



2026

BENEFITS OVERVIEW



**METHODIST**  
**UNIVERSITY**

# Welcome to Your Benefits

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We appreciate all the invaluable contributions made by our employees, and we recognize that our success is dependent on our people. That's why Methodist University offers a comprehensive benefits program to meet all your needs. Review this guide to learn about all the benefits you are offered and determine which benefits are best for you and your family. You will find many resources outlined in this guide available during enrollment and throughout the year to help you make the most of your benefits plans and answer your questions.

The health care 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. You may also enroll or change your benefits during the annual Open Enrollment period.

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 except for your Flexible Spending Account (FSA). You must re-enroll in your FSA every year.



# How To Enroll

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 2026 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.



# Eligibility and Enrollment

## Who Can Enroll

All regular 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 30 days of employment. You may also enroll for a January 1st effective date during annual Open Enrollment.

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

- Your legal spouse
- Your natural, adopted, or stepchildren living with you, or children whom you have legal guardianship, up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

## When You Can Enroll

It's 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 and could affect scheduled doctor appointments and prescription refills.

You can enroll in benefits during the following times:

- Your initial new hire eligibility period
- The annual Open Enrollment period for a January 1st effective date

## Making Changes to Your Benefits

Outside of your initial new hire or the Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your 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 coverage
- Receipt of a Qualified Medical Child Support Order (QMCSO)

To see a complete list or to report an event, contact Human Resources. Documentation will be required.

## Termination of Coverage

Benefits coverage is terminated as follows:

- If you leave, coverage will terminate on the last day of your employment.
- When a covered dependent reaches age 26, their coverage will terminate on the last day of the month following their date of birth.



# Benefits at a Glance

| Benefit   | Coverage Available  |
|---|---|
| <b>Medical</b>  | Employees have the choice between three plans: a Base PPO with HRA, a Buy Up PPO with HRA, or a High-Deductible Health Plan (HDHP) with HSA through BCBS of 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 (Employee Only)</b> | For employees enrolled in either of the PPO medical plans, the employee will pay the first \$500 of the employee only in-network deductible charges and then the University will reimburse the next \$1,500. The employee is then responsible for the remaining deductible amount. The University reimburses \$1,500 in deductible regardless of which PPO plan is chosen. This reimbursement is provided for employees only; no dependent reimbursement is available.  |
| <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 the full cost of coverage. Employees receive 1.5x their annual salary to a \$250,000 maximum.  |
| <b>Voluntary Life/AD&amp;D</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 children 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 offers two options for employee contributions; an elective deferral (pre-tax) contribution or a Roth elective deferral (after-tax) contribution. As an additional retirement savings option, the university also provides a 457(b) plan to highly compensated employees. The university also provides an employer contribution for eligible employees; this is subject to change and is based on the financial status of the university. Please contact Human Resources for eligibility requirements and 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 Monthly Contributions

| BCBS – MEDICAL   |               |                   |                     |                   |
|------------------|---------------|-------------------|---------------------|-------------------|
|                  | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
| HDHP + HSA       | \$25.00       | \$420.00          | \$403.00            | \$920.00          |
| Base PPO + HRA   | \$145.00      | \$1,185.00        | \$725.00            | \$1,550.00        |
| Buy Up PPO + HRA | \$163.86      | \$1,407.40        | \$812.15            | \$1,835.73        |

\*New hires registering for Teladoc will qualify for Wellness rates, which reduces your medical premiums by \$10.00 for the remainder of the calendar year that you were enrolled for medical coverage.

| GUARDIAN – DENTAL AND VISION |               |                   |                     |                   |
|------------------------------|---------------|-------------------|---------------------|-------------------|
|                              | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
| 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           |

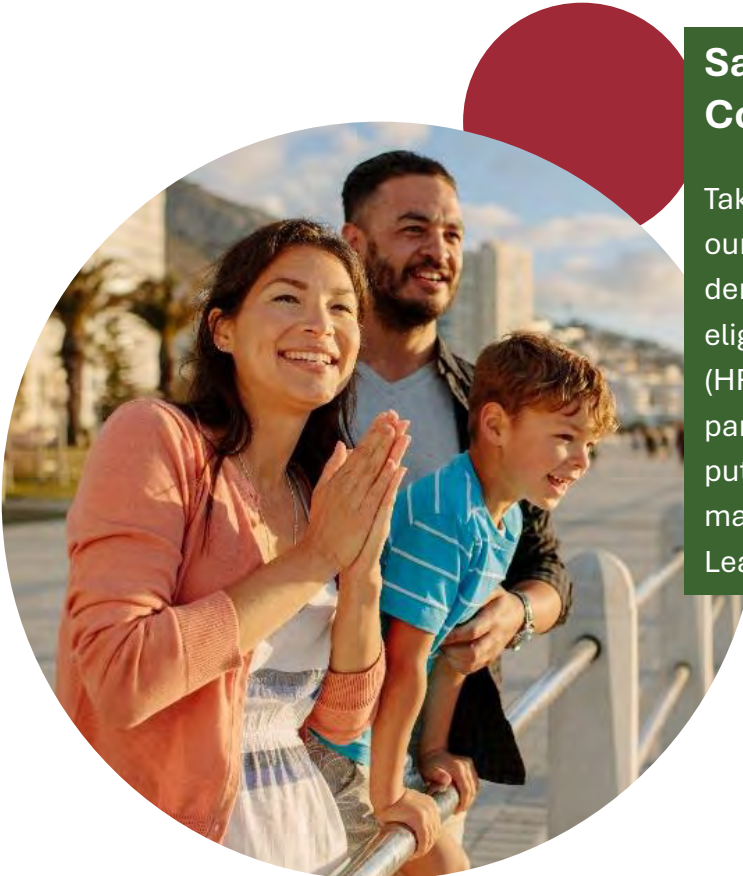
| GUARDIAN – SUPPLEMENTAL PLANS |               |                   |                     |                   |
|-------------------------------|---------------|-------------------|---------------------|-------------------|
|                               | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
| Accident                      | \$18.00       | \$24.00           | \$26.00             | \$32.00           |
| Hospital Low Plan             | \$15.00       | \$30.00           | \$25.00             | \$40.00           |
| Hospital High Plan            | \$28.00       | \$56.00           | \$45.00             | \$69.00           |
| Cancer Plan                   | \$25.00       | \$45.00           | \$30.00             | \$50.00           |

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

# Employee Monthly Contributions continued

| WHOLE LIFE + LTC |  |          |          |          |          |           |
|------------------|--|----------|----------|----------|----------|-----------|
| Employee         |  |          |          |          |          |           |
| Benefit Amounts  | \$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 11-12 of this guide.

# Medical and Prescription Benefits

This year, the University added a third medical plan option, a NEW Base PPO plan option, in addition to the two that have been offered in years before.

University employees now have the choice between three medical plans offered through BCBS: a NEW Base PPO Plan or Buy Up PPO Plan (with a Health Reimbursement Arrangement), or High-Deductible Health Plan (HDHP) that is compatible with a Health Savings Account (HSA).

With either of the PPO plans, 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, and the University will reimburse the next \$1,500 of the employee's in-network deductible. The employee is responsible for all the remaining deductible, regardless of which PPO plan is chosen.

HDHP participants are eligible to open a Health Savings Account to set aside pre-tax dollars to pay for their deductible and other out-of-pocket healthcare costs in addition to an annual \$500\* University contribution. See pages 11-12 for more information on tax-advantaged savings accounts that can help you save on healthcare expenses.

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



## Prescription Drugs

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, a mail-order program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line.

Check with your pharmacy to determine if any special programs are available. Discuss lower-cost alternatives with your physician and check the insurance company's website for a complete drug list at [blueconnectnc.com](http://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 today by visiting [Teladoc.com](http://Teladoc.com) or download the mobile app.*

\*If you enroll at a date later than January 1<sup>st</sup>, or provide your banking information after your effective date, your contribution amount will be pro-rated.

# Medical Plan Tools & Resources

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.
- **Nutrition Support:** Your plans include up to 30 preventive care visits a year with an in-network licensed dietitian at no cost to you. All family members covered under your health plan have access to these visits.
- **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. If you need support for a complex condition, call 800-218-5295, press # and extension 55547.



# Medical and Prescription Benefits

| In-Network   | HDHP + HSA<br>You pay:                                      | Base PPO Plan w/HRA<br>You pay:                | Buy-Up PPO Plan w/HRA<br>You pay:              |
|--|---|--|--|
| <b>Deductible</b> (first dollar cost for covered in-network services)                            |   |  |  |
| Individual / Family  | \$3,400 / \$6,800   | \$4,250 / \$8,500                              | \$3,500 / \$7,000                              |
| <b>Coinsurance</b> (after you reach your deductible)   |   |  |  |
| Employee Pays  | 20%   | 30%  | 30%  |
| <b>Out-of-Pocket Maximum</b> (includes deductibles, copays, prescription costs, and coinsurance) |   |  |  |
| Individual / Family  | \$6,400 / \$12,800  | \$8,500 / \$17,000                             | \$5,500 / \$11,000                             |
| <b>Plan Features</b>   |   |  |  |
| Preventive Care  | Covered in full   | Covered in full                                | Covered in full                                |
| Primary Care Visits  | 20% after deductible  | \$25 copay                                     | \$25 copay                                     |
| Specialist Visits  | 20% after deductible  | \$50 copay                                     | \$50 copay                                     |
| Urgent Care  | 20% after deductible  | \$50 copay                                     | \$50 copay                                     |
| Emergency Room   | 20% after deductible  | \$300 copay                                    | \$300 copay                                    |
| Inpatient Hospital   | 20% after deductible  | 30% after deductible                           | 30% after deductible                           |
| Outpatient Surgery   | 20% after deductible  | 30% after deductible                           | 30% after deductible                           |
| Labs and X-rays  | 20% after deductible  | 30% after deductible                           | 30% after deductible                           |
| Advanced Imaging   | 20% after deductible  | 30% after deductible                           | 30% after deductible                           |
| Chiropractic Visit   | 20% after deductible  | \$50 copay                                     | \$50 copay                                     |
| <b>Vision Care</b>   |   |  |  |
| Routine Eye Exam   | Covered in full   | Covered in full                                | Covered in full                                |
| Lenses and Frames  | \$130 reimbursement, then 90% after deductible              | \$130 reimbursement, then 90% after deductible | \$130 reimbursement, then 90% after deductible |
| <b>Prescription Benefits</b>   |   |  |  |
| Rx Deductible  | Combined with Medical                                       | None   | None   |
| <b>Network and Formulary</b>   | Net Results 5 Tier Commercial Formulary, Broad Plus Network |  |  |
| Tier 1   | 20% after deductible  | \$10 copay                                     | \$10 copay                                     |
| Tier 2   | 20% after deductible  | \$20 copay                                     | \$20 copay                                     |
| Tier 3   | 20% after deductible  | \$45 copay                                     | \$45 copay                                     |
| Tier 4   | 20% after deductible  | \$60 copay                                     | \$60 copay                                     |
| Tier 5   | 20% after deductible  | 25% up to \$100                                | 25% up to \$100                                |

In-network services are only shown above. Refer to the plan documents for the full plan description and out-of-network coverage details. This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.

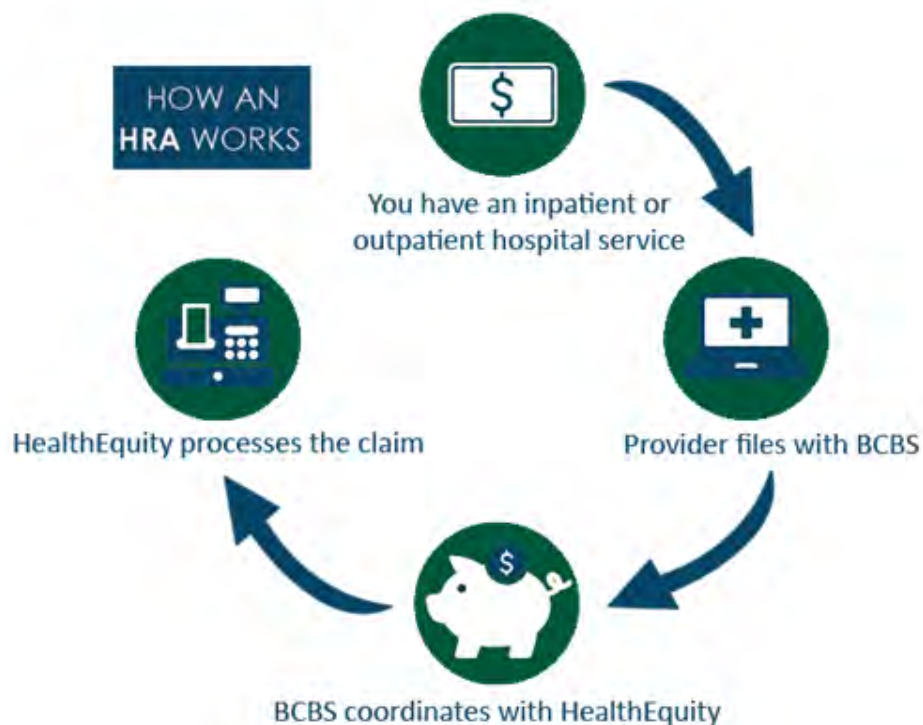
# Health Reimbursement Arrangement

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

Methodist University reimburses up to \$1,500 annually towards in-network deductible expenses that you may incur. Whether you choose the Base PPO or the Buy Up PPO, the HRA reimbursement amount is the same. 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 any remaining deductible amount (\$2,250 for the Base PPO, \$1,500 for the Buy Up PPO).

The HRA reimburses for in-network, employee only eligible deductible expenses. Some providers require the deductible to be paid up front 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 to the employee.

|  |                |  |
|--|----------------|--|
| <b>Plan Year Deductible:<br/>Base PPO \$4,250</b>  | <b>\$500</b>   | <b>Employee is responsible for first \$500</b>                         |
|  | <b>\$1,500</b> | <b>University reimburses the next \$1,500 directly to the employee</b> |
|  | <b>\$2,250</b> | <b>Employee is responsible for the remaining \$2,250</b>               |
| <b>Plan Year Deductible<br/>Buy Up PPO \$3,500</b> | <b>\$500</b>   | <b>Employee is responsible for first \$500</b>                         |
|  | <b>\$1,500</b> | <b>University reimburses the next \$1,500 directly to the employee</b> |
|  | <b>\$1,500</b> | <b>Employee is responsible for the remaining \$1,500</b>               |



# Health Savings Account

When you enroll in a High-Deductible Health Plan (HDHP), you are eligible to open a Health Savings Account at a bank of your choice. 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 can 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.

To participate, you must also meet the following requirements:

- Not be covered by any other non-HSA qualified health plan
- Not be enrolled in Medicare
- Not eligible to be claimed as a dependent on someone else's taxes
- Not enrolled in a Health Care FSA while actively contributing to an HSA

## Contribution Limits

**The 2026 IRS contribution limits are as follows:**

- **Single Coverage: \$4,400**
- **Family Coverage: \$8,750**

**These amounts include contributions made both by you and Methodist University.**

\*Amount will be prorated 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.

Eligible individuals aged 55 and older may contribute an additional \$1,000 annually. You have until the following year's tax filing deadline to contribute to the current plan year.

It is your responsibility to monitor the amounts deposited into your account not to exceed the maximum limit, keeping in mind that any funds contributed by the University also count towards the maximum amount.

## HSA Eligible Expenses

Use your HSA funds to pay for healthcare items such as copays, prescriptions, home care, medical supplies and equipment, and other out-of-pocket expenses your insurance may not cover. You may also use these funds for dental and vision expenses, counseling, chiropractic care, physical therapy, certain OTC medications, and more. Visit [irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502) to see a complete list of IRS-qualified expenses.



# Flexible Spending Accounts

With a Flexible Spending Account (FSA) through HealthEquity, 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 can 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 roll over \$680 in unused funds into the next year. **NOTE:** Employees enrolled in the HDHP + HSA plan 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 \$3,400 per household.***

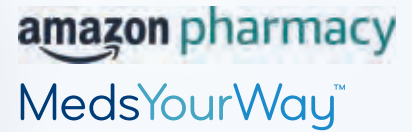
## Dependent Care FSA

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 \$7,500 per household (\$3,750 if married filing separately).***

### FSA Reminders

- **You must re-enroll each year** if you wish to continue funding the account(s). The minimum enrollment amount to have access to prior year carryover funds is **\$250**.
- “Use it or lose it” – unused health care amounts over \$680 and 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 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 a HDHP + HSA plan may use FSA funds for dental and vision expenses only.



# 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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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.**





# General Medical

24/7 access to doctors  
from anywhere



Talk to a U.S.-licensed doctor for non-emergency conditions 24/7 from anywhere you are for \$0. We treat:

- Bronchitis
- Flu
- Rashes
- Sinus infections
- Sore throats
- And more

### How it works:

- 1 Download the app, go online or call us to set up your account or log in
- 2 Complete or update a brief medical history
- 3 Request a visit and talk to a doctor within minutes



 [Teladoc.com](https://www.teladoc.com)

[Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

**Learn more**

[Teladoc.com](https://www.teladoc.com)

1-800-Teladoc



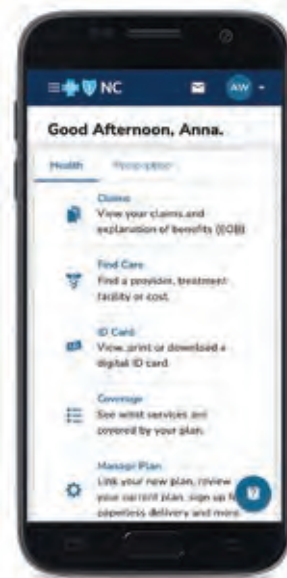
# GET TO KNOW BLUE CONNECT

## 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 [BlueCrossNC.com](http://BlueCrossNC.com) and the Blue Connect Mobile<sup>SM</sup> NC 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 [BlueCrossNC.com](http://BlueCrossNC.com), or download the Blue Connect Mobile NC app to have 24/7 access to the information you need to answer specific questions or complete various transactions. Go to [BlueCrossNC.com/Mobile](http://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 NC app



# MORE HEALTH & WELLNESS

## Blue Connect puts the focus on you

### Blue Connect brings you more great health and wellness tools

Blue Cross NC wellness tools and programs<sup>1</sup> support healthy living and may help you control a number of health conditions. Try one or more of these great programs to bring better health and well-being to your life:

- Build healthy habits and get rewarded for your efforts on our fun wellness portal.\* We've got something for everybody.
- **Blue365**<sup>®</sup> gives you special savings on health products and services, including gym memberships, laser eye surgery, eye care, healthy eating and family activities.<sup>2</sup>
- The **Nurse Support Program**<sup>3</sup> provides access to a team of experienced nurses and health care professionals who can answer health-related questions and help you navigate the health care system.\*
- Our **Tobacco Cessation**<sup>4</sup> program offers the support you need to quit tobacco.

Log in or register at [BlueCrossNC.com](https://www.BlueCrossNC.com). Then visit Wellness.

### Blue Connect – so much more than member services

Blue Connect goes well beyond member services, beyond giving you details about your health plan. It's a member self-service portal that puts the power of good health in your hands.

### Get Connected

Log in or register at [BlueCrossNC.com](https://www.BlueCrossNC.com).

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 que aparece en el reverso de su tarjeta del seguro para obtener ayuda.*

Blue Cross NC offers several decision support tools to aid you in making decisions around your health care experience. These tools are offered for your convenience and should be used only as reference tools. You should consult your own legal counsel, tax advisor or personal physician, as applicable, throughout your health care experience.

\*Program availability based on plan offering.

- 1 Blue Cross NC offers wellness programs as a convenience to aid members in improving their health; results are not guaranteed. Blue Cross NC may contract with independent third-party vendors for the provision of certain aspects of our wellness programs and is not liable in any way for goods or services received from them. These vendors do not offer Blue Cross or Blue Shield products or services. Blue Cross NC reserves the right to discontinue or change our wellness programs at any time. These programs are educational in nature. They are intended to help members make informed decisions about their health and comply with their doctor's plan of care. Decisions regarding care should be made with the advice of a doctor.
- 2 Blue365 offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under the policies with Blue Cross NC. Any disputes regarding these products and services may be subject to Blue Cross NC's grievance process. Blue Cross Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. BCBSA does not recommend, endorse, warrant or guarantee any specific Blue365 vendor or item. This program may be modified or discontinued at any time without prior notice.
- 3 Blue Cross NC offers the Nurse Support Program and the Nurse Support Program Condition Care for your convenience and is not liable in any way for the goods or services received. Results are not guaranteed. Decisions regarding your care should be made with the advice of your doctor. Blue Cross NC reserves the right to change or discontinue the program at any time.
- 4 Blue Cross NC provides QuitlineNC and Pivot for your convenience and is not liable in any way for the smoking cessation services they offer. Decisions regarding care should be made with the advice of a doctor. Blue Cross NC reserves the right to discontinue or change these programs at any time. QuitlineNC and Pivot are independent organizations that are solely responsible for the services they provide. Neither QuitlineNC nor Pivot offer Blue Cross or Blue Shield products or services.

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# KNOW WHERE TO GO

When your doctor is not available and you need medical care, it's good to know your options. You'll save time and money while getting the right care at the right place!

Learn more at  
[BlueCrossNC.com/KnowYourOptions](https://www.bluecrossnc.com/KNOWYOUROPTIONS)

## YOUR OPTIONS

HealthLineBlue<sup>SM</sup> Call 1-877-477-2424

- Nurses to answer your health questions 24/7
- Help with choosing where to go for care

**Teladoc<sup>®</sup> (Telehealth)** Visit [Teladoc.com](https://www.teladoc.com)

- Get a video consult with a doctor 24/7
- Convenient for minor health issues

**Retail Clinic** (such as MinuteClinic<sup>®</sup>)

- Basic care from a nurse practitioner
- Can walk in without an appointment

**Urgent Care Center**

- Fast care from a doctor, nurse practitioner or physician assistant
- Often open after 5 p.m. and on weekends

**Emergency Room**

- Care for severe emergencies available 24/7

|                    | Minor Health Issues<br>(examples)   | Moderate Health Issues<br>(examples)   | Life-Threatening Emergencies<br>(examples)   |
|--------------------|---|--|--|
| <b>WHERE TO GO</b> | <ul style="list-style-type: none"> <li>• Sore or strep throat</li> <li>• Minor fevers</li> <li>• Allergy symptoms</li> <li>• Cough, colds &amp; flu</li> <li>• Nasal congestion</li> <li>• Skin issues (rashes, ringworm)</li> <li>• Pink eye</li> <li>• Insect bites</li> <li>• Minor burns, cuts &amp; sprains</li> </ul> | <ul style="list-style-type: none"> <li>• Migraines</li> <li>• Vomiting &amp; diarrhea</li> <li>• Fevers</li> <li>• Asthma attacks (mild to moderate)</li> <li>• Severe cough</li> <li>• Eye irritation</li> <li>• Minor reactions to medications (itchiness, skin rash, hives)</li> <li>• Animal bites</li> <li>• Wounds requiring stitches</li> </ul> | <ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Severe trouble breathing</li> <li>• Suddenly not able to speak, see, walk or move</li> <li>• Suddenly weak or drooping on one side of the body</li> <li>• Pain in the arm or jaw</li> <li>• Severe abdominal pain</li> <li>• Coughing or throwing up blood</li> <li>• Heavy bleeding</li> <li>• Severe burns</li> <li>• Head trauma</li> <li>• Major broken bones</li> <li>• Seizures or convulsions</li> </ul> |
|                    | <p>HealthLineBlue Call 1-877-477-2424</p> <p> Average wait time:<sup>1</sup> <b>61 seconds</b></p> <p> Your cost: <b>\$0</b></p>  |  |  |
|                    | <p><b>Teladoc (Teladoc.com)</b></p> <p> Average wait time:<sup>1</sup> <b>36 minutes</b></p> <p> Average cost:<sup>2</sup> <b>\$55 (varies by plan)</b></p>   |  |  |
|                    | <p><b>Retail Clinic</b></p> <p> Average wait time:<sup>1</sup> <b>Less than 10 minutes (15-20 minutes total visit<sup>1</sup>)</b></p> <p> Average member cost:<sup>2,3</sup> <b>\$3 (varies by plan)</b></p>   | <p>HealthLineBlue Call 1-877-477-2424</p> <p> Average wait time:<sup>1</sup> <b>61 seconds</b></p> <p> Your cost: <b>\$0</b></p>   |  |
|                    | <p><b>Urgent Care Center</b></p> <p> Average wait time:<sup>1</sup> <b>30 minutes (60 minutes total visit<sup>1</sup>)</b></p> <p> Average member cost:<sup>2,3</sup> <b>\$37 (varies by plan)</b></p>  |  | <p><b>Emergency Room</b></p> <p> Average wait time:<sup>1</sup> <b>Less than 2 hours (2 hours 35 minutes total visit<sup>1</sup>)</b></p> <p> Average member cost:<sup>3</sup> <b>\$442 (varies by plan)</b></p>   |
|                    | <p>For more information about Behavioral Health support, go to <a href="https://www.bluecrossnc.com/BH">BlueCrossNC.com/BH</a></p>  |  |  |

<sup>1</sup> Sources for average wait time:  
Health Line Blue — "N24\_Usage Report Q3 2020." Health Line Blue. Teladoc — TeladocBCBSNC\_ASO\_1\_May\_2020\_Utilization\_Report. Teladoc. (Information is reflective of only January-May 2020.) Retail Clinic — "CCA Industry Overview, 2020." Convenience Care Association. Urgent Care Center — "2019 Benchmarking Report Summary." Urgent Care Association of America. Online: [www.ucaa.org/page/UCBenchmarking](https://www.ucaa.org/page/UCBenchmarking) (Accessed November 2020). Emergency Room — National Hospital Ambulatory Medical Center Survey, 2019 Emergency Department Summary Tables. [www.cdc.gov/nchs/data/rihams/web\\_tables/2019-rihams-ed-web-tables-508.pdf](https://www.cdc.gov/nchs/data/rihams/web_tables/2019-rihams-ed-web-tables-508.pdf).

<sup>2</sup> Sources for average total visit time:  
Health Line Blue — "N24\_Usage Report Q3 2020." Health Line Blue. Teladoc — Teladoc, Telehealth Utilization Report, May 2020. Retail Clinic — "CCA Industry Overview, 2020" Convenience Care Association. "CCA Industry Overview, 2020." Intended length of time of visits in the industry of retail health clinics. Urgent Care Center — "2019 Benchmarking Report Summary." Urgent Care Association of America. Online: [www.ucaa.org/page/UCBenchmarking](https://www.ucaa.org/page/UCBenchmarking) (Accessed November 2020). Emergency Room — Average for emergency departments in North Carolina. Online: [projects.propublica.org/emergency/](https://projects.propublica.org/emergency/) (Accessed November 2020).

<sup>3</sup> Costs vary by plan. Showing average cost to Blue Cross and Blue Shield of North Carolina (Blue Cross NC) members across commercial group plans. Based on Blue Cross NC internal data for 12 months ending December 2021. Emergency room costs include both facility and professional charges — and combine copayment, deductible and coinsurance.

Teladoc is an independent company that is solely responsible for the telehealth services it is providing. Teladoc does not offer Blue Cross or Blue Shield products or services. Teladoc interactive consultations are available 24 hours a day, 7 days a week. Telehealth services are subject to the terms and conditions of the member's health plan, including benefits, limitations and exclusions. Telehealth services are not a substitute for emergency care. Teladoc does not replace your primary care doctor and is not an insurance product. Teladoc is subject to state regulations. Teladoc does not prescribe DEA-controlled substances and may not prescribe nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc does not guarantee patients will receive a prescription. Health care professionals using the platform have the right to deny care if, based on professional judgment, a case is inappropriate for telehealth or for misuse of services. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. For complete terms of use, visit [member.teladoc.com/terms/terms\\_of\\_use](https://member.teladoc.com/terms/terms_of_use).

The information provided has been put together for your convenience from many health resources. The information should not be viewed as medical advice from Blue Cross NC. If you have any questions about your medical condition or any drugs, treatment plans or new symptoms — consult your doctor.

MinuteClinic is not affiliated with, and does not offer Blue Cross and Blue Shield products or services.  
BLUE CROSS<sup>®</sup>, BLUE SHIELD<sup>®</sup>, the Cross and Shield symbols, and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other trade names are the property of their respective owners. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. U15228\_spe\_2/23

# 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.

These plans allow you to use in-network or out-of-network benefits. However, choosing an in-network provider will lower your out-of-pocket costs. To find an in-network provider, go to [guardiananytime.com](http://guardiananytime.com) and search by zip code. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.



| Plan Services   | Base Plan<br>You pay*: |                                 | Buy Up Plan<br>You pay**: |                                 |
|---|------------------------|---------------------------------|---------------------------|---------------------------------|
|   | In-Network             | Out-of-Network                  | In-Network                | Out-of-Network                  |
| <b>Plan Year Deductible</b>   | None                   | \$50 Individual<br>\$150 Family | None                      | \$50 Individual<br>\$150 Family |
| <b>Annual Maximum</b>   | \$1,000 per member     |                                 | \$2,000 per member        |                                 |
| <b>Preventive Services with Preventive Advantage</b><br>(Exams, cleanings, X-rays, fluoride treatment, sealants, space maintainers)   | Covered in full        |                                 | Covered in full           |                                 |
| <b>Basic and Restorative Services</b><br>(Fillings, periodontics, endodontics, simple extractions, general anesthesia)  | Covered in full        | 20% after deductible            | Covered in full           | 20% after deductible            |
| <b>Major Services</b><br>(Bridges and dentures, crowns, complex extractions, inlays, onlays, veneers)   | Not covered            | Not covered                     | 40% after deductible      | 50% after deductible            |
| <b>Orthodontia</b><br>Lifetime Maximum, Child coverage to age 26  | Not covered            | Not covered                     | 50% to \$1,500            | 50% to \$1,500                  |
| <b>Waiting Periods</b>  |                        |                                 |                           |                                 |
| <b>Major Services, Orthodontia</b>  | N/A                    |                                 | None                      |                                 |
| <b>Percentile of UCR</b>  | Negotiated fee         | 90th UCR                        | Negotiated fee            | 90th UCR                        |
| <i>Dependents covered to age 26. Refer to the plan documents for specific frequency limitations for each benefit. This chart is intended to be a brief outline of the benefits available. For more details, please see the certificate of coverage.</i> |                        |                                 |                           |                                 |

# Vision Benefits

Vision coverage is offered through Guardian and the VSP network. The vision plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

To find in-network provider, view your coverage, find discounts and promotions, go to [vsp.com](http://vsp.com) or call 800-877-7195. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.



| Plan Services                                      | In-Network*<br><i>You pay:</i>  | Out-of-Network<br><i>Plan reimburses you:</i> |
|--|---|---|
| Well Vision Exam                                   | \$10 copay  | Up to \$39                                    |
| Routine Retinal Scan                               | Up to \$39  | Not covered                                   |
| Materials  | \$25 copay  | N/A   |
| Frames   | \$130 allowance* + 20% off balance<br>\$70 at Costco, Walmart, Sam's Club | Up to \$46                                    |
| <b>Standard Plastic Lenses</b>                     |   |   |
| Single Vision                                      | Covered in full after materials copay                                     | Up to \$23                                    |
| Bifocal  |   | Up to \$37                                    |
| Trifocal   |   | Up to \$49                                    |
| Lenticular   |   | Up to \$64                                    |
| <b>Contact Lenses—In lieu of lenses and frames</b> |   |   |
| Medically Necessary                                | Covered in full after copay   | Up to \$210                                   |
| Elective Materials                                 | \$130 allowance* (copay waived)   | Up to \$100                                   |
| Elective Fitting & Evaluation                      | Included in contact lens allowance (15% discount)                         | Included in contact lens allowance            |
| <b>Frequency of Services</b>                       |   |   |
| Exam   | Once every calendar year  |   |
| Lenses   | Once every calendar year (contacts OR eyeglass lenses)                    |   |
| Frames   | Once every calendar year  |   |

\*Benefit includes coverage for glasses or contact lenses, not both.

# Life and AD&D Insurance

## Basic Life Insurance and AD&D

Methodist University provides all eligible employees with Basic Life and AD&D insurance through Guardian and pays the full cost of coverage. Each employee receives an amount equal to 1.5x their annual salary up to a \$250,000 maximum. Ensuring your beneficiary designation is correct at enrollment and throughout the year is essential.

## Voluntary Life Insurance and AD&D

University employees can supplement their company-paid Basic Life insurance by purchasing additional coverage through Guardian. In addition, you may purchase coverage for a spouse and child(ren) after electing coverage for yourself. During this Open Enrollment, if you are already enrolled with any amount of Voluntary Life coverage, you may increase up to the Guarantee Issue amount shown below. 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, you will need to complete an EOI, and 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.



Rates and premium information will appear in Benefitfirst during enrollment. Please be sure to review your beneficiary information.

|                           | Employee  | Spouse                                   | Child(ren)   |
|---------------------------|---|--|--|
| <b>Increments</b>         | \$10,000  | \$5,000                                  | Birth-14 days: \$500<br>14 days – 26 years:<br>\$5,000 or \$10,000 |
| <b>Guarantee Issue</b>    | \$200,000   | \$50,000                                 | \$10,000   |
| <b>Maximum Benefit</b>    | \$500,000   | \$50,000 (not to exceed employee amount) | \$10,000   |
| <b>Reduction Schedule</b> | Benefits reduce to 50% when you turn 70. Benefits terminate upon retirement. Spousal insurance reduces according to spouse's age. |  |  |

# Disability Insurance

Whether you are disabled and unable to work due to an accident or illness, Methodist University offers both 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 Certificate of Coverage for details.

## Voluntary Short-Term Disability

Methodist University provides the opportunity to purchase Short-Term Disability (STD) insurance through Guardian. The benefit would pay 60% of your weekly pre-disability earnings to a maximum of \$2,500 per week. You may set your premiums to be deducted either pre- or post-tax.

During this year's open enrollment, if you waived Short-Term Disability during a prior enrollment and want to enroll this year, you will be required to complete an Evidence of Insurability form. The benefit will go into effect once your EOI has been reviewed and approved, and payroll deductions have begun.

Your cost for coverage is based on your age and benefit amount and will show in Benefitfirst during enrollment.

## Employer-Paid Long-Term Disability

Methodist University provides all eligible employees with Long-Term Disability (LTD) at no cost to you. The benefit will pay 60% of your pre-tax monthly earnings to a maximum of \$12,500 per month, after a 6-month elimination period.

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

# Supplemental Insurance

Methodist University offers employees the option to purchase supplemental benefits including Hospital Indemnity, Accident, Cancer, and Critical Illness voluntarily 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. Your cost for coverage can be calculated when making your benefit elections on Benefitfirst.

## VOLUNTARY HOSPITAL INDEMNITY

A hospital admission can result in significant financial hardship. You may have a large deductible to meet in addition to other hospital-related charges for surgery, anesthesia, radiology, and more. A Guardian Hospital Indemnity policy provides a lump sum cash benefit paid directly to you to help offset those expenses. The plan also includes a **\$50 Wellness Screening benefit per insured member per year.**

## VOLUNTARY ACCIDENT

Where most medical plans only pay a portion of the bills, Accident insurance can help pick up where other insurance leaves off. This policy provides a cash benefit that corresponds with specific injuries, hospital admissions, emergency treatments, and many more. The plan includes accidental death and dismemberment coverage, as well as a **\$100 Wellness Screening benefit per insured member per year.**


## VOLUNTARY CRITICAL ILLNESS

Critical Illness insurance pays a lump sum cash benefit when you or a covered family member is

diagnosed with a serious illness, such as a heart attack, stroke, major organ failure, or cancer. You may use this benefit in any way you choose to pay for expenses that are not medical but have occurred due to the diagnosis, such as lost wages, family care, rehabilitation, or transportation. The plan may also offer a health screening benefit. Benefits are paid to you regardless of any additional coverage you may have. **The plan includes a \$75 Wellness Screening benefit per insured member per year.**

## VOLUNTARY 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 these cash benefits, you may not need to use the funds from your Health Savings Account (HSA) or Flexible Spending Account (FSA). **The plan includes a \$75 Cancer screening benefit per insured member per year.**



All supplemental plans include a Wellness screening benefit! Simply call Guardian at 800-541-7846 and report the information of your wellness screening date and other visit information and get reimbursed!



# Convenient access to your workplace benefits

Guardian Anytime makes it easy and convenient to access your benefits online, anytime, anywhere. Services available include:

## 1 Access your benefit details

- View, download, and print materials
  - Member dental and vision ID cards
  - Benefit summaries
  - Forms
  - Certificate booklets

## 2 Submit and view claims details

- Submit a new claim and check claim status
- Receive email alerts when claims are paid or view information
- Estimate the cost of dental care (if applicable)

## 3 Dental and vision provider search

- Find a dental or vision provider

## 4 Enroll and make changes to benefits\*

- Update contact information
- Update dependent information



### Real-time assistance

Chat with our virtual assistant 24/7 or speak to a live representative about your benefits, claims inquiries, or for help using Guardian Anytime.

### Registering is easy!

- 1 Go to [guardianlife.com](https://guardianlife.com) and click on "Log in".
- 2 To register, choose "Register now" and select "Guardian Anytime".
- 3 Select "employee" for yourself or "child, spouse, or partner" for your dependents.
- 4 Complete the self registration process, click "Submit" and you're done.

# 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 which can be accessed in the future to cover annual premiums, take a policy loan, or withdraw for other use.

| WHOLE LIFE + LTC |  |          |          |          |          |           |
|------------------|--|----------|----------|----------|----------|-----------|
| Employee         |  |          |          |          |          |           |
| Benefit Amounts  | \$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.





**CAPE FEAR VALLEY**  
**EMPLOYEE ASSISTANCE PROGRAM**

***Problems are a part of life...  
you are not alone***

Your Employee Assistance Program (EAP) can work with you to resolve issues that affect your physical and mental health. EAP services are provided by a caring and understanding staff of professionals. Our counselors are masters-prepared and licensed in their respective fields. We welcome the opportunity to be of service to you.



EAP services are offered without charge to you. However, if you need to be referred to outside agencies, your health insurance plan will cover a portion of the cost. The counselors will work with you to define problem structures, generate realistic goals and implement an action-based plan to bring about change in your life.



***The Employee Assistance Program can help you with:***

- Mental or emotional problems
- Alcohol/drug misuse, abuse, dependency
- Divorce/troubled relationships/marital issues
- Family conflict and parenting issues
- Difficulty balancing life roles and demands
- Domestic abuse
- Financial concerns
- Job stressors
- Grief/loss issues

All personal information given to EAP will remain confidential. It will not be shared with any person or agency outside of EAP without your written permission or court order. The only exceptions to confidentiality are those situations that are required by law to report, and all clients are given a full explanation at the time of intake.

**To schedule an appointment  
with EAP call (910) 615-1733.**

**Hours:**

**Mon.-Thurs. 8:30 a.m.—5:00 p.m.**

**Friday 8:30 a.m.—4:30 p.m.**

***In Times of Crisis***

If you or your family members face a crisis, are in danger or you feel that you are a danger to yourself or others, you may need immediate crisis intervention. If an extreme emergency presents itself, please call 911 or go to your nearby hospital emergency room for help.

101 Robeson Street, Suite 310 | Fayetteville, NC 28301  
(910) 615-1733 | fax: (910) 615-1735

# Terms to Know

**Deductible:** The amount an employee pays out of pocket before the insurance company pays a percentage of the provider charges.

**Coinsurance:** The amount of payment split between the employee and the insurance company. Example: The insurance company pays 70%, and the employee pays 30% of the charges after you meet the deductible.

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

**Network Providers:** Doctors, hospitals, and other health care providers with an agreement/contract with insurance companies agreeing to charge a discounted amount for services rendered.

**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.

**Explanation of Benefits (EOB):** The EOB is mailed to the employee after the insurance company receives and processes a claim. The EOB describes how the claim was processed and outlines what portion of the charges have been applied to the deductible, what amount the employee is responsible for, and explains if there was a denial or error in 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.

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

**Evidence of Insurability (EOI):** The form containing medical questions you must answer if you decide to elect voluntary life insurance after you have previously declined coverage and wish to increase your current coverage later. The form may also be required if you add disability coverage after previously being declined.

# Important Notices

A printed copy of the full versions of the below notices along with the plan summaries can be obtained from Human Resources.

## **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.

## **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.

# Benefits 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 Yeatts**  
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)  
910-630-7558

## McGriff Benefits Team

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

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

| Benefit   | Phone        | Website / Email  |
|---|--------------|--|
| <b>Medical</b> – Blue Cross Blue Shield of NC<br>Group# 14164377            | 877-258-3334 | <a href="http://www.bcbsnc.com">www.bcbsnc.com</a>   |
| <b>Virtual Visits</b> - Teladoc   | 800-835-2362 | <a href="http://www.Teladoc.com">www.Teladoc.com</a>   |
| <b>Dental</b> – Guardian<br>Group# 00071326                                 | 800-541-7846 | <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>   |
| <b>Vision</b> – Guardian / VSP<br>Group # 00071326                          | 800-877-7195 | <a href="http://www.vsp.com">www.vsp.com</a>   |
| <b>Life and Disability</b> – Guardian<br>Group# 00071326                    | 800-482-7342 | <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>   |
| <b>FSA</b> – Health Equity  | 877-694-3938 | <a href="http://www.healthequity.com">www.healthequity.com</a><br><a href="mailto:memberservices@healthequity.com">memberservices@healthequity.com</a> |
| <b>Supplemental Benefits</b> – Guardian<br>Group# 00071326                  | 800-541-7846 | <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>   |
| <b>Whole Life / LTC</b> – Allstate<br>Group# 58167                          | 800-521-3535 | <a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a>   |
| <b>Retirement 403(b) Plan</b> – TIAA  | 800-842-2252 | <a href="http://www.tiaa.org">www.tiaa.org</a>   |
| <b>Employee Assistance Program</b> –<br>Cape Fear Valley Health / Care Link | 910-615-5465 | <a href="http://www.capefearvalley.com/carelink">www.capefearvalley.com/carelink</a>   |
| <b>Social Security Administration</b>                                       | 800-772-1213 | <a href="http://www.secure.ssa.gov">www.secure.ssa.gov</a>   |



