exam	Covered in full	Not covered	Covered in full	30% after deductible
Lenses & Frames <sup>1</sup>	\$130 reimbursement then 90%		\$130 reimbursement then 90% after deductible	
Prescription Drugs <sup>2</sup>				
Rx Deductible	None		Combined with medical	
Preventive OTC & Contraception	Covered in full	Additional charges apply	Covered in full	Additional charges apply
Retail Rx 30-day supply » Tier 1 » Tier 2 » Tier 3 » Tier 4 » Tier 5	\$10 copay \$25 copay \$50 copay \$90 copay 25%, \$50-\$200 max		20% after deductible	

<sup>1</sup> Does not apply to the out-of-pocket maximum.

<sup>2</sup> Prior plan approval, step therapy and quantity limits may apply.

Dependents covered to age 26. Refer to the plan documents for the full description. This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.

## Remember! If you enroll in....

- **HDHP/HSA - the University contributes \$500 to your HSA bank account at a financial institution of your choosing. The amount will be prorated depending on your effective date and the date you provide your banking information to HR.**
  - **PPO - the University provides deductible reimbursement in the form of the HRA**
- See more details on the pages that follow.**



# Health Reimbursement Arrangement

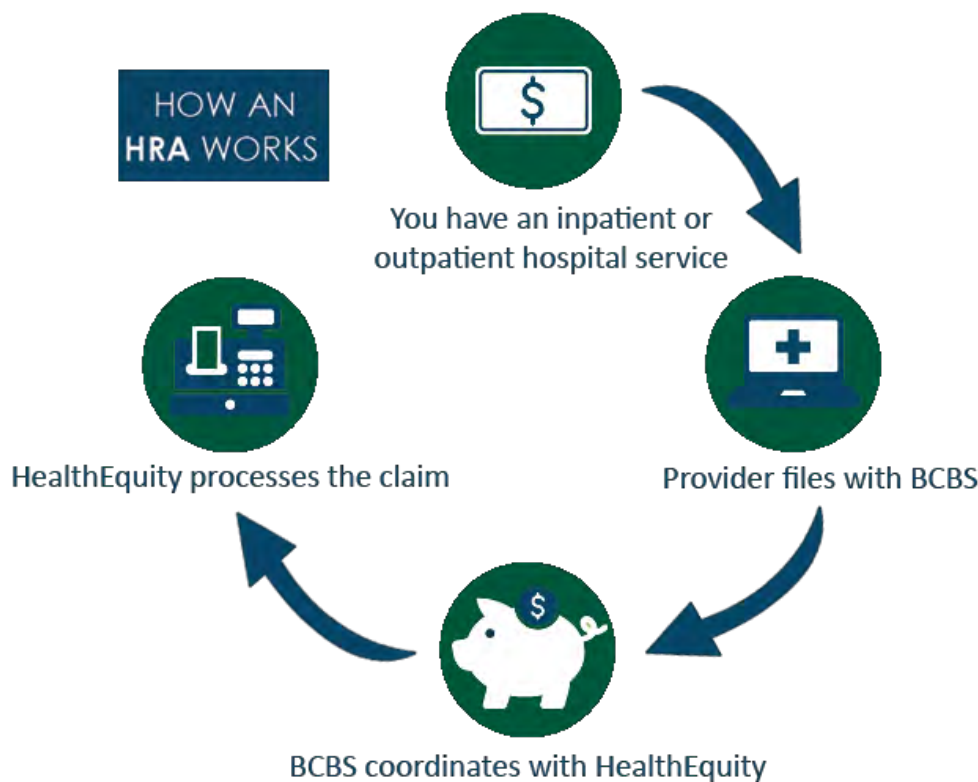
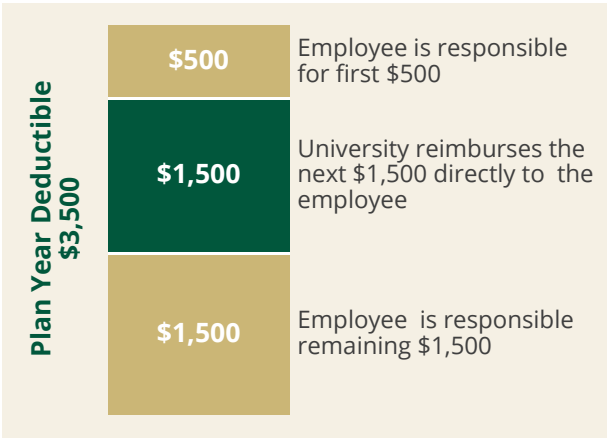
All employees who elect coverage under the PPO medical plan are automatically enrolled in the Health Reimbursement Arrangement (HRA).

Methodist University contributes \$1,500 annually towards your \$3,500 plan year, in-network deductible. You are responsible for the first \$500 of your deductible then the University reimburses the next \$1,500 through the HRA. You are then responsible for the remaining \$1,500.

The plan reimburses for in-network, employee only eligible deductible expenses. Some providers require the deductible to be paid upfront before the procedure is performed and this would be the employee's responsibility. Any deductible claim(s) eligible for reimbursement will be processed and funds will be sent directly to the employee.

Sign up for direct deposit on [healthequity.com](https://healthequity.com) to receive reimbursement quicker. Once the deductible is met, the health plan coinsurance will be applicable for all future medical expenses.

**For Employees Enrolled in the PPO Plan Only**



# Health Savings Account

**For Employees  
Enrolled in the  
HDHP Only**

When you elect to enroll in the High Deductible Health Plan (HDHP), you are eligible to open a Health Savings Account (HSA). You are the owner of this bank account, and unlike a traditional Flexible Spending Account, your funds can roll over from year-to-year and build over time. You have the opportunity to have pre-tax dollars deducted from your paycheck and deposited into this account. In addition, Methodist University will contribute \$500\* annually to coincide with January payroll.

You must also meet the following criteria to participate in an HSA:

- You must not be covered by any other health plan other than another HDHP (with limited exceptions)
- You must not be eligible to be claimed as a dependent on another person's tax return
- You are not enrolled in Medicare

## Contribution Limits

The 2025 IRS annual maximum contribution into your account between you and Methodist University:

- Single coverage : \$4,300
- Family coverage: \$8,550

Persons age 55 to 64 may set aside an additional \$1,000 in catch-up contributions each year. These amounts are subject to change in 2025.

*\*Amount will be pro-rated for new hires and late enrollees based on the number of months enrolled in the HDHP medical plan and providing HSA banking information to HR.*

## HSA Advantages

- Unused funds carry over from year to year and can build over time.
- HSAs are portable; if you leave Methodist University you can take the account and all funds in it with you.
- Pre-tax savings – never pay federal government taxes on your HSA funds as long as you spend the money on eligible IRS 213(d) health care expenses (medical, dental, vision).
- You have complete control over how and when funds are used.
- Balances over a certain amount may have investment opportunities.
- Funds remaining in your account after you reach the age of 65 can be used for non-medical expenses with ordinary taxes paid, similar to a 401(k).

# Flexible Spending Accounts

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for either health care or dependent day care expenses. Because the amount you elect is taken on a pre-tax basis, you have the opportunity to save up to an estimated 25% of your out-of-pocket expenses.

## Health Care FSA

Based on your estimated amount of medical out-of-pocket expenses, the annual amount you elect is evenly deducted out of each paycheck throughout the year. Once you have elected your FSA amount, you may not change it without a qualifying Life Event. You may rollover up to \$660 in unused funds into the next year.

*NOTE:* Employees enrolled in an HDHP + HSA may participate in a Limited-purpose FSA which allows you to use FSA funds for dental and vision expenses only.

**The Health Care FSA annual contribution limit is \$3,300 per household.**

## Dependent Care FSA

A Dependent Care FSA is available to employees who have a dependent child or parent for which they pay expenses such as day care, preschool, or after school care. Funds in the Dependent Care FSA are not to be used for medical care. Unused dependent care funds will be forfeited. It is advised that you seek advice from your tax preparer.

**The Dependent Care FSA annual contribution limit is \$5,000 (\$2,500 if married filing separately).**

### FSA Reminders

You must re-enroll each year if you wish to continue funding the account(s).

- “Use it or lose it” - unused health care amounts over \$640 or any unused dependent care funds will be forfeited, so estimate wisely.
- You cannot mix funds from one account to another. You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care (day care) expenses.
- Save your receipts. No matter how you access your FSA funds, be sure to keep your receipts to validate your reimbursements.
- You can incur expenses only during the plan year you are enrolled.
- Your entire Health Care FSA balance – even money you have not yet contributed – is available as of January 1. Dependent care funds are only available as you contribute to them through payroll deductions.
- Employees enrolled in an HDHP + HSA may use FSA funds for dental and vision expenses only.

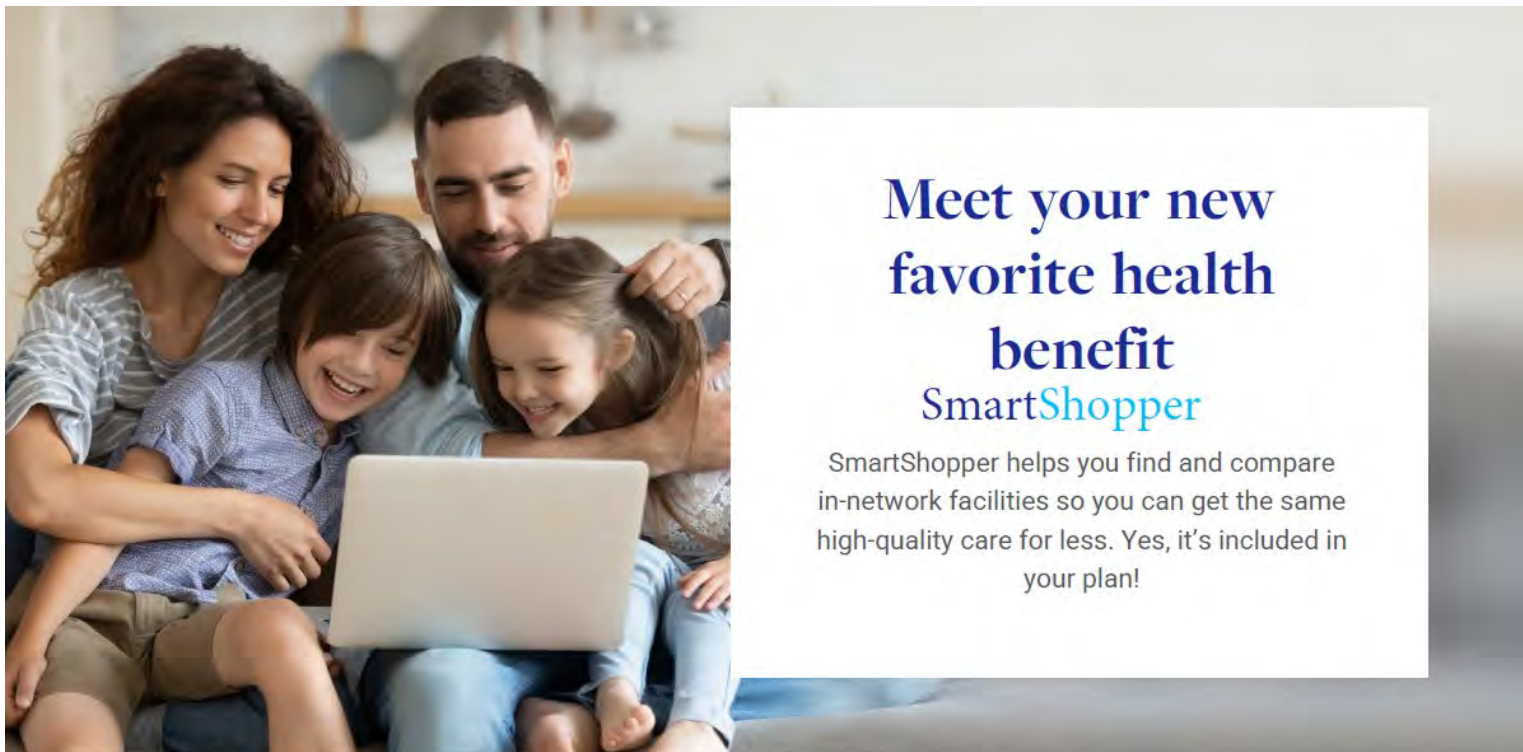


# Medical Plan Tools & Services

Stay on top of your health care with helpful member resources.

- **BlueConnect:** Access BlueConnect from any mobile device at [blueconnectnc.com](https://blueconnectnc.com) or download the mobile app for tools and information about your health plan.
- **Healthline Blue:** Get phone support from BCBS nurses 24/7 at 877-477-2424.
- **Blue365:** Find exclusive member discounts from top retailers with Blue365. Visit [bcbsnc.com/blue365](https://bcbsnc.com/blue365).
- **Healthy Outcomes Wellness Program:** Access health and wellness resources that address a wide range of health needs. Visit [blueconnectnc.com](https://blueconnectnc.com) and click on Wellness.
- **HealthNav:** Find the right doctor or health care facility, read patient reviews and get cost estimates for care with HealthNAV at [blueconnectnc.com](https://blueconnectnc.com).
- **Blue Distinction Centers:** Visit [blueconnectnc.com](https://blueconnectnc.com), click on HealthNAV and select Find a Doctor, Facility or Medical Costs. Narrow your results by clicking Blue Distinction Recognition under Refine your search.
- **Blue Card Program:** Find in-network care away from home at on HealthNAV at [blueconnectnc.com](https://blueconnectnc.com). Select Find a Doctor, Facility or Medical Costs, or call 800-810-BLUE (2583).
- **Nurse Support:** Our registered nurses can help you understand benefits and recommend programs to meet your specific needs. Visit [bcbsnc.com/advocate](https://bcbsnc.com/advocate). If you need support for a complex condition, call 800-218-5295, press # and extension 55547.





## Save on out-of-pocket costs and earn cash rewards.

Believe it or not, the cost of medical care depends on where you go. When you use SmartShopper to shop for your next procedure, everyone saves - and you get rewarded!

### Here's how it works



**Compare prices and rewards by shopping online or calling the Personal Assistant Team at 1-877-702-6661.**



**Schedule your appointment or let the Personal Assistant Team do it for you.**



**Earn your cash reward by having your appointment within the year.**



Visit [BlueCrossNC.com/SmartShopper](https://BlueCrossNC.com/SmartShopper) or call the SmartShopper Personal Assistant Team at 1-877-702-6661. The Personal Assistant Team is available to help you shop, find a location, compare costs, confirm rewards and even schedule your appointment. Call today! **Go Green by going paperless! Contact us or scan this code to register your email today.**

The Personal Assistant Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.



**BlueCross BlueShield  
of North Carolina**

**SmartShopper®**

The SmartShopper program is offered by Sapphire Digital, an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aid to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.





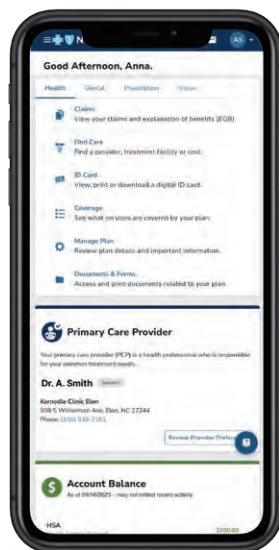
# GET TO KNOW BLUE CONNECT

## your personal health plan information in your hands

### The simplest way to manage your health care

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) understands the importance of having easy access to your health insurance plan information. That's why both [BlueConnectNC.com](https://www.BlueConnectNC.com) and the Blue Connect Mobile<sup>SM</sup> app provide members with the tools they need to manage their plan and make informed decisions about when and where to get care.

Whether you need to check your deductible, select an in-network primary care provider (PCP), or you're looking for tips on how to lead a healthier life, Blue Connect is a great place to start.



### You're in the driver's seat – the Blue Connect dashboard helps you take control

Learn more about your own health – from preventive care to getting and staying fit to managing illness – faster and easier than ever before.

### Available whenever and wherever you need it

Health questions, issues and concerns don't always happen when you're near your computer. Fortunately, you can use Blue Connect's mobile-friendly website at [BlueConnectNC.com](https://www.BlueConnectNC.com), or download the Blue Connect Mobile app to have 24/7 access to the information you need to answer specific questions or complete various transactions. Go to [BlueCrossNC.com/Mobile](https://www.BlueCrossNC.com/Mobile) for details, or search for Blue Connect on iTunes or Google Play.



Scan to register  
your account



Scan for the Blue Connect  
Mobile app



# BLUE CONNECT

## a better experience

### When you need answers now, Blue Connect makes finding them really simple

Blue Connect gives you quick access to check your claims, coverage and accumulated expenses.

### Blue Connect means less searching and fewer frustrations

When it's easy to find the right information about your health plan, making better decisions about your health is easier, too.

Blue Connect provides access to check on claims and accumulated expenses.

## FIND THE ACCOUNT

### information you need

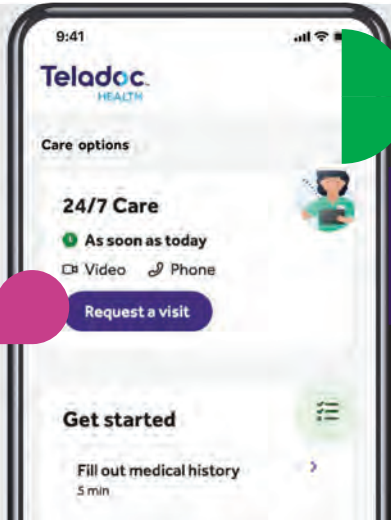
From your Blue Connect account, you can see your account details and perform important tasks with ease.

- Access and print a digital member ID card or request new member ID cards
- View all your Blue Cross NC plans (health, prescription, dental and vision) all in one place
- Check claim status, access digital Explanation of Benefits (EOB) and view accumulation toward deductibles and out-of-pocket limits
- Update your contact information and preferences
- Communicate securely with Customer Service via secure inbox or live chat



Sign up for paperless delivery and receive notifications when your important documents are available online. It's fast and secure.

# General Medical: What to know about this benefit



Did you know 60% of patients have to wait 2 weeks to see their primary physician and only 10% are able to get in to see their regular doctor the same day they need care?<sup>1</sup>

Our Teladoc Health benefit gives you access to compassionate care from U.S. board certified clinicians, anytime, anywhere. Providers are available in all 50 states and you can meet with them 24/7 by phone or video.

The average Emergency Room care costs 10 times more than an urgent care visit for the same diagnosis.<sup>2</sup>

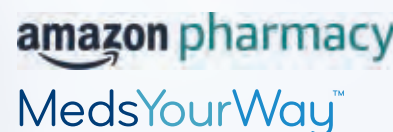
Teladoc Health can help you skip the trip to the ER or urgent care for non-emergency problems, avoid long wait times and save money since you can see a clinician within minutes by phone or video. Teladoc Health is here to listen, answer your questions and help you feel better faster.

- **What services does Teladoc Health provide?** Teladoc Health provides healthcare for the whole you and can help you with everyday, non-emergency health needs like prescription refills, coughs, colds, UTIs, sinus, allergies and much more. Teladoc Health helps you get healthy and live healthy.
- **How much does Teladoc Health cost?** Your out of pocket cost varies based on your plan. If you do have to pay, you will see your cost before you finish requesting your visit. You can pay with a credit card, prepaid debit card, HSA (health savings account), or by PayPal.
- **How do I sign up?** To sign up for Teladoc Health, scan the QR code below to download the app, call 1-800-835-2362, or visit the website. Visits can be by phone or video and there is no time limit on how long the visit is.
- **How does it work if I am traveling and not in the state I live in when I need help?** Teladoc Health is available in all 50 U.S. states, so the service can be used even if you are traveling. Some restrictions may apply.
- **Can Teladoc Health providers prescribe medicine?** Yes they can when it makes sense medically. But, Teladoc Health providers do not prescribe controlled substances, drugs like Viagra and Cialis, and/or other drugs that have a higher risk of abuse. If a prescription is not needed, the Teladoc Health provider may give you instructions for managing symptoms.

**Call 1-800-835-2362**

Visit [Teladoc.com](https://www.teladoc.com) | Download the app  





## A NEW WAY to save on medicine

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is now offering access to Amazon Pharmacy,\* which lets you easily order and quickly get non-specialty medicines<sup>1</sup> delivered at home.

Plus, you'll get access to MedsYourWay prescription drug discount card pricing. The prescription discount card<sup>2</sup> gives you up to 80% savings<sup>3</sup> on brand and generic medicines and is seamlessly built-in to the Amazon Pharmacy experience. You can get the lowest cost available on your prescription, all while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medicines<sup>4</sup> will count toward your Blue Cross NC out-of-pocket maximum.

### SHOP – Easy to use

Amazon Pharmacy is just like shopping on *Amazon.com*:

- Easy sign up, which includes the option to have your account auto-populate with your prescription history
- Option for 90+ day fills
- Pharmacist on call 24/7
- Ability to manage your medicine and order history

### SAVE – Built-in drug discount card

Some drugs may be available at lower prices with a discount card. MedsYourWay discount pricing is built right into the Amazon Pharmacy experience.

- At checkout, you'll see the lowest cost available for your prescription. That's the price you'll pay.
- MedsYourWay discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, will automatically count toward your annual out-of-pocket maximum.

### SHIP – Free home delivery

Skip the pharmacy line with home delivery.

- Free, fast delivery: Amazon Prime members get two-day free shipping on most orders; standard free shipping for non-Amazon Prime members is five days but can be expedited to two-day delivery for \$5.99
- Real-time package tracking from order to delivery

### Start saving today

Sign up and learn more at [www.amazon.com/bluecrossNC](http://www.amazon.com/bluecrossNC). Then click on the "Get Started" link.

For questions, call Amazon Pharmacy Customer Care at **855-963-4546**, Monday through Friday, 8 a.m. – 10 p.m. ET, and Saturday and Sunday, 10 a.m. – 8 p.m. ET.

- Open/tap the camera (app) on your smartphone.
- Point your camera over the QR code so it's clearly visible within your camera screen.
- A link will show up on your camera screen. Click on the link, and the Amazon Pharmacy Customer Care site will open.



Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

\* If your plan has a mandatory mail program, you must use that program for your mail-order prescriptions and you would not be eligible to use Amazon Pharmacy.

- 1 Amazon Pharmacy does not dispense Schedule 2 controlled substance drugs.
  - 2 MedsYourWay prescription drug discount card, administered by Inside Rx® LLC, is not insurance. You are responsible for the cost of prescription(s) when using the card. Limitations apply.
  - 3 Patients can save up to 80% on brand and generic medications with an average of 50% savings on brand-name diabetes medicines. Actual savings will vary. Source: [insiderx.com/help](http://insiderx.com/help). (Accessed February 2022)
  - 4 If your medicine has an unfulfilled requirement, the cost may not count towards your (accumulator) out-of-pocket maximum. Typical requirements include prior authorization (PA) needed, quantity limit exceeded or step therapy needed.
- Amazon Pharmacy is an independent company that is solely responsible for the services it provides and does not offer Blue Cross or Blue Shield products or services. MedsYourWay is a prescription drug discount card, administered by Inside Rx LLC. Inside Rx LLC is an independent company that is solely responsible for the services it provides and does not offer Blue Cross or Blue Shield products or services. MedsYourWay discount card pricing is built into the Amazon Pharmacy shopping experience. You are responsible for the cost of prescription(s) when using the MedsYourWay card. Limitations apply.

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# Dental Benefits

Methodist University offers voluntary dental coverage through Guardian. Regular dental cleanings and check-ups are extremely important to your overall health and you are encouraged to take advantage of your preventive dental benefits.

The Guardian plans offer a variety of benefits for those enrolled and features the freedom to choose any dentist; however, choosing an in-network provider will lower your out-of-pocket costs. You may find in-network Guardian dentists online at [www.guardiananytime.com](http://www.guardiananytime.com), or by calling 800-541-7846.



	Dental Base Plan		Dental Buy Up Plan	
Plan Services	In-network	Out-of-network	In-network	Out-of-network
<b>Plan Year Deductible</b>	None	\$50 Individual \$150 Family	None	\$50 Individual \$150 Family
<b>Annual Maximum</b>	\$1,000 per member		\$2,000 per member	
<b>Preventive Services with Preventive Advantage</b> Oral evaluations & Cleanings, X-rays, Fluoride (children under 19), Sealants, Space Maintainers	Covered in full	Covered in full	Covered in full	Covered in full
<b>Basic Services</b> Fillings, Simple Extractions, Periodontal Maintenance (2 per calendar year), Periodontal Services, Root Canal, General Anesthesia	Covered in full	20% after deductible	Covered in full	20% after deductible
<b>Major Services</b> Complex Extractions, Dentures and Bridges, Inlays, Onlays, Crowns, Veneers, Implants	Not covered	Not covered	40% after deductible	50% after deductible
<b>Orthodontia</b> <i>Lifetime Maximum</i>	Not covered	Not covered	50% of charges to \$1,500	50% of charges to \$1,500
<b>Waiting Periods</b>				
<b>Major Services</b>	N/A		None	
<b>Orthodontia</b>	N/A		N/A	
<b>Percentile of UCR</b>	Negotiated fee	90th UCR	Negotiated fee	90th UCR

*Dependents covered to age 26. Refer to the plan documents for specific time frames for each benefit. This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.*

# Vision Benefits

Vision coverage is offered through Guardian. Your routine vision exams, eyeglasses or contact lenses are available through the VSP national network of vision care providers. In addition to the benefits outlined below, you have access to discounts on lens options and laser vision correction. To find an in-network provider, view your coverage, find discounts and promotions, and more, go to [vsp.com](https://vsp.com) or call 800-877-7195.

Plan Services	Vision Plan	
	In-network	Out-of-network reimbursement
<b>WellVision Exam</b>	\$10 copay	Up to \$39
<b>Routine Retinal Screening</b>	Up to \$39	Not covered
<b>Materials Copay</b>	\$25 copay	N/A
<b>Frames</b>	\$130 allowance + 20% off balance (\$70 at Costco, Walmart, Sam's Club)	Up to \$46
<b>Standard Lenses</b> » Single lined » Bifocal lined » Trifocal » Lenticular	Covered in full after materials copay	Up to \$23 Up to \$37 Up to \$49 Up to \$64
<b>Contacts</b> » Fitting » Elective » Medically necessary	Included in the Contact Lens allowance \$130 allowance Covered in full after materials copay	N/A Up to \$100 Up to \$210
<b>Frequency of Services</b>		
<b>Exam</b>	Every 12 months	
<b>Lenses</b>	Every 12 months (contacts OR eyeglass lenses)	
<b>Frames</b>	Every 12 months	

*Dependents covered to age 26. Guardian vision benefits are available upon your effective date. Future year benefits are based on date of service and are available 12 months from last date of service.*

## Using Your Vision Plan

- Review your plan information.
- Choose a VSP doctor online or call the toll-free number.
- Make an appointment and let the office know you are a VSP member.
- Your doctor will take care of the rest.



# Life and AD&D Insurance

## Employer-paid Basic Life and AD&D

The University provides each employee with Basic Life and AD&D insurance through Guardian, and pays for the full cost of coverage. Employees receive 1.5x their salary to a maximum of \$250,000 in coverage.

## Voluntary Life Insurance

Methodist University employees have the option to supplement their life insurance by purchasing additional amounts of coverage through Guardian. In addition, life insurance may be purchased to cover a spouse and/or child(ren) after electing coverage for yourself.



	Employee	Spouse	Child(ren)
Increments	\$10,000	\$5,000	Birth-14 days: \$1,000 14 days-26 years: \$5,000 or \$10,000
Guarantee Issue	\$200,000	\$50,000	\$10,000
Maximum Benefit	\$500,000	Not to exceed 100% of employee amount to \$50,000	\$10,000
Reduction Schedule	Benefits reduce to 50% at your age 70. Terminates at employee's retirement. Spousal insurance reduces according to spouse's age.		

### Guarantee Issue

The Guarantee Issue (GI) amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. If you elect an amount above the GI limit or wish to increase your benefit amount at a future date, the coverage amount over the GI level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. For full details, refer to the Certificate of Coverage.



# Disability Insurance

Whether you are disabled and unable to work due to an accident or illness, Methodist University offers Short and Long-Term Disability benefits options through Guardian. Disability is insurance for your paycheck should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your salary once you satisfy the waiting period. Refer to the Plan Description for details regarding pre-existing conditions and other exclusions.

## Voluntary Short-Term Disability

Methodist University provides the option to purchase Short Term disability benefits through Guardian. The max benefit has been increased to \$2,500. You may set up premiums to be deducted either pre- or post-tax.

## Employer-paid Long-Term Disability

Methodist University provides eligible employees with Long-Term Disability through Guardian at no cost to you. Beginning with this benefit year, you are eligible for this coverage at the same time you are eligible for the rest of your benefits. The max benefit has been increased to \$12,500.

	Voluntary Short-Term Disability	Employer-Paid Long-Term Disability
Elimination Period	Accident/Illness: 14 days	180 days
Benefit Amount	60% of pre-tax weekly earnings	60% of pre-tax monthly earnings
Benefit Duration	Up to 24 weeks	Social Security Normal Retirement Age
Maximum Benefit	Up to \$2,500/week	Up to \$12,500/month
Pre-Existing Condition Exclusion	3 months prior / 12 months excluded	3 months prior / 12 months excluded





# Supplemental Insurance

Methodist University offers employees the option to purchase supplemental benefits including Hospital Indemnity, Accident, Cancer, and Critical Illness provided through Guardian. In addition, you have the option to cover your spouse and child(ren) after electing coverage for yourself. The premiums for elected benefits are deducted from your paycheck.

## Hospital Indemnity

A Guardian Hospital Indemnity plan can help offset the costs incurred from a hospital stay. Hospital indemnity plans cover inpatient hospital, intensive care unit (ICU), and critical care unit (CCU) admissions and stays. The plan pays cash benefits directly to you at a predetermined amount depending on the plan you select, and also includes a **\$50 Wellness Screening benefit per insured member per year.**

## Accident

Most major medical insurance plans only pay a portion of the bills. Guardian can help pick up where other insurance leaves off and provide cash to help cover the expenses. Guardian pays you cash benefits that correspond with specific injuries, admissions, emergency treatments, and many more. Your plan also includes an accidental death and dismemberment coverage. The cash benefits can be used to help pay for deductibles, treatment, rent, and more. **The plan also includes a \$100 Wellness Screening benefit per insured member per year.**

## Cancer

Guardian Cancer plans pay you cash benefits to help with the costs associated with treatments, to pay for daily living expenses—and more importantly—to empower you to seek the care you need. Our Cancer insurance pays cash benefits for a variety of ways your cancer is treated. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) or Flexible Spending Account (FSA) for cancer or specified disease treatments and expenses. **The plan includes a \$75 Cancer Screening benefit once per year.**

## Critical Illness

Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. Guardian Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition. **The plan includes a \$75 Annual Wellness Screening benefit once per year per insured member.**



## Register on Guardian Anytime today

Take advantage of self-service to access and manage your Guardian coverage

In response to the coronavirus, Guardian is working to minimize service disruption that could include longer wait times and delays. In addition, the explanation of benefits (EOB) on dental claims will now be delivered electronically using Guardian Anytime.

Now more than ever, our self-service options will save you time and keep you informed. We urge you to register on Guardian Anytime today.

### Registering is easy

View this [how-to video](#) or follow these simple instructions.

- 1 Go to our [self-registration page](#) (guardianlife.com/login) and choose **Member** as your User Role.
  - Note, if you are registering as a dependent, you'll need the Member's Group ID Number(s) and Social Security Number.
- 2 Fill in your member information and Group ID Number(s) provided in this flyer. **If you don't see a Group ID Number, contact your HR Department or Plan Administrator (you'll need it to register).**
- 3 Create a username and password, click **Submit**, and you're done.

**Already registered?** [Log in](#) to your account anytime.

### Services available to you on Guardian Anytime

- Submit claims and track status (except for Life products) including receiving email alerts when dental claims are paid
- View EOB for all of your dental services
- View your summary of benefits
- Find dental cost estimates and educational information
- Check status of evidence of insurability
- Print dental ID card and access forms and materials related to your coverage

#### Your Guardian Group ID Number(s):

If more than one number is listed, enter all numbers when you register.

00071326

The Guardian Life Insurance  
Company of America  
New York, NY

[guardianlife.com](#)

The Guardian Life Insurance Company of America (Guardian), New York, NY GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®

## Group Whole Life with Long Term Care

Allstate Group Whole Life combines permanent life insurance with living benefits that can help with the high cost of long term care services. Living benefits can help pay for home healthcare, assisted living, nursing home, and adult day care services. The plan also accumulates a cash value over time with can be accessed in the future to cover annual premiums, take a policy loan, or withdraw.

### Whole Life + LTC

	\$10,000	\$20,000	\$30,000	\$50,000	\$70,000	\$100,000
<b>Age 18-25</b>	\$6.01	\$12.02	\$18.02	\$30.04	\$42.06	\$60.08
<b>Age 26-30</b>	\$7.52	\$15.03	\$22.55	\$37.59	\$52.62	\$75.17
<b>Age 31-35</b>	\$9.57	\$19.13	\$28.70	\$47.84	\$66.97	\$95.67
<b>Age 36-40</b>	\$12.49	\$24.98	\$37.48	\$62.46	\$87.44	\$124.92
<b>Age 41-45</b>	\$16.38	\$32.77	\$49.15	\$81.92	\$114.68	\$163.83
<b>Age 46-50</b>	\$21.90	\$43.80	\$65.70	\$109.50	\$153.30	\$219.00
<b>Age 51-55</b>	\$30.12	\$60.23	\$90.35	\$150.59	\$210.82	\$301.17
<b>Age 56-60</b>	\$42.63	\$85.27	\$127.90	\$213.17	\$298.43	\$426.33
<b>Age 61-65</b>	\$60.56	\$121.12	\$181.67	\$302.79	\$423.91	\$605.58
<b>Child(ren)</b>	\$10,000 Children's Term Rider: \$4.55 monthly (covers all children)					

\*Monthly (LTC) Long-Term Care Benefit pays up to 25 months and does not reduce the life insurance amount.



# Where to Go for Care

The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care. In addition to clinical settings, you have access to virtual visits through Teladoc.



## 24/7 Nurseline

If an unexpected medical situation arises, a nurse can help you decide if you should call your doctor, visit the ER or urgent care, or treat the problem yourself. A nurse can also let you know if you can wait to see the doctor the next day.



## Doctor's Office

Your primary care physician (PCP) should be your first choice for non-emergency care and ongoing health conditions. Your PCP knows your medical history and can help manage chronic conditions and recommend specialists or other medical care.



## Virtual Visit

If your doctor isn't available, you are out of town, or you need care after hours for a simple condition try an virtual visit. Go online or access the app to make an appointment with a physician anytime, 24/7 wherever you are.



## Urgent Care and Retail Clinics

If your doctor isn't available, or you need care after hours for a non life threatening issue, visit an urgent care or retail health clinic for simple conditions such as a cold or the flu. Urgent care centers can provide a greater range of care including x-rays.



## Emergency Room

Only visit the ER for serious, life threatening medical care. If you feel you are dealing with a health emergency, call 911 or go to the ER right away. Do not visit for routine care or minor ailments.



# Terms to Know

**Deductible** - Amount an employee pays out of pocket prior to the insurance company paying a percentage of the provider charges.

**Coinsurance** - The amount of payment split between the employee and the insurance company. Example: Insurance company pays 80% and employee pays 20% of the charges after the deductible is met.

**Out-of-Pocket Maximum** - The maximum an employee is responsible for paying out of pocket in any one calendar year prior to the insurance company paying the entire eligible amount for the remaining of the calendar year.

**Network Providers** - Doctors, Hospitals and other healthcare providers who have an agreement/contract with insurance companies agreeing to charge a discounted amount for services they render.

**Pre-Authorization** - Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

**Pre-Determination** - If you are having a major procedure done, your doctor or dentist can submit a pre-determination to the insurance company so you can know in advance of treatment how much of the bill you will be responsible for.

**Explanation of Benefits (EOB)** - The EOB is mailed to the employee after a claim is received and processed by the insurance company. The EOB will describe how the claim was processed and outline what portion of the charges are applied to the deductible, what portion the employee is responsible for, and explain if there is a denial or error processing the claim.

**Appeal** - If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

**Guaranteed Issue** - The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

**Evidence of Insurability (EOI)** - The form containing medical questions that are required to be answered if you decide to elect voluntary life insurance after you have previously declined coverage, or if you decide to increase your current coverage. This may also be needed if you decide to add disability coverage after you have previously declined.

# Contacts & Resources

Find more details about the benefits offered to you by contacting your insurance carrier or logging in to Benefitfirst. Register on the insurance carrier websites to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play™ or the App Store® to access your benefits information anytime, anywhere from your mobile device.

If you have questions about or need assistance with enrolling, you may contact Human Resources or our partners at McGriff.

## Methodist University Human Resources

**Debbie Yeats**  
Chief Human Resources Officer  
[dyeatts@methodist.edu](mailto:dyeatts@methodist.edu)  
910-630-7385

**Kathy Allan**  
Benefits Specialist  
[kallan@methodist.edu](mailto:kallan@methodist.edu)  
910-651-1552

## McGriff Benefits Team

**Jeff Patten**  
Senior Account Executive  
[jpatten@mcgriff.com](mailto:jpatten@mcgriff.com)  
336-547-2020

**Jenny Dickerson**  
Senior Account Manager  
[Jenny.dickerson@mcgriff.com](mailto:Jenny.dickerson@mcgriff.com)  
919-281-4560

Benefit	Website/Email	Phone
<b>Medical</b> - Blue Cross Blue Shield of NC Group #14164377	<a href="http://bcbsnc.com">bcbsnc.com</a>	877-258-3334
<b>Virtual Visits</b> - Teladoc	<a href="http://teladoc.com">teladoc.com</a>	800-835-2362
<b>Dental</b> - Guardian Group #71326	<a href="http://guardiananytime.com">guardiananytime.com</a>	800-541-7846
<b>Vision</b> - Guardian/VSP Group #71326	<a href="http://vsp.com">vsp.com</a>	800-877-7195
<b>Life &amp; Disability</b> - Guardian Group #71326	<a href="http://guardiananytime.com">guardiananytime.com</a>	800-482-7342
<b>FSA</b> - Health Equity	<a href="http://healthequity.com">healthequity.com</a> <a href="mailto:memberservices@healthequity.com">memberservices@healthequity.com</a>	877-694-3938
<b>Supplemental Benefits</b> - Guardian Group #71326	<a href="http://guardiananytime.com">guardiananytime.com</a>	800-541-7846
<b>Whole Life/LTC</b> - Allstate Group #58167	<a href="http://allstatebenefits.com">allstatebenefits.com</a>	800-521-3535
<b>Retirement 403(b) Plan</b> - TIAA	<a href="http://tiaa.org">tiaa.org</a>	800-842-2252
<b>Employee Assistance Program</b> - Cape Fear Valley Health/CareLink	<a href="http://capefearvalley.com/carelink">capefearvalley.com/carelink</a>	910-615-5465
<b>Social Security Administration</b>	<a href="http://secure.ssa.gov">secure.ssa.gov</a>	800-772-1213

# Important Notices

A printed copy of the full versions of the below notices along with the plan summaries can be obtained from Human Resources or by logging in to Benefitfirst.

## **HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES**

HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

## **HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS**

This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

## **COBRA – FIRST NOTICE OF COBRA RIGHTS**

This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

## **PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

## **MEDICAL PRE-TAX PREMIUMS PLAN**

Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

## **CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)**

This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)**

Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

## **HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE**

Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

## **WELLNESS PROGRAM DISCLOSURE**

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medically inadvisable for you to attempt to achieve the standard for reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

## **YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS**

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.





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

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