

BE WELL.

SAVE WELL.

LIVE WELL.

2026

**SAINT LOUIS UNIVERSITY
BENEFITS ENROLLMENT GUIDE**



Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 16 for more information.



OUR COMMITMENT TO YOU

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

ENROLLMENT INFORMATION

DO I NEED TO ENROLL?

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

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

You must enroll if you want to:

- Enroll your spouse in the UHC medical plan and complete the Medical Plan Affidavit.
- Change your medical, dental, or vision coverage for next year.
- Contribute to the Health Care and/or Dependent Care Flexible Spending Accounts (FSAs), even if you are already enrolled.
- Contribute to the Health Savings Account (HSA), even if you are already enrolled.
- Change or enroll in your optional Employee Life Insurance, Dependent Life Insurance, or Accidental Death and Dismemberment (AD&D) Insurance.
- Change or enroll in additional voluntary benefits such as accident, legal, and identity theft.
- If you don't enroll, you may continue with coverage that won't meet your current needs. To enroll, visit Workday and complete your elections by the deadline. You can visit Workday Job Aids for more information.

WHEN CAN I ENROLL?

As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our annual benefits enrollment period. The Annual Open Enrollment period is from November 6, 2025 through November 21, 2025 with your benefit choices **being effective the following January 1st, 2026.**

Our benefits plan year is January 1st through December 31st.

If you're enrolling as a new employee, you become eligible for benefits on your first day of regular employment, provided online enrollment and dependent verification is submitted within 31 days of the date you become eligible and you meet all eligibility requirements. You may also need to enroll for the next plan year's benefits during the annual enrollment period.

BE READY FOR ENROLLMENT

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

For Your Health

- Medical Insurance
- Prescription Drug Benefits
- Employee Assistance Program
- Dental Insurance
- Vision Insurance
- Employee Well-Being Program

For Your Wealth

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

ENROLLMENT INFORMATION (CONTINUED)

DEPENDENT ELIGIBILITY

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your legal spouse and eligible children who depend primarily on you for support. This includes: your own children, legally adopted children, stepchildren, a child for whom you have been appointed legal guardian, and/or a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) requiring you or your spouse to provide coverage.

MEDICAL PLAN AFFIDAVIT

Full-time working spouses who have access to medical coverage through their employer are not eligible for SLU's medical plan. Spouses are eligible for coverage on SLU's medical plan if they:

- Are not employed, or are self-employed.
- Are not eligible for coverage through their employer.
- Are not offered qualifying coverage through their employer which provides preventive care, major medical, and prescription drug benefits with their employer contributing at least 50% of the premium for single coverage.
- Are on Medicare and do not have access to an employer program.

If one of the above scenarios applies, your spouse can remain enrolled in SLU's medical plan. All spouses remain eligible for the dental, vision, life, and accident plans. This provision does not affect the definition of an eligible child. Completion of the Medical Plan Affidavit will be done on Workday. If your spouse works at another employer, your spouse's employer will be required to complete the Medical Plan Affidavit.

*Employees covered by a collective bargaining agreement (CBA) should refer to their CBA for benefits eligibility.

GLOSSARY

Preventive and Non-Preventive Services

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

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

Copayments

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

Annual Deductible

Your annual deductible is the amount of money you must first pay out-of-pocket before your plan begins paying for covered services. Some services, such as office visits, require copays and do not apply to the deductible.

After you meet your deductible, the plan pays for a percentage of eligible expenses (coinsurance) until you meet your out-of-pocket maximum. If you receive services from an out-of-network provider, the plan pays a lower percentage of coinsurance. Refer to your health care plan summaries for more information.

Coinsurance

Coinsurance is the percentage of covered expenses shared by the employee and the plan. In some cases, coinsurance is paid after the insured meets a deductible. For example, if the plan pays 85% of an in-network covered charge, you pay 15%.

Out-of-Pocket Maximum

The out-of-pocket maximum limits the amount you will pay out of your own pocket for eligible health care expenses. Once you reach that maximum, the plan begins to pay 100% of eligible expenses. There may be separate in- and out-of-network annual out-of-pocket maximums. Copays, deductibles, and coinsurance accumulate toward your out-of-pocket maximum.

MEDICAL AND PRESCRIPTION DRUG BENEFITS

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation. Accessing benefits through SLUCare or SSM will result in lower costs to you and your family.

BENEFIT	UHC PLUS PLAN			UHC QHDHP		
	SLUCARE & SSM	In-Network	Out-of-Network	SLUCARE & SSM	In-Network	Out-of-Network
Annual Deductible (Single/Family)	\$500/\$1,000	\$2,000/\$4,000	\$3,600/\$7,200	\$1,750/\$3,500	\$3,500/\$7,000	\$5,000/\$10,000
Out-of-Pocket Maximum (Single/Family)	\$2,700/\$5,400	\$4,000/\$8,000	\$9,900/\$19,800	\$3,000/\$6,000	\$6,000/\$10,600	\$10,000/\$20,000
Coinsurance	15%	25%	40%	15%	25%	50%
Physician Services						
Doctor's Office Visit	\$20 Copay	25% After Ded	40% After Ded	0% After Ded	25% After Ded	50% After Ded
Specialist Office Visit	\$40 Copay	25% After Ded	40% After Ded	15% After Ded	25% After Ded	50% After Ded
Preventive Care	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Hospital Services						
Inpatient	15% After Ded	25% After Ded	40% After Ded	15% After Ded	25% After Ded	50% After Ded
Outpatient	15% After Ded	25% After Ded	40% After Ded			50% After Ded
Emergency Care	\$250 Copay	\$250 Copay	\$250 Copay			20% After Ded
Urgent Care	\$60 Copay	\$60 Copay	40% After Ded			50% After Ded
Health Savings Account SLU Contribution	\$0			\$400 Single/\$800 Family		
PRESCRIPTION DRUGS*	ESI PLUS PLAN		ESI QHDHP			
	Express Scripts Retail (34-day Supply)	Express Scripts Mail Order (90-day Supply)	Express Scripts Retail (34-day Supply)	Express Scripts Mail Order (90-day Supply)		
Prescription Drug Costs						
Tier 1	\$10	\$25	Medical Deductible, Then 10% Coinsurance*			
Tier 2	25% Coinsurance \$30 Min-\$50 Max	25% Coinsurance \$75 Min-\$125 Max	Medical Deductible, Then 10% Coinsurance*			
Tier 3	50% Coinsurance \$50 Min-\$100 Max	50% Coinsurance \$125 Min-\$250 Max	Medical Deductible, Then 25% Coinsurance*			
Tier 4	20% Coinsurance to \$200	N/A	Medical Deductible, Then 10% Coinsurance*			
Preventive Medications	Prices According To Tier			Covered 100%, No Deductible		
Out-of-Pocket Maximum (Includes Rx Copays & Coinsurance)						
Single	\$1,500			Combined with Medical		
Family	\$3,000			Combined with Medical		

*In-Network Pharmacy benefits only applies to the Medical Tier 2 deductible and out-of-pocket maximum limit, not Medical Tier 1.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at www.myuhc.com.

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.

SMART 90

Express Scripts manages Saint Louis University's pharmacy program. If you are getting a long-term medication, you are required to refill your prescription for a 3-month supply instead of a month supply. You can choose between refilling at a Walgreens or having Express Scripts deliver through mail order.

STEP THERAPY/PRE-AUTHORIZATION

It is a top priority for Saint Louis University to ensure that medication is safe and more affordable. Certain prescriptions will require a review before they can be filled and covered. Express Scripts will reach out to you if your medication is under review and what may be needed from you.

MEDICAL AND PRESCRIPTION DRUG BENEFITS (CONTINUED)

COST OF COVERAGE

COVERAGE TYPE	MONTHLY PREMIUM		BI-WEEKLY PREMIUM	
	Non-Wellness	With Wellness Discount*	Non-Wellness	With Wellness Discount*
UHC Plus Plan				
Employee Only	\$224.00	\$154.00	\$103.39	\$71.08
Employee and Spouse	\$594.00	\$489.00	\$274.15	\$255.69
Employee and Child(ren)	\$517.00	\$447.00	\$238.62	\$206.31
Employee and Family	\$815.00	\$710.00	\$376.15	\$327.69
UHC Plus Plan – Employees Earning Up To \$43,340				
Employee Only	\$70.00	\$0.00	\$32.31	\$0.00
Employee and Spouse	\$435.00	\$330.00	\$200.77	\$152.31
Employee and Child(ren)	\$360.00	\$290.00	\$166.15	\$133.85
Employee and Family	\$647.00	\$542.00	\$298.61	\$250.15
UHC Plus Plan – Employees Earning \$150,000 Or More				
Employee Only	\$243.00	\$173.00	\$112.16	\$79.85
Employee and Spouse	\$649.00	\$544.00	\$299.54	\$251.07
Employee and Child(ren)	\$564.00	\$494.00	\$260.31	\$228.00
Employee and Family	\$886.00	\$781.00	\$408.92	\$360.46
UHC Qualified High-Deductible Health Plan				
Employee Only	\$136.00	\$66.00	\$62.77	\$30.47
Employee and Spouse	\$401.00	\$296.00	\$185.07	\$136.61
Employee and Child(ren)	\$343.00	\$273.00	\$158.30	\$126.00
Employee and Family	\$539.00	\$434.00	\$248.77	\$200.31
UHC Qualified High-Deductible Health Plan – Employees Earning \$150,000 Or More				
Employee Only	\$155.00	\$85.00	\$71.54	\$39.24
Employee and Spouse	\$450.00	\$345.00	\$207.69	\$159.23
Employee and Child(ren)	\$383.00	\$313.00	\$176.77	\$144.46
Employee and Family	\$606.00	\$501.00	\$279.69	\$231.23

*The "With Wellness Discount" premiums listed assume the maximum \$105 for spousal coverage situations. Rates may be higher if both employee and spouse do not complete requirements. For details on the wellness discount, see page 7.



SLUCARE/SSM PARTNERSHIP

Continuing for 2026, Tier 1 for both the Plus Plan and QHDHP plan consist of SLUCare providers and St. Louis-area, SSM-employed physicians and facilities. You are encouraged to utilize Tier 1 facilities and providers because there are greater benefits, leaving you with less out-of-pocket costs. Below is a list of SSM facilities which are considered Tier 1.

SSM HOSPITALS — ST. LOUIS AREA

- St. Joseph Hospital — St. Charles
- St. Joseph Hospital — Wentzville
- St. Mary's Hospital
- Cardinal Glennon Children's Hospital
- St. Clare Hospital
- St. Joseph Hospital — Lake St. Louis
- DePaul Hospital
- Saint Louis University Hospital
- SSM Rehabilitation Hospital — Bridgeton
- SSM Rehabilitation Hospital — Richmond Heights
- St. Clare Surgical Center
- St. Joseph Endoscopy Center

SSM Urgent Care Centers and St. Louis area SSM Health Express Clinics, formerly Walgreen's Take Care Clinics, are also a part of the Tier 1 network.

To find an SSM Tier 1 physician, visit www.SSMHealth.com and search for providers listed as SSM Health Medical Group or SLUCare Physician Group. To find SLUCare providers and locations, visit www.slucare.com.

IMPORTANCE OF PRIMARY CARE

Human Resources partners with SLUCare/SSM to increase access and availability of primary care services. Having a relationship with a primary care team is recommended to maintain good health, coordinate chronic care, choose specialists when needed, and prevent unnecessary use of urgent care and emergency rooms. More can be found at www.getcare.ssmhealth.com.



TIER CLARIFICATION

- Tier 1 is for services provided by SLUCare physicians, SSM employed physicians, and SSM facilities.
- Tier 2 is for services provided by UnitedHealthcare contracted physicians, hospitals, and ancillary services (Choice Plus network). Note that all in-network pharmacy benefits apply to the Tier 2 deductible and out-of-pocket maximum accumulators only.
- Tier 3 is for services provided at non-UHC contracted physicians, hospitals, and ancillary services, and therefore out-of-network.

2026 WELLNESS INITIATIVE DISCOUNT

To qualify for the Wellness Initiative Discount, both employees and their eligible spouses must do the following each year:

- Establish a relationship with a primary care provider (Internist, Family Medicine, OB/GYN)
- Complete an annual wellness visit with that PCP

Please note that biometric screenings will no longer be accepted as a substitute for fulfilling these wellness requirements.

Employees who complete these steps will be eligible to receive a \$70 monthly discount on their medical and prescription drug premiums. If a covered spouse also completes the requirements, an additional \$35 discount will be applied, for a total possible discount of \$105 per month.

Additionally, if you elect coverage under the PPO medical plan, have an annual income of \$43,340 or less, and complete a wellness visit with your PCP, you will continue to receive free employee-only coverage.

These changes are part of the university's ongoing commitment to promoting preventive care and encouraging long-term health and well-being for our faculty, staff, and their families.

UHC ADVOCATE4ME

Whether you have questions about a new claim, need to find a doctor, or just want to better understand your plan benefits, UHC Advocates are here to help. Get help finding care, making sense of a bill, accessing plan benefits you didn't know were there, and a whole lot more. UHC offers 24/7 virtual health visits, and can help you understand your benefits and claims, learn more about your prescriptions, find support if you have a child with complex needs, locate care and cost options, and more.

DIABETIC AND PRE-DIABETIC PROGRAMS

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

EMPLOYEE WELL-BEING PROGRAM

SLU's Employee Well-Being Program sponsors various wellness-related activities throughout the year. These events focus on physical, social-emotional, intellectual, financial, and spiritual wellness. Living healthier and reaching your health goals is easy and fun with the Saint Louis University Wellness Portal. This free well-being portal provides all the guidance, resources, and support you need as you work toward a healthier lifestyle. Enroll today by visiting <https://enroll.personifyhealth.com>.

CONTROLLING HEALTH CARE COSTS

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

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

ALEX® — FOR HELP SELECTING A BENEFIT PLAN

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

EMPLOYEE ASSISTANCE PROGRAM

Saint Louis University offers an employee assistance program through ComPsych. Employees are encouraged to take advantage of the many resources ComPsych provides. You can visit www.guidanceresources.com with the Company ID 'slueap' to access ComPsych's resources.

PROVIDER SEARCH AND PRICE TRANSPARENCY ASSISTANCE

- Through UHC and Express Scripts' search and pricing tools, you will be able to search for in-network providers and price shop your services and prescriptions.
- For UHC, you can access cost estimators on myUHC.com, or download the UnitedHealthcare app to connect with your account and better track your spending.
- For Express Scripts, you can search drug prices through express-scripts.com or the Express Scripts app under the "Price a Medication" feature. You don't pay taxes when you use the money to pay for qualified medical services.

2026 VOLUNTARY DENTAL BENEFITS

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

If you are pregnant, diabetic, have a suppressed immune system, or have a history of periodontal therapy, you are eligible to receive two (2) additional cleanings per benefit period. To receive these benefits, complete the Self-Report form at www.deltadental.com.

BENEFIT	FLEX PLAN		BASIC PLUS PLAN	
	PPO Network	Premier/ Out-of-Network	PPO Network	Premier/ Out-of-Network
Annual Maximum (Per Person)	\$1,500	\$1,500	\$1,000	\$1,000
Annual Deductible (Single/Family)	\$50/\$150	\$50/\$150	\$25/\$75	\$25/\$75
Preventive Services	0% No Deductible	0% No Deductible	0% No Deductible	50% No Deductible
Basic Services	10% After Deductible	30% After Deductible	30% After Deductible	65% After Deductible
Major Services	40% After Deductible	60% After Deductible	60% After Deductible	80% After Deductible
Orthodontia Services	50% for All Members	60% for All Members	50% for Children to Age 19 Only	75% for Children to Age 19 Only
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,000	\$1,000
MONTHLY PER-PAYCHECK DEDUCTIONS				
Employee Only	\$40.06		\$23.11	
Employee + Spouse	\$84.13		\$48.52	
Employee + Child	\$96.15		\$55.45	
Family	\$140.22		\$80.87	
BI-WEEKLY PER-PAYCHECK DEDUCTIONS				
Employee Only	\$18.49		\$10.67	
Employee + Spouse	\$38.83		\$22.39	
Employee + Child	\$44.38		\$25.59	
Family	\$64.72		\$37.32	

2026 VOLUNTARY VISION BENEFITS

Saint Louis University vision benefits are offered through VSP. See below chart for plan design. Visit vsp.com to view additional benefits available to you and your family.

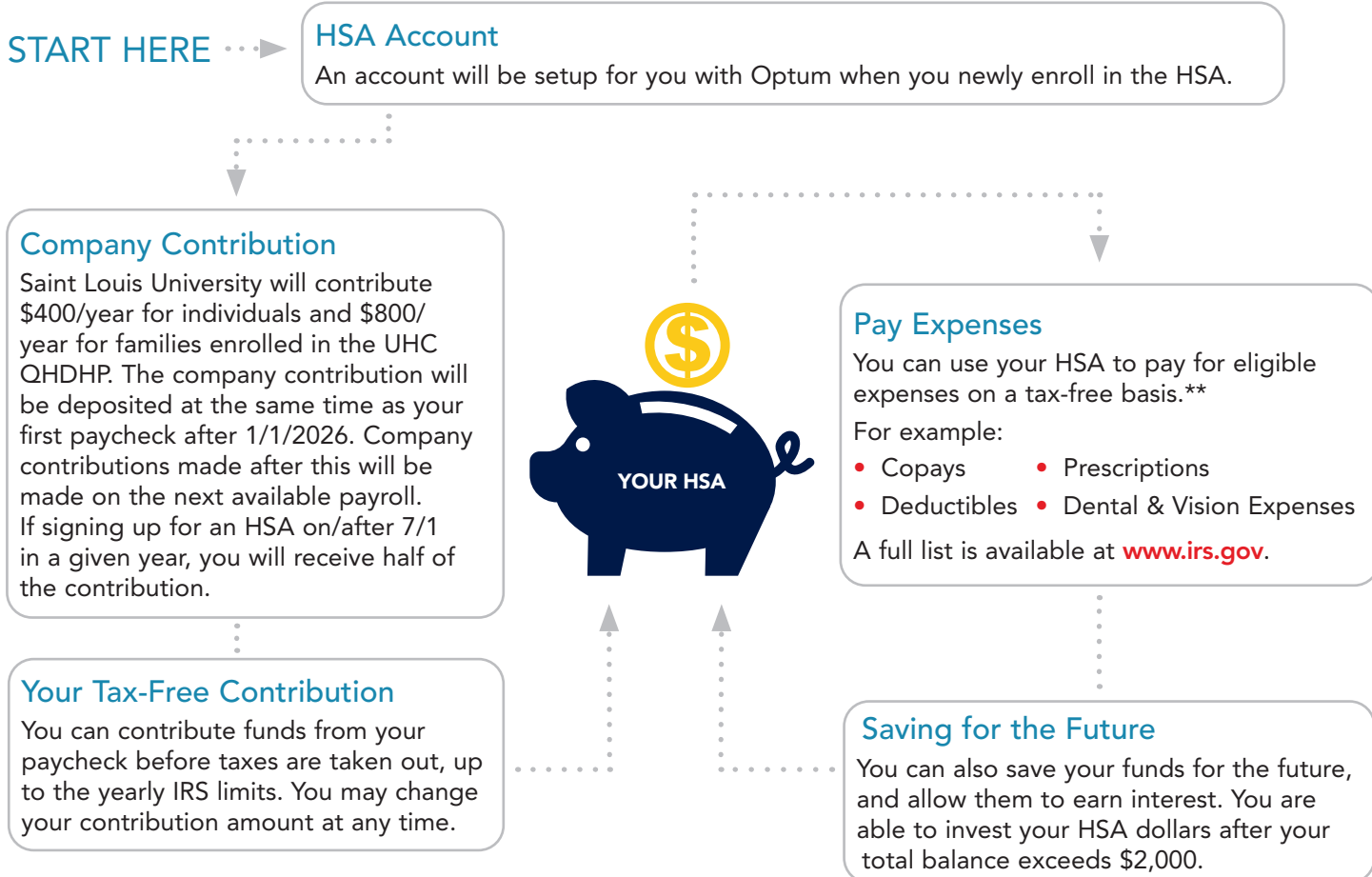
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10 Copay	Up To \$45 Allowance
Lenses		
Single	\$10 Copay	Up to \$30 Allowance
Bifocal	\$10 Copay	Up to \$50 Allowance
Trifocal	\$10 Copay	Up to \$65 Allowance
Frames	\$150 Allowance for a Wide Selection of Frames; \$170 Allowance for Featured Frame Brands; 20% Discount on the Amount Over Your Balance	Up to \$70 Allowance
Contact Lenses Instead of Glasses	\$150 Allowance for Contacts and Lenses Exam (Fitting and Evaluation)	Up to \$105 Allowance
Frequency		
Exams, Lenses, Frames	Every Calendar Year	
Frames	Every Other Calendar Year	
MONTHLY PER-PAYCHECK DEDUCTIONS		
Employee Only	\$7.02	
Employee + Spouse	\$12.76	
Employee + Child(ren)	\$13.38	
Family	\$20.66	
BI-WEEKLY PER-PAYCHECK DEDUCTIONS		
Employee Only	\$3.24	
Employee + Spouse	\$5.89	
Employee + Child(ren)	\$6.18	
Family	\$9.54	

NOTE: ID Card not required for vision services.

HEALTH SAVINGS ACCOUNT (HSA)

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

You must actively re-enroll in the HSA each year. You are not automatically re-enrolled.



HOW MUCH CAN YOU CONTRIBUTE?	2026 IRS CONTRIBUTION LIMIT ¹	SAINT LOUIS UNIVERSITY CONTRIBUTION ²	YOUR MAXIMUM CONTRIBUTION AMOUNT
Employee Only Coverage	\$4,400	\$400	\$4,000
Family Coverage	\$8,750	\$800	\$7,950

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

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

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

NOTE: Amounts change yearly per IRS guidelines.

LET'S BREAK IT DOWN

- You and Saint Louis University can add funds into the HSA that are not subject to federal income taxes** up to the IRS limits.
- The HSA allows you to pay for qualified medical expenses with these tax-free funds.
- The account can earn interest on a tax-free basis, and you are allowed to roll funds over year after year.
- If you leave Saint Louis University, or retire, you can take your HSA with you.

** Any reference to taxes is at the federal level. State tax rules may vary.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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



Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.

Go to <http://www.optumfinancial.com> for a complete list of covered expenses.

Babysitters, day care, day camp, home nursing care, etc.

HOW FSAS WORK

1. Each year during the Open Enrollment period, you decide how much to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. As you incur health care or dependent care expenses throughout the year, submit a claim form to Optum Financial for reimbursement. Your claim will be processed and you will be reimbursed from your account. Or use your FSA card to pay for eligible expenses at the point of sale. You will not be paying out-of-pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note that these accounts are separate — you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

You must actively re-enroll in either FSA Plan each year.
You are not automatically re-enrolled.



HEALTH CARE ITEMS YOU MIGHT NOT REALIZE ARE FSA ELIGIBLE:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account**	\$3,400	Copays, deductibles, orthodontia, over-the-counter medications, etc.*
Dependent Care Flexible Spending Account	\$7,500 (\$3,750 If Married and Filing Separate Tax Returns)	Day care, nursery school, elder care expenses, etc.*

* See IRS Publications 502 and 503 for a complete list of covered expenses.

NOTE: Limits may vary for highly compensated employees.

NOTE: Not available if QHDHP is elected.

USE IT OR LOSE IT!

Be sure to calculate your FSA contributions carefully. These funds do not roll over from year-to-year, and you must actively enroll on a yearly basis. You are not automatically re-enrolled.

If you have any money left in your account(s) at the end of the plan year:

- **Health Care FSA:** You may incur additional claims or spend down your remaining balance for an additional 2.5 months; any funds leftover will be forfeited.
- **Dependent Care FSA:** You may submit claims for an additional 4 months; any funds leftover will be forfeited.

DISABILITY INSURANCE

If you are out of work for an extended period of time due to a disabling injury or illness, disability insurance is designed to replace a portion of your income, and help you maintain your lifestyle. Unfortunately, avoiding disability is becoming more and more unlikely. According to the Social Security Administration, it's estimated that 1 in 4 20-year-olds will experience a disability for 90 days or more before they reach age 67. At this rate, making sure that you have disability coverage in place is a smart move.

LONG-TERM DISABILITY

Saint Louis University provides Long-Term Disability (LTD) Insurance through The Hartford to protect your finances when your disability continues beyond the period covered by your sick/leave time. Available Long-Term Disability benefits equal 60% of base earnings up to \$15,000 per month.

Coverage is automatic, after one year of full-time service, for employees not covered by a collective bargaining agreement unless coverage has been waived.

The University pays the entire cost of coverage up to a base annual earnings of \$36,000. For example, if your annual earnings are \$50,000, SLU covers the LTD premium for the first \$36,000. Your LTD premiums would be based on the remaining \$14,000 of earnings. Your monthly contribution would be \$3.27 in monthly contributions for LTD coverage. You will be required to complete Evidence of Insurability for new or increased coverage if this is not your first time eligible.

NOTE: Social Security Administration, Disability Fact Sheet, 2023.

NOTE: The policies or their provisions may vary or be unavailable in some states. If you live in a state that has statutory disability benefits, your benefits under these plans may be offset by any statutory disability benefits received. The policies have exclusions and limitations that may affect any benefits payable.



ACCIDENT INSURANCE

You don't have to be especially clumsy to experience accidents. These events are all too common, and so are the high medical expenses that come with them.

Accidents are unplanned and unpredictable, but the financial impact that they have on you doesn't have to be either of those things. Voluntary Accident Insurance pays direct benefits for a range of injuries and accident-related expenses, such as hospital transportation and admission, concussions, fractures, and dislocations. Voluntary accident insurance is offered through Voya.

Benefit amounts are based on the type of injury and treatment needed. No matter how great your medical plan is, you will have to share the costs of medical care and rehabilitation that follow an accident. Accident Insurance is designed to help you pay for out-of-pocket expenses that insurance doesn't cover, like copays and deductibles, but the benefit payout can be used however you'd like.

Below is a small summary of the benefits available to you through the accident plan:

SERVICE	BENEFIT AMOUNT	
Common Injuries — Dislocations		
Hip Joint	\$4,000/\$8,000	
Knee	\$2,500/\$5,000	
Shoulder	\$2,000/\$4,000	
Common Injuries — Fractures		
Hip	\$5,000/\$10,000	
Leg	\$2,700/\$5,400	
Ankle	\$2,250/\$5,400	
Kneecap	\$2,250/\$4,500	
Nose	\$650/\$1,300	
Wellness Benefit		
Completion of a health screening, including height, weight, blood pressure, calculation of body mass index (BMI), glucose, hemoglobin A1C (average blood sugar over the past 3 months) and a cholesterol screening (HDL, LDL and Triglycerides)	\$100/Employee, Spouse, or Child (No Maximum)	
Sickness Hospital Confinement Benefit	\$375 per day/Employee, Spouse, or Child (Up to 365 Days)	
PAYCHECK DEDUCTIONS		
	MONTHLY	BI-WEEKLY
Employee Only	\$16.58	\$7.65
Employee + Spouse	\$29.33	\$13.54
Employee + Child(ren)	\$32.48	\$14.99
Family	\$45.23	\$20.88

NOTE: If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

NOTE: This plan is not a replacement for medical insurance.

NOTE: The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits. Please see your Summary Plan Description (SPD) for complete details.

METLAW LEGAL INSURANCE

We'll all need an attorney at some point in our lives, whether it's when starting a family, buying a house, or caring for elderly parents. But it doesn't have to be expensive — or stressful. With MetLaw offered through MetLife, you have access to legal expertise for \$18 per month. This covers you and your dependents. For more information, visit <https://info.legalplans.com/Home/> using access code 9902368.

PAYCHECK DEDUCTIONS	MONTHLY	BI-WEEKLY
Family	\$18.00	\$8.31

Money Matters	<ul style="list-style-type: none"> Identity Theft Defense Personal Bankruptcy Identity Restoration 	<ul style="list-style-type: none"> Tax Audit Representation Debt Collection Defense Negotiations with Creditors 	<ul style="list-style-type: none"> Tax Collection Defense Promissory Notes Financial Education Workshops
Home and Real Estate	<ul style="list-style-type: none"> Foreclosure Tenant Negotiations (Tenant Only) Boundary & Title Disputes Deeds Mortgages 	<ul style="list-style-type: none"> Sale or Purchase of Primary and Vacation Home Eviction Defense Property Tax Assessments Security Deposit Assistance (Tenant Only) 	<ul style="list-style-type: none"> Refinancing & Home Equity Loan of Primary and Vacation Home Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Simple Wills Complex Wills Revocable and Irrevocable Trusts 	<ul style="list-style-type: none"> Powers of Attorney (Health Care, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Health Care Proxies Living Wills Codicils
Family & Personal	<ul style="list-style-type: none"> Adoption Guardianship Conservatorship Prenuptial Agreement Name Change Review of ANY Personal Legal Document 	<ul style="list-style-type: none"> Juvenile Court Defense, Including Criminal Matters Parental Responsibility Matters School Hearings Demand Letters Personal Property Issues Attorney Services for Non-Covered Matters 	<ul style="list-style-type: none"> Affidavits Garnishment Defense Protection from Domestic Violence Immigration Assistance
Civil Lawsuits	<ul style="list-style-type: none"> Civil Litigation Defense Disputes Over Consumer Goods and Services 	<ul style="list-style-type: none"> Small Claims Assistance Administrative Hearings 	<ul style="list-style-type: none"> Incompetency Defense Pet Liabilities
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for Issues Related to Your Parents: <ul style="list-style-type: none"> Medicare Medicaid 	<ul style="list-style-type: none"> Prescription Plans Nursing Home Agreements Leases Notes 	<ul style="list-style-type: none"> Deeds Wills Powers of Attorney
Vehicle & Driving	<ul style="list-style-type: none"> Repossession Defense of Traffic Tickets (Does Not Cover DUI) 	<ul style="list-style-type: none"> Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension due to DUI

LIFELock IDENTITY THEFT PROTECTION

LifeLock helps provide you with peace of mind with comprehensive all-in-one protection for your identity, personal information, and connected devices. LifeLock offers fraud detection, identity restoration, threat prevention, enhanced privacy, financial insights, and scam detection.

Everyday things like online shopping, banking, and even browsing can expose personal information and make you vulnerable to cybercriminals and identity theft. LifeLock helps monitor your personal accounts and sends you alerts if they detect potential threats to your identity. If you should become a victim of identity theft, LifeLock will work to resolve it. Their multi-layered, advanced security helps protect against existing and emerging malware threats to your devices and helps protect your private and financial information when you go online. For more information, visit www.norton.com/benefitpremier.

PAYCHECK DEDUCTIONS	MONTHLY	BI-WEEKLY
Employee Only (18+ Yrs Old)	\$11.49	\$5.30
Employee + Family	\$22.98	\$10.61

LIFE INSURANCE

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

BASIC TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Saint Louis University provides eligible employees with basic term life and AD&D coverage at no cost to you and enrollment is automatic.

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

SUPPLEMENTAL LIFE

You may choose to purchase Supplemental Life Insurance coverage through The Hartford in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deduction.

- **Employee:** 1, 2, or 3 times your base salary, to a maximum amount of \$600,000. At age 70, benefit reduces by 50%.
 - You will be required to complete evidence of insurability for new or increased coverage if this is not your first time eligible to elect this benefit.
- **Spouse:** If you elect voluntary life coverage for yourself, you can also elect \$25,000 in voluntary coverage for your spouse.
 - If you are newly eligible, this coverage is offered without requiring your spouse to provide evidence of insurability. If you were previously eligible and are electing coverage for the first time or electing to increase your spouse's current coverage, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective.
- **Children:** Coverage is available in the amount of \$12,500. Dependent children birth to 26 years are eligible for coverage.
 - This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

SUPPLEMENTAL ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)*

You may elect Accidental Death and Dismemberment (AD&D) for yourself and your family members to provide protection in the event of death as a result of a covered accident. Accidental Death and Dismemberment (AD&D), offered through The Hartford, also provides benefits for the accidental loss of hands, feet, eyesight, speech, or hearing.

NOTE: AD&D is available without having to provide information about your or your family's health.

NOTE: Employees covered by Local 1 CBA are not eligible.

AUTO/HOME INSURANCE

As a Saint Louis University employee, you have access to auto and home insurance from Farmers GroupSelect. This program provides you with special savings, outstanding customer service, and a full suite of products. In addition to auto and homeowners insurance, MetLife offers a variety of other policies and endorsements, including: condo, renters, personal excess liability, boat, and motorcycle. You may apply for auto and home insurance through this program for eligible group members at any time. Take advantage of these savings today and call **1-855-628-2330** and mention your discount code CMS.

Phone Number: **1-800-438-6381** Website: www.farmers.com/groupselect

RETIREMENT SAVINGS 403(b) AND RETIREMENT PLAN

All employees are eligible to participate in the 403(b) plan on the date you are employed by the University. All eligible employees are auto-enrolled at a 2% contribution rate into the plan after 30 days of employment unless they opt-out through www.tiaa.org/slu.

The 403(b) plan allows you to invest up to 70% of your regular earnings on a pre-tax or after-tax Roth basis through automatic regular payroll deductions, up to the limits put in place by the IRS.

In addition, eligible employees can participate in the retirement plan match upon enrollment. Upon attainment of their 3-year anniversary, they will be 100% vested in the match.

For additional information regarding any of the plan provisions, please consult the Retirement and 403(b) Plans <https://www.slu.edu/human-resources/benefits/financial/retirement-403b-plans.php>. The 403(b) and Retirement Plan administrator is TIAA. You can contact them at **1-800-842-2252** or visit their website at www.tiaa.org/SLU.

BENEFITS ADMINISTRATOR INFORMATION

If you have any questions regarding eligibility, benefit plans or enrollment periods or would like additional information, contact the person responsible for benefits at your facility.

GET MORE INFORMATION

BENEFIT	WHO TO CALL	WEBSITE/EMAIL	PHONE NUMBER
Medical	UnitedHealthcare	www.myuhc.com or UnitedHealthcare® app	Number on ID Card or 1-888-842-4571
Prescription Drug	Express Scripts	http://www.express-scripts.com/saintlouisuniversity	Number on ID Card or 1-888-778-8755
Dental	Delta Dental	www.deltadentalmo.com	1-800-335-8266 or 1-314-656-3001
Vision	VSP	www.vsp.com	1-800-877-7195
Life & AD&D Claims	SLU Benefits Office	benefits@slu.edu https://www.slu.edu/human-resources/benefits/index.php	1-314-977-2595
Long-Term Disability Claims	The Hartford	http://www.abilityadvantage.thehartford.com	1-800-301-5615
Flexible Spending Accounts	Optum Financial (CYC)	http://www.optumfinancial.com	1-844-973-3923
Health Savings Account	OptumBank	www.optumbank.com	1-800-791-9361, option 1
Voluntary Accident	Voya Financial	https://presents.voya.com/EBRC/SaintLouisUniversity	1-800-955-7736
Identity Theft Protection	LifeLock	http://www.norton.com/benefitpremier	1-800-607-9174
Legal Insurance	MetLaw	members.legalplans.com	1-800-821-6400
Employee Assistance Program	ComPsych	www.guidanceresources.com Company ID slueap	1-800-859-9319
Retirement Savings 403(b) Plan	TIAA	www.tiaa.org/SLU	1-800-842-2252
Home and Auto Insurance	Farmers GroupSelect	www.farmers.com/groupselect	1-800-438-6381
Enrollment Support	ALEX®	https://www.start.myalex.com/slu	
SLU Benefits Office		benefits@slu.edu https://www.slu.edu/human-resources/benefits/index.php	1-314-977-2595
PSLF (Savi)	Savi	partners+tiaa@bysavi.com	1-833-604-1226
Personify Health		https://personifyhealth.com/	1-888-607-6019

ABOUT THIS GUIDE: Actual plan provisions for Saint Louis University (“the Company”) benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets (<https://www.slu.edu/human-resources/benefits/summary-plan-descriptions.php>). The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Updated: October 2025

GLOSSARY

AFFORDABLE CARE ACT (ACA)

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

BRAND NAME DRUG

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

COINSURANCE

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

COPAYMENT (COPAY)

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

DEDUCTIBLE

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

EMPLOYER CONTRIBUTION

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

GENERIC DRUG

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

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

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

HEALTH SAVINGS ACCOUNT (HSA)

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

OUT-OF-POCKET MAXIMUM

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

PLAN YEAR

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

PREVENTIVE CARE

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

IMPORTANT NOTICES

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at <https://www.slu.edu/human-resources/benefits/health-wellness/medical-dental-vision.php>; you may also request a copy free of charge by calling 1-314-977-2360.

Enclosed are important notices about your rights under your health and welfare plan (The Saint Louis University Welfare Benefit Plan), the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of May 6, 2025 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Saint Louis University reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Saint Louis University Welfare Benefit Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Saint Louis University Welfare Benefit Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

SLU Benefits Office
3545 Lindell Blvd
St. Louis, MO 63103

If you have any questions, please contact the SLU Benefits Office at 1-314-977-2595.

Patient Protection Notice

The Saint Louis University Welfare Benefit Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UnitedHealthcare at 1-800-382-4259.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from The Saint Louis University Welfare Benefit Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the UnitedHealthcare at 1-800-382-4259.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 1-314-977-2595.

Newborns' and Mothers' Health Protection Act Disclosure

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

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Optum Financial at **1-888-339-3819** for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

IMPORTANT NOTICE FROM SAINT LOUIS UNIVERSITY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Saint Louis University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Saint Louis University has determined that the prescription drug coverage offered by the The Saint Louis University Welfare Benefit Plan is, on average, for all plan

participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose (or are losing) your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Saint Louis University coverage will not be affected.

Your Saint Louis University coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Saint Louis University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Saint Louis University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at www.ssa.gov, or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 30, 2025
Name of Entity/Sender: Saint Louis University
Contact: SLU Benefits Office
Address: 3545 Lindell Blvd
St. Louis, MO 63103
Phone Number: **1-314-977-2595**
Email: benefits@slu.edu

YOUR ERISA RIGHTS

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

Receive Information About Your Plan and Benefits

You are entitled to:

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

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

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

Enforce Your Rights

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

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

All of these actions must occur within certain time schedules.

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

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;

- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website:

<https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

Or you may write to the:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA's website on the Internet at: <https://www.dol.gov/agencies/ebsa>.

GENERAL NOTICE OF CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and

under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Saint Louis University, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 31 days after the qualifying event occurs. You must provide this notice to the Human Resources Department.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage.

However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit

<https://www.medicare.gov/medicare-and-you>.

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

The Saint Louis University Welfare Benefit Plan
SLU Benefits Office
3545 Lindell Blvd
St. Louis, MO 63103
1-314-977-2595

SUMMARIES OF BENEFITS AND COVERAGE (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at:

<https://www.slu.edu/human-resources/benefits/index.php>. A paper copy is also available, free of charge, by calling **1-314-977-2595** (a toll-free number).

NOTICE REGARDING WELLNESS PROGRAM

Reasonable Alternative Standard Notice for Health Contingent Wellness Programs

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **1-314-977-2360** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC Notice Regarding Wellness Program

St. Louis University offers a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You will also be asked to complete a biometric screening, which will include blood pressure, cholesterol, triglycerides, glucose, and HbA1c. Any other results collected during your screening will only be provided to you by the screener.

You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$840 annually for an employee and an additional \$420 annually for covered spouses. Although you are not required to participate in the biometric screening, only employees who do so will receive the incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources Department at **1-314-977-2360**.

The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Saint Louis University may use aggregate information it collects to design a program based on identified health risks in the workplace, St. Louis University will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

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

The only individual(s) who will receive your personally identifiable health information are your doctor and health team in order to provide you with services under the wellness program.

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

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

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

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Saint Louis University group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources Department at **1-314-977-2360**.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
2. ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
3. ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIP (855-692-7447)
4. CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
7. GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2
8. INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
12. LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspreassistance@accenture.com
15. MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
16. MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
17. MONTANA – Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov
18. NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
19. NEVADA – Medicaid
Medicaid Website: <http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)
22. NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid
Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. OREGON – Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
29. SOUTH CAROLINA – Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
31. TEXAS – Medicaid
Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>
33. VERMONT – Medicaid
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924
35. WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP
Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
38. WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

