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# EMPLOYEE BENEFITS GUIDE

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**2021 - 2022**  
PLAN YEAR

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## Welcome

Welcome to Academy of the Holy Names. We are pleased to present our employee benefit plans to you. After completion of thirty (30) days of continuous employment, all full-time employees, and all part-time employees who work at least sixty percent (60%) of the full-time scheduled hours per week, are eligible to participate in the school's medical benefit plans. Dental, Vision, Disability and Life insurance is available after sixty (60) days of employment. To receive short-term disability (STD) you will need to work 30-hours per week. However, you will still need to satisfy the ninety (90) day introductory period before you are considered a full-time employee and eligible to participate in the school's other benefit plans.

We encourage you to read through the guide entirely. This guide is a brief description of the benefits available to you and your family. Please refer to the Academy of the Holy Names Personnel Handbook for more detailed information regarding your benefits. If you have any questions about these benefits, please contact Cori Welty at extension 230.

You have a limited time to enroll. Once your eligibility period is over you cannot enroll until the next open enrollment period which is the month of June for medical benefits to become effective July 1<sup>st</sup>. Please note that the elections you make now cannot be changed until the next open enrollment unless you experience a qualifying event such as marriage, divorce, birth or adoption of a child, spouse loss of coverage etc.

If you did not enroll in the voluntary life insurance when you originally became eligible, you can still do so however, you will be required to complete an evidence of insurability form and go through the underwriting process with Sun Life. There is no guarantee Sun Life will approve coverage at that point.

Again, this year, enrollments will be completed online using our Paycom site. Instructions for using this system are included later in this guide.

Thank you,

Cori Welty  
HR Director

# Contact Information

## Have Questions? Need Help?

Academy of the Holy Names is excited to offer access to the USI Benefit Resource Center “BRC”, which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0835 or via e-mail at [BRCSouth@usi.com](mailto:BRCSouth@usi.com). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Additional information regarding benefit plans can be found on the USI Mobile App. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

## Helpful Resources

	CARRIER	PHONE NUMBER	WEBSITE
Medical Cigna Specialty Pharmacy Cigna Home Delivery Pharmacy Pharmacy Help Desk	Cigna	866-494-2111 800-351-3606 800-285-4812 800-351-9170	<a href="http://www.myCigna.com">www.myCigna.com</a>
Telehealth	MDLive	800-400-6354	<a href="http://www.MDLive.com">www.MDLive.com</a>
Dental  Vision	Sun Life	DHMO 800-443-2995 / PPO 800-442-7742  Vision: 800-877-7195	<a href="http://www.slfserviceresources.com">www.slfserviceresources.com</a>
Basic Life and AD&D Voluntary Life and AD&D Short Term Disability Long Term Disability	Sun Life	800-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
Flexible Spending Accounts	Employee Benefits Corporation	800-346-2126	<a href="http://www.ebcflex.com">www.ebcflex.com</a>
Employee Assistance Program	SunLife	800-460-4374	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
Tax sheltered Annuity Plan – 403(B)	TIAA	800-842-4374	<a href="http://www.tiaa.org">www.tiaa.org</a>

# Eligibility

## Who is Eligible:

After completion of thirty (30) days of continuous employment, all full-time employees, and all part-time employees who work at least sixty percent (60%) of the full-time scheduled hours per week, are eligible to participate in the school's Medical benefit plans. Dental, Vision, Disability, and Life insurance is available after sixty (60) days of employment. To receive short-term disability (STD) you must work 30-hours per week. However, you will still need to satisfy the ninety (90) day introductory period before you are considered a full-time employee and eligible to participate in the school's other benefit plans.

## When Coverage Begins:

Medical becomes effective on the 30<sup>th</sup> day after your date of hire.

Dental, Vision, Basic & Voluntary Life, Long Term & Short-Term Disability become effective on the 60<sup>th</sup> day after your date of hire.

## Eligible Dependents:

You may enroll your eligible dependents for coverage, including:

- Your legal spouse
- Your children up to age 26. (natural children, step-children, legally adopted children, children whom you have legal guardianship of)

## When Can you Enroll?

You can sign up for Benefits at any of the following times:

- After completing initial eligibility period;
- During the annual open enrollment period;
- Within 30 days of a qualified family-status change.

If you do not enroll at one of the above times, you must wait for the next annual open enrollment period.

## What happens to my coverage if I terminate employment?

If your employment with the Academy terminates, your Medical benefits will end on the last day of the month in which your employment ends, all other benefits will end on your last day of work. If you are a 10-month employee and signed a contract and do not return for the new school year, your benefit end date will be June 30<sup>th</sup>.

# Changes in Benefit Elections

## Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year.

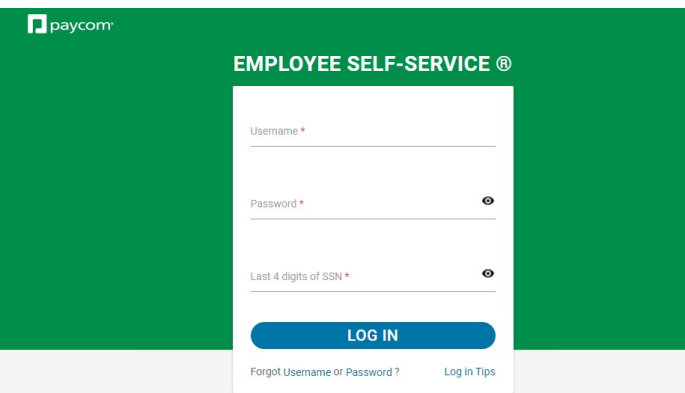
During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year. Open enrollment for FSA is in November for a January 1<sup>st</sup> effective date.

To enroll or make a life status change, please login to the Paycom at [www.Paycom.com](http://www.Paycom.com)

# Enrollment

Academy of the Holy Names payroll and benefits are available on the Paycom site.



This website is a self-service benefit platform where employees may enroll, view, and/or make changes to their benefits throughout the year.

## Existing Members

In the Employee Login section, enter your username, password, and last 4 digits of the SSN.

## New Member Login

If you have not previously accessed the employee payroll and benefits website, you will need to register your account. An email will be sent to you from Paycom. Following the instructions to setup your account.

## Step 1 – Know your Benefit Options

Review the Employee Payroll & Benefits Website to see your benefit options. The Benefit Website includes:

- Benefit summaries
- Insurance carrier information
- Member service information
- Provider search directories
- Forms and plan documents

## Step 2 – Benefit Elections

Click **Enroll Now** elect benefits:

- Step by step enrollment guidance
- Price per paycheck is displayed for each benefit elected
- Add and manage covered dependents
- Update beneficiaries
- Review and submit final elections
- Save the Benefit Confirmation Statement (BCS) for your records



# Benefit Resource Center (BRC)



Call the Benefit Resource Center ("BRC"),  
We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



[BRCSouth@usi.com](mailto:BRCSouth@usi.com) | Toll Free: 855-874-0835  
Monday-Friday 8am-5pm EST

# Free Mobile Benefits App

**The USleb app gives on-the-go access to all of your benefit and insurance policy details, HR contact information and more!**

Our mobile benefits app provides a quick and simple way for you to access benefit summaries and other important information about your group plans. The app also offers the ability to take photos of ID cards to store on the phone, as well as a way to easily locate carrier and HR contact information—all in one place—24/7 and on the go. Our app is free, available for iPhone and Android and the benefits include:

- **Staying Organized**

The app gives employees access to all of their benefit plan information and ID cards—all in one place.

- **Lightening Wallets**

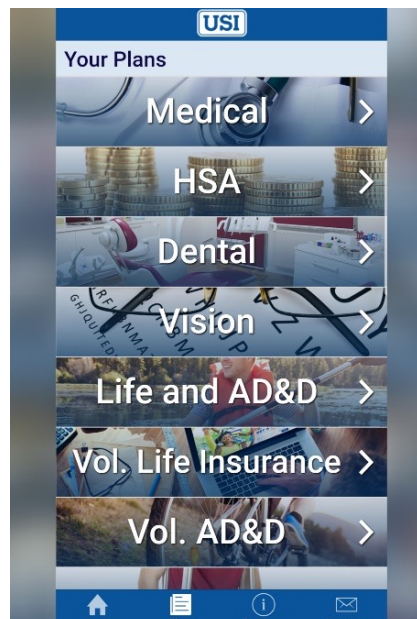
The app allows you to take and access images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.

- **Getting In Touch**

The app provides you with a single location to find contact information for your Human Resources team and the Benefit Resource Center as well as insurance carriers.

## Find it in Your App Store

Search for “usieb” and download the free app. After scrolling through the intro pages enter this Code when prompted: **720756**



# 2021/2022 Wellness Program

- Academy of the Holy Names will continue the employee wellness program for the 2021/2022 plan year. Again, this year **both employee and spouse** will be required to complete an annual physical.
- The employee contribution for 2022-2023 will increase an additional 20% above the annual increase if either the employee or spouse does not complete their annual physical.
- **Just 2 steps to improve your health and save....**
  1. **Complete an annual physical with your primary care physician (PCP)** Your doctor will need to complete & sign the company-provided Physician Form to confirm you had your annual physical. **Physician visits between May 1, 2021 & April 15, 2022, will be accepted.**
  2. **Submit the form on or before April 30, 2022.** See instructions listed on the form regarding how to send it.
- The wellness challenges and prizes will continue in 2021/2022.

*\*New hires: eligible for benefits on 12/1/21 & after will receive incentive.*

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Contact Human Resources at (813) 839-5371 Ext. 230

*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 (813-839-5371 Ext. 230) 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.*



## TERMS YOU NEED TO KNOW

### Deductible

Amount member is responsible for before the plan pays for certain services.

### Maximum Out-of-Pocket

Member total payments for deductible, coinsurance and copays to stated maximum per plan year. Once reached, the plan will pay 100% for eligible expenses for the rest of the plan year.

### Coinsurance

Percentage of payment shared between the member and the plan for certain services after the deductible has been met.

# Medical

Academy of the Holy Names will continue to offer medical coverage through Cigna.

## How to Find a Doctor or Facility Online

- Go to [www.Cigna.com](http://www.Cigna.com)
- Click on “Find A Doctor, Dentist or Facility”
- Click on “For Plans Offered Through Work or School” (in orange box).
- Sort by network (OAP), location, specialty or name.



**Download the myCigna Mobile App to access your network or providers and manage your benefits.**

Get access to an electronic version of your ID Card or find a physician, compare costs, track deductibles, etc. To log in and use the app, you must be registered on MyCigna's secure member site and have a username and password.

## Frequently Asked Questions

**Q. What should I do if I have a problem getting a claim paid?**

- A. Start by contacting Cigna's member services number to determine the nature of the problem. If the issue is the way the doctor or other service provider has billed the claim, then contact your doctor or Claims Advocate at USI. If the insurance company has an eligibility issue, contact Human Resources for assistance.

**Q. What is the difference between brand formulary, brand non-formulary, and generic drugs?**

- A. Brand formulary is a prescription drug that is listed in the formulary (i.e., a list of prescription drugs covered by the plan). These drugs are protected by a patent issued to the original innovator or marketer. Brand non-formulary drugs are patent protected but are not listed in the formulary. A generic equivalent drug can become available when the patent protection runs out, and is deemed equal in therapeutic power to the brand name original drug.

**Q. When should I go to the Urgent Care vs. Emergency Room?**

- A. For non-life threatening injury/illness after normal doctor's office hours.

# Getting More from your Health Care Dollars

## Healthy Babies® Maternity Program

Helping you and your baby grow healthy – together

Enroll anytime during your pregnancy and you get a Welcome Kit. You have round the clock access to a toll-free information line staffed by experienced registered nurses

## Healthy Rewards®

Healthy Rewards offers special discounts on programs and services designed to help you enhance your health and wellness. No referrals, no claim forms. The program is separate from your health coverage so services don't apply to your plan copays or coinsurance. – weight management & nutrition, fitness, tobacco cessation.

## 24-Hour Health Information Line<sup>SM</sup>

Whether you need guidance on medical treatment or assistance with a health question you can call the Health Information Line. Seven days a week, 24 hours a day you can get live support. Dial the toll-free number on your Cigna ID card and you will be connected to a nurse who is ready to help answer your question.

## Online Consumer Support Tools

Tools to assist you in making informed health decisions and seeking health care based on quality and cost  
Hospital & Drug Compare Tool  
Personal Health Record & Calendar  
Ready, Set, Stop! – smoking cessation  
Symptom Checker & Conditions Center

**Prescription Drug Benefits at a Reduced Cost** – Did you know you can obtain prescription drugs at local retailers at a reduced cost and sometimes even free? **Publix** offers a variety of generic Oral Antibiotic medications to you absolutely free. Bring in your prescription for an approved medication and receive it FREE, up to a 14-day supply. Publix recently approved a medication for diabetes. **CVS, Target, Walgreens & WalMart** also offer over 400 generic prescriptions for \$4 and a 90 day supply for approx. \$10. Remember DO NOT show your UHC ID card to receive these benefits, or you will be charged your UHC drug rate.

In addition to the network of physicians, hospitals, emergency rooms, and urgent care clinics, you also have the option of going to the convenient care clinics located within some grocery and drug stores, for minor illness such as ear aches, colds, flu and so on. By selecting one of these providers, you pay only the regular office visit copay; a significant savings over the emergency room and urgent care copayments.

Please visit the various websites for locations, hours of operations and scope of services.

CVS Minute Clinic: [www.cvs.com](http://www.cvs.com)

Walgreen's Take Care Clinic: [www.walgreens.com](http://www.walgreens.com)

# MEDICAL COVERAGE

## Medical

The chart below provides a brief outline of the Cigna medical plan. Please refer to the summary plan description for complete plan details.

<b>CIGNA Healthcare Network</b>	<b>Cigna Base</b>	<b>Cigna Choice</b>
<b><u>IN-NETWORK:</u></b>	<b>Calendar Year</b>	<b>Calendar Year</b>
Plan Year / Contract Year Basis		
Deductible (Individual / Family)	\$2,000 / \$6,000	\$750 / \$2,250
Maximum Out-of-Pocket (Individual / Family)	\$5,000 / \$12,500	\$5,000 / \$12,500
Out-of-Pocket Max Includes	Deductible, Coinsurance, and Copays	Deductible, Coinsurance, and Copays
Lifetime Major Medical Maximum	Unlimited	Unlimited
Coinsurance	80%	90%
<b><u>ROUTINE PREVENTIVE SERVICES:</u></b>		
Wellness	Covered 100%; deductible does not apply	Covered 100%; deductible does not apply
Immunizations		
Mammography/Colonoscopy		
<b><u>CO-PAYS:</u></b>	<b>Open Access</b>	<b>Open Access</b>
PCP Required / Open Access		
Office Visits/Consultations for Illness/Injury	\$30 Copay	\$25 Copay
Specialist Visits	\$50 Copay	\$45 Copay
Inpatient Hospital	\$250 per confinement + 20% after Deductible	\$100 per confinement + 10% after Deductible
Outpatient Surgery	\$100 + 20% after Deductible	\$100 + 10% after Deductible
Emergency Room	\$300 Copay	20% after Deductible
Urgent Care	\$50 Copay	\$45 Copay
<b><u>OUTPATIENT DIAGNOSTIC SERVICES:</u></b>		
Lab Services	20%; deductible does not apply	10%; deductible does not apply
X-Ray Services	20%; deductible does not apply	10%; deductible does not apply
Complex Diagnostic	20% after Deductible	10% after Deductible
<b><u>INFERTILITY TREATMENT</u></b>		
in-Vitro, GIFT, ZIFT	Not Covered	\$10,000 Lifetime Maximum
<b><u>PRESCRIPTIONS:</u></b>	<b>Brand Deductible \$250 / \$750</b>	<b>Brand Deductible \$250 / \$750</b>
Preventive Generic	\$0 Copay	\$0 Copay
Retail (30 day supply)	\$15 / \$40 / \$70	\$15 / \$40 / \$70
Mail Order (90 day supply)	2 x retail Copay	2 x retail Copay
<b><u>OUT-OF-NETWORK:</u></b>		
Deductible (Individual / Family)	\$6,000 / \$18,000	\$3,000 / \$9,000
Maximum Out-of-Pocket (Individual / Family)	No Maximum	No Maximum
Lifetime Major Medical Maximum	Unlimited	Unlimited
Coinsurance	50%	50%

# Cigna Telehealth Connection

Cigna provides access to **two** telehealth services as part of your medical plan – **AmWell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

**Choose when:** Day or night, weekdays, weekends and holidays.

**Choose where:** Home, work, or on the go.

**Choose How:** Phone or video chat.

**Choose who:** AmWell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on either (or both) AmWell and MDLIVE, you can speak with a doctor for help with:

- sore throat
- fever
- rash
- Headache
- Cold and flu
- acne
- Stomachache
- Allergies
- UTIs and more

AmWell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

Register for one or both today so you'll be ready to use a telehealth service when and where you need it.

**AmWellforCigna.com**  
**855-667-9722**

**MDLIVEforCigna.com**  
**888-726-3171**

## Signing up is easy!



Set up and create an account with one or both AmWell and MDLIVE



Complete a medical history using their "virtual clipboard"



Download vendor apps to your smartphone/mobile device\*\*

## DENTAL COVERAGE



## Dental

Academy of the Holy Names offers two dental plans through Sun Life, a DHMO plan and a PPO plan. The DHMO plan is an in-network only plan, there are no benefits of out-of-network dentists. There are no plan maximums or deductibles on the DHMO plan. The PPO plan allows you to use both in-network and out-of-network benefits. If out-of-network dentists are used, you will be responsible to pay the difference between Sun Life's allowed amount and the amount the dentist actually charges. This chart provides a brief outline of the plan. Please refer to the summary plan description for complete plan details.

		Sun Life DHMO	Sun Life PPO		
		In-Network	In- Network	Out-of Network	
Deductible					
Individual		None	\$50	\$50	
Family		None	\$150	\$150	
Annual Maximum			\$1,000 (Preventive Care does not apply toward annual maximum)		
Individual		None			
Diagnostic & Preventative			Deductible Waived		
Exams	D0120	No Charge	100%	100%	
Cleanings	D1110	No Charge			
Fluoride	D1203	No Charge			
X-Rays	D0272	No Charge			
Sealants	D1351	No Charge			
Regular Restorative Services			Deductible Applies		
Amalgam Fillings	D2150	\$15	80%	80%	
Extractions - Single Tooth	D7140	\$18			
Major Services			Deductible Applies		
Endodontics (Root Canal)	D3320	\$225	50%	50%	
Periodontics (Gum Disease)	D4211	\$75			
Crowns	D2791	\$225 + Lab			
Bridges	D6211	\$225 + Lab			
Dentures	D5110	\$305 + Lab			
Orthodontics			Not Covered		
Comprehensive Treatment – Child	D8070	\$2,000			
Comprehensive Treatment - Adult	D8090	\$2,200			
Age Limitation		Child to age 26			



## VISION COVERAGE

# Vision

Academy of the Holy Names offers vision coverage through Sun Life using the VSP Network. The chart below provides a brief outline of the plan. Please refer to the summary plan description for complete plan details.



Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Benefit Frequency		
Exams	Once every 12 months	
Lenses/Contacts	Once every 12 months	
Frames	Once every 24 months	
Copays		
Exam Copay	\$10 copay	N/A
Materials Copay (waived for non-formulary elective contact lenses)	\$25 copay	N/A
Sample of Covered Services		
You pay (after copay if applicable):		
Exams	\$0	Amount over \$50
Single vision Lenses	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86
Frames	80% of amount over \$130	Amount over \$48
Contacts		
Elective	amount over \$130	Amount over \$105
Medically Necessary	\$0	Amount over \$210
Laser Vision Correction	Discounts Available	

# Payroll Deductions

The charts below show the per pay period payroll deduction amounts for each of the benefits offered.

## Monthly Premiums

	Cigna Base – Wellness	Cigna Choice – Wellness	Cigna Base – Non-Wellness	Cigna Choice – Non-Wellness
Employee Only	\$46.23	\$104.01	\$55.47	\$124.81
Employee + Spouse	\$520.05	\$635.61	\$624.06	\$762.74
Employee + Child(ren)	\$375.59	\$462.26	\$450.71	\$554.72
Family	\$606.72	\$751.18	\$728.07	\$901.41

### Spousal Surcharge

Academy of the Holy Names encourages working spouses to enroll in their employer's plan. If your spouse is eligible for his/her employer's medical coverage, and he/she chooses not to enroll and subsequently enrolls in the Academy's medical plan, you will be responsible for paying the spousal surcharge of an additional **\$100 per month**.

	DHMO Dental	PPO Dental	Vision
Employee Only	\$8.62	\$27.64	\$0.00
Employee + Spouse	\$14.09	\$53.50	\$6.95
Employee + Child(ren)	\$18.62	\$70.44	\$8.33
Family	\$24.39	\$96.31	\$15.27

## Teachers and 12-month Staff (26 Pay Periods)

	Cigna Base – Wellness	Cigna Choice – Wellness	Cigna Base – Non-Wellness	Cigna Choice – Non-Wellness
Employee Only	\$21.34	\$48.00	\$25.60	\$57.61
Employee + Spouse	\$240.02	\$293.36	\$288.03	\$352.03
Employee + Child(ren)	\$173.35	\$213.35	\$208.02	\$256.02
Family	\$280.03	\$346.70	\$336.03	\$416.04

### Spousal Surcharge

If your spouse is eligible for his/her employer's medical coverage, and he/she chooses not to enroll and subsequently enrolls in the Academy's medical plan, you will be responsible for paying the spousal surcharge of an additional **\$46.15 bi-weekly**.

	DHMO Dental	PPO Dental	Vision
Employee Only	\$3.98	\$12.76	\$0.00
Employee + Spouse	\$6.50	\$24.69	\$3.21
Employee + Child(ren)	\$8.59	\$32.51	\$3.84
Family	\$11.26	\$44.45	\$7.05

## FLEXIBLE SPENDING ACCOUNT

# Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Employee Benefits Corporation allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

### How it Works:

- The FSA plan runs on a calendar year basis – January 1 – December 31.
- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

### Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your account by the end of the plan year, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, Health Care Account balances in excess of \$500 cannot be carried over from year to year. If you have unused funds in amounts more than \$500 at the end of the plan year, or at the end of any applicable grace period, those funds will be forfeited. The Dependent Care Accounts are not eligible for the rollover. Any balance remaining in Dependent Care Accounts will be forfeited. That’s an IRS requirement. So estimate the amount you want to contribute to your FSA carefully.

### 2020 Maximum Annual Election:

- Healthcare FSA: \$2,750
- Dependent Care FSA: \$5,000 per year



## LIFE INSURANCE

# Life and AD&D

Academy of the Holy Names provides Basic Life and Accidental Death & Dismemberment benefits at no cost to eligible employees. The Life insurance benefit is 1 times your annual salary to a maximum of \$200,000 and will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit is also 1 times your annual salary to a maximum of \$200,000 and will be paid in the event of a loss of life or limb by accident while covered under the plan.

The Basic Life and AD&D benefit will begin to decrease at age 65.

### Important Reminder!

Be sure to assign a beneficiary or living trust in the Employee Benefits Website to ensure your assets are distributed according to your wishes.

## Voluntary Life and AD&D

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

### Voluntary Life Insurance

You may purchase additional Life insurance with Sun Life if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

Benefits Coverage	
Employee Life	Increments of \$10,000 up to a maximum of \$300,000, not to exceed 5 times your salary
Employee Guarantee Issue	\$100,000
Spouse Life	Increments of \$5,000 up to \$150,000 not to exceed 50% of employee amount
Spouse Guarantee Issue	\$30,000
Dependent Life	\$10,000
AD&D	Equal to Life
Benefit Reduction Schedule	Reduces to 65% at age 65. to 40% at age 70. and to 25% at age 75

## DISABILITY COVERAGE

### Short Term Disability

Academy of the Holy Names provides short-term disability coverage through Sun Life for employees who work a minimum of 30-hours per week. This benefit covers 60% of your weekly base salary up to a maximum of \$1,500. The benefit begins after 14 days of injury or illness and lasts up to 24 weeks. Please see the summary plan description for complete plan details.

### Long Term Disability

Academy of the Holy Names provides long-term income protection through Sun Life in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$6,000. Benefit payments begin after 180 days of disability. This benefit will pay you disability income up to your Social Security Normal Retirement Age. Please see the summary plan description for complete plan details.



# Employee Assistance Plan (EAP)



Sun Life provides an Employee Assistance Program called **GuidanceResources**. Personal issues, planning for life events or simply managing daily life can affect your work, health and family. **GuidanceResources** provides support, resources and information for person and work-life issues. **GuidanceResources** is company-sponsored, confidential and provided at no charge to you and your dependents.

## Confidential Counseling

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by **GuidanceConsultants<sup>SM</sup>** —

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

## Financial Information and Resources

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

## Legal Support and Resources

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

## Work-Life Solutions

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

**Call: 800.460.4374**

**TDD: 800.697.0353**

**Go online: [guidanceresources.com](http://guidanceresources.com)**

**Your company Web ID: EAPEssential**

## 403(b) RETIREMENT SAVINGS PLAN



# Tax Sheltered Annuity Plan

Academy of the Holy Names is looking forward to helping you build your financial future. For nearly 100 years, TIAA has been helping people in education, research, healthcare and government to meet their investment and insurance needs through an expanding array of quality products and services. We are committed to providing you with some of the best investment management and retirement services that are available.

To help employees prepare for the future, Academy of the Holy Names sponsors a 403(b) tax-sheltered annuity (TSA) plan through TIAA as part of its benefits package. The Academy will contribute 5% annually to the TIAA 403(b) plan regardless of whether or not you choose to contribute, for employees who have fulfilled the following requirements. Employees may make pre-tax contributions to this Plan immediately, or at any time.

1. Worked 1000 hours in a fiscal year
2. Completed one year of service at the institution and
3. Attained the age of 21

If an employee elects to contribute up to 2% of his/her salary to the Academy Plan, the Academy will then contribute 5%; if an employee elects to contribute 2% or more of his/her salary to the Academy Plan, the Academy will then contribute 6%. The employee becomes fully vested in the Academy's contribution after he/she has been receiving the Academy's contribution for a full two (2) years.

A TIAA financial consultant can help you set priorities and chart a path forward. Your plan allows you to direct how contributions are invested. When making investment decision, you should keep in mind how long you have until retirement, your tolerance for risk, how this retirement plan fits into your overall financial goals, and the impact of fees.

**Right to Direct Investments:** You may specify how your future contributions to the plan are directed or make changes to existing investments in your plan as described in the Summary Plan Document. You may enroll:

1. Online by visiting [tiaa.org](http://tiaa.org),
2. By phone at 1-800-842-2888 available Monday-Friday 8am to 10pm and Saturday, 9am to 6 pm (ET)
3. Investment Advisors are available by phone at 1-800-842-2776

### **Invest Options**

A variety of investment options are available for your use in the plan. These investments were carefully selected and are monitored on a regular basis. A current list of investment options and detailed description of each one is available at [www.tiaa.org](http://www.tiaa.org), enter your plan **Employee Contribution (GSRA) ID 330510**, **Employer Contribution (GRA) ID 330511** and you'll be directed to plan and investment information.

# Additional Benefits

## Paid Time Off

### **Personal/Sick Leave Administration, Faculty and Staff**

All twelve (12) month and ten (10) month full-time employees will receive personal/sick days per year (July 1-June 30). 12-month employees will receive 10 days, and 10-month employees will receive 7 days. The days will be awarded and are available in the individual employee's time-bank as of the first pay period of the fiscal year (July 1). Personal leave will not accrue during any leave of absence without pay.

**Part-Time:** Employees are eligible for personal leave which is based on the prorated number of days and hours worked. The total number of personal/sick hours will be awarded and available in the individual employee's time-bank as of the first pay period of the fiscal year (July). Part-time employees must work 60% of a full-time employee's schedule to qualify for personal time.

An employee may carry over to the next fiscal year any unused personal leave, up to a maximum of thirty (30) days. On June 30<sup>th</sup> of each year, the Academy will review each employee's personal leave account and will redeem that amount of accumulated personal leave which exceeds thirty (30) days. The redemption rate will be equal to one-half (1/2) of the employees' daily rate of pay. If an employee terminates employment and gives notice, the employee will receive their remaining personal time at half the rate. If an employee terminates without giving two weeks' notice or if the employee is terminated not in good standing, they will forfeit any right to be paid for personal leave accrued as of your termination date.

### **Vacation**

**Administration, Faculty, and Staff:** All 10-month full-time employees will receive 3 vacation days per school year. All full-time 12-month (non-instructional) employees begin accruing vacation leave on their first day of employment. The total paid vacation days will be awarded on July 1<sup>st</sup> based on full years of service (July 1<sup>st</sup> through June 30<sup>th</sup>) in accordance with the following table. However, vacation leave will not accrue during any leave of absence without pay.

The maximum vacation balance at the end of each year will be two years of consecutive vacation days earned. Employees may go over this limit at the beginning of the year but then cannot carry forward at each June 30<sup>th</sup> more than the total vacation awarded over the prior 2 years. If an employee terminates in good standing, they will be paid out their remaining vacation time at the full rate.

Employees should apply for vacation and receive approval from their supervisor at least two weeks prior to the commencement of the anticipated vacation.

Years of Eligible Service (12-month Employees Only)	Vacation Days Earned Each Year
Less than 1 Year	Pro-rated, based on length of service and 10 days
1 – 5 Years	10 Days
6 – 15 Years	15 Days
16 – 20 Years	20 Days
21 + Years	1 Day per year (25 days max.)

### **Holiday Pay**

To be eligible for holiday pay, you must be benefit eligible and work the last scheduled day before the holiday and the first scheduled day after the holiday unless otherwise approved by your supervisor/HR. Holiday pay does not count as "hours worked" for purposes of calculating an employee's entitlement to overtime during the week in which the holiday occurs. You will be paid for a proportionate number of hours that you are normally scheduled to work that day. For example, if you are normally scheduled to work eight (8) hours on Friday, you would be paid for eight (8) hours for Good Friday holiday. If you are normally scheduled to work two (2) hours on Friday, you would be paid two (2) hours for Good Friday holiday. Employees don't qualify for holiday pay when on a leave. If an employee doesn't take off on the July Fridays, employees can bank them but must use them within the calendar year or will lose them.

All holidays are at the discretion of the President.

### **Paid Holidays**

- Dr. Martin Luther King Jr. Day
- President's Day
- Holy Thursday
- Good Friday
- Easter Monday
- Memorial Day
- Independence Day
- Labor Day
- Day Before Thanksgiving
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve through New Year's Day
- Julys Fridays

## **School Closed**

In addition to Paid Holidays, School is closed on certain days during the school year, as determined each year by the school calendar. Employees should refer to the school calendar to determine which days the School will be closed each year. Generally, the Academy is closed for two (2) weeks over the Christmas break.

All benefit eligible employees will be paid for days when the School is closed per the school calendar. However, during this time you may need to complete work with hard due dates or work that is assigned. If you work during this time, you will not receive any extra compensation unless you work over 40 hours a week. The time off may not be transferred to later time off dates.

## **Compassion Bank/Donated Paid Personal Time**

For instances where an employee is suffering from a serious illness, or otherwise is forced to miss a significant period of work time for personal or family reasons, the Academy will permit the employee to use paid personal time donated by co-workers. The criteria governing use of this "compassion bank" privilege shall be as follows:

1. An employee must have completed successfully his or her ninety (90) day introductory period with the Academy, and must have used all of his or her available paid time off, including vacation time;
2. The employee must have either a medical reason not covered by short term disability or workman's compensation, or a serious personal or family reason, for needing additional paid time off and
3. The employee must have at least a good-faith expectation of returning to his or her regular work schedule within a reasonable time.

An employee seeking to use the compassion bank shall proceed by contacting the director/principal of his or her department/division, who shall make the employee's need known to the AHN community, with due regard to the privacy of the employee and/or the sensitivity of the circumstances. Co-workers wishing to donate personal time may also contact the administrator to initiate this process. If the employee so desires, the administrator's solicitation of compassion bank donors simply will state that the employee is requesting a donation of personal time, and will offer co-workers the option of contacting the employee for further information regarding the basis for the request. Any co-worker responding to the announcement then will be asked to complete a form available in the Academy's Business Office, with the form identifying how many personal hours the co-worker wishes to donate.

Personal time may be donated in hourly increments. There shall be no ceiling on the number of accrued personal hours an employee may donate, but a recipient may receive no more than two hundred forty (240) donated personal hours in any one contract year (for instructional staff) or calendar year (for other employees). Upon a donation, Administration will deduct the personal hours from the donors' totals, in the order received and up to the hourly limit, and will add the personal hours to the recipient's total as needed. Donated personal hours are transferred permanently and irrevocably, and shall be subject to the Academy's rules on carry-over and redemption. The Academy will not identify the donors to the recipient, although donors privately may choose to convey this information. AHN solely shall inform the recipient of the total number of personal hours donated.

An employee only may apply donated paid personal hours prospectively, to an absence that occurs no earlier than the day compassion bank usage is sought. With respect to coordination with other leaves, donated hours may be used in conjunction with leave taken under the Family and Medical leave Act ("FMLA"), or at the conclusion of a period of FMLA leave if the employee still is unable to return to work. As with worker's compensation absences, an employee also may use donated personal hours to supplement worker's compensation benefit payments, to prevent an overall loss of income. The combined total of benefit payments and payments representing donated personal time shall not exceed the employee's regular salary or wage.

Employees are expected to contact AHN, as specified by the Academy's personal leave policy, on any day when donated personal time is to be used, unless Administration has given advance approval for a multiple-day absence. Where the compassion bank privilege is being utilized for a medical reason, the Academy reserves the right to require a further doctor's statement in addition to any data already provided by the employee's health care provider(s). Abuse of the compassion bank privilege—to include falsification or misrepresentation of facts related to need—will result in discipline and forced restitution of all donated hours.

## **Bereavement Leave**

All full-time and part-time employees who are employed at least sixty percent (60%) of a full-time schedule are **eligible to receive up to three (3) days paid bereavement leave** in the event they miss regularly scheduled workdays due to the death or funeral of a member of the employee's immediate family. Your immediate family includes your spouse or domestic partner, children, stepchildren, parents, grandparents, grandchildren, brother or sister, your spouse's parents, brother-in-law, sister-in-law, and any other relative residing in the same household. The President may also approve bereavement leave in the event of a death of other persons with whom you have close relationship. One (1) additional funeral leave day will be granted for funeral services out of the state. Bereavement leave will be granted solely at the discretion of the administrator. Employees regularly working less than sixty percent (60%) of the time may be granted an excused absence **without pay** not to exceed three (3) days.

An employee who is notified of a death in his or her immediate family while at work will be paid for the remainder of the scheduled hours that day. **The three-day eligibility for paid bereavement leave will not commence until the next regularly scheduled workday which is lost.** All time off in connection with the death of one of the above-listed individuals should be discussed with your supervisor.

## **Jury Duty**

If you are a Full-time employee called to Jury duty by official order during regular school work days, please notify your supervisor immediately so we can plan the departments work with as little disruption as possible. You must also furnish your supervisor with a copy of the official notification to service. Employees will be compensated for jury duty.

## **Voting**

Academy of the Holy Names encourages every full-time employee to have the opportunity to vote in every election. Generally, there will be sufficient time to vote either before or after your scheduled shift. However, if you foresee a problem getting to the polls, please notify your supervisor so that arrangements can be made.

## **Civil Leave**

All full-time employees may be granted a civil leave with pay (up to two (2) days) to attend court as a witness under official subpoena **not** due to the employee's **own** alleged misconduct or negligence.

## **Family Medical Leave Policy (FMLA)**

Eligible employees may take up to 12 weeks of unpaid, job-protected leave each year for specified family and medical reasons. Faculty may take up to six additional weeks, unpaid, in coordination with the division principal, depending upon the academic calendar, and with the understanding that the continuity of the teacher is of the utmost importance.

### **Employee Eligibility**

To be eligible for (FMLA) family or medical leave, you **must**:  
Have worked at least 12 months for the Academy;  
Have worked at least 1,250 hours for the Academy over the previous 12 months: and,  
Work at a location where there are at least 50 employees within 75 miles.

### **Conditions Triggering Leave**

Family and medical leave must involve one or more of the following reasons:

- For the birth of a child, to care for a newly-born child, or placement of a child with the employee for adoption or foster care.
- To care for an immediate family member (spouse, child, or employee's parent) with a serious health condition.
- Because of the employee's serious health condition which makes the employee unable to perform the functions of the employee's job.

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves or regular Armed Forces in support of "qualifying exigency," may use their 12 week family leave entitlement to address certain qualifying exigencies. This new law extends exigency leave to eligible family members of Active Duty Service Members (i.e. a member of the Armed Forces who is on active duty and deployed to a foreign country). In addition, eligible family members of reservists may take FMLA leave for a qualifying exigency arising from the fact that the reservist is deployed to a foreign country under call or order to active duty pursuant to certain statutory provisions. This law is intended to extend eligibility for exigency leave to covered family members of those deployed in a foreign country and not only in support of a contingency operation.

FMLA also includes a special leave entitlement that permits eligible employees to take up to **26 weeks** of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. The military caregiver leave provision includes caring for a **Veteran** who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness and who was a member of the Armed Forces (**including a member of the National Guard or Reserves**) at any time during the period of 5 years preceding the date on which the **Veteran** undergoes that medical treatment, recuperation or therapy.



## **Family Medical Leave Policy (FMLA) – Continued**

### **Notice and Medical Certification**

When seeking family and medical leave, you must provide:

- An Advance notice of thirty (30) days' advance notice of the need to take family and medical leave, if the need is foreseeable. If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.
- Medical certifications supporting the need for leave due to a serious health condition affecting you or an immediate family member.
- Second or third medical opinions and periodic re-certifications requested by the employer shall be at the employee's expense unless the employer provides otherwise.
- Such periodic reports as deemed appropriate during the leave regarding your status and intent to return to work.
- Medical certification of Fitness for Duty before returning to work, if the leave was due to your serious health condition.

### **Exceeding FMLA Leave**

Any employee who exceeds their 12-week FMLA entitlement, without prior approval, may be subject to termination of employment. See Personnel Handbook for full details of this policy.

## **Paid Parental Leave**

The Academy of the Holy Names supports employees who choose to have or adopt children and provides Paid Parental Leave to ensure the health and well-being of parents and children.

### **Eligibility**

The Academy provides unpaid pregnancy and parental leave to all eligible employees in accordance with the Family Medical Leave Act (FMLA), the Pregnancy Discrimination Act (PDA), the Americans with Disabilities Act (ADA), and Florida Law. Employees who have been employed full-time by the Academy for 12 months are eligible for up to **four weeks** of Paid Parental Leave in any twelve month calendar year. Paid Parental Leave will run during the qualifying leave that would otherwise be unpaid, including parental leave under the FMLA. Employees must be benefit eligible at the time of the leave to receive Paid Parental Leave.

If both parents are employees of the Academy, they may take a combined total of up to four weeks of Paid Parental Leave.

Employees may also be eligible for unpaid pregnancy, parental, or disability leave under the FMLA, PDA, or ADA. Please inquire with Human Resources for information about eligibility requirements under these laws. These types of leave may run concurrently with other leave where permitted by state and federal law.

### **The Academic Year**

For the purposes of this policy, the Academic Year refers to the Academy's paid work-year for instructional faculty members. The Academic Year generally begins in August and ends in June, although such dates are subject to change.

### **Availability**

Paid Parental Leave is not available for weeks during which an employee would not ordinarily be paid. For instructional faculty members, this generally means that Paid Parental Leave is not available for dates falling outside of the Academic Year, such as summer break.

Paid Parental Leave shall be available for a 12-month period following birth of a child or following placement of a newly adopted child in an employee's home. The Paid Parental Leave will generally commence immediately following the birth or adoption of a child. However, Paid Parental Leave may occur prior to an adoption when deemed necessary to fulfill the legal requirements for an adoption.

### **Compensation During Leave**

Paid Parental Leave must be taken in increments of at least one week. During leave designated as Paid Parental Leave, the employee will be paid at his or her normal rate of pay.

### **Notice**

Employees should give at least 30 days notice of their request for Paid Parental Leave. If 30 days notice is not possible because of medical necessity or for other reasons, employees should give as much advance notice to the Academy as possible. In any case, employees must specify that they are requesting Paid Parental Leave; otherwise the leave may be categorized differently and employees may not be compensated during leave.

### **Reemployment and Job Restoration**

The Academy will provide job restoration to employees on Paid Parental Leave as required by applicable law. In cases where job restoration is not feasible or required by applicable law, the Academy will allow an employee on approved Paid Parental Leave to return to work in an alternate position.

## **Paid Parental Leave – Continued**

### **Discrimination and Retaliation Prohibited**

The Academy prohibits and will not tolerate discrimination or retaliation against any employee or applicant on the basis of that person's taking or requesting pregnancy or parental leave, membership in a protected class, or taking part in a protected activity. Specifically, no one will be denied employment, leave, reemployment, job restoration, promotion, or any other benefit of employment or be subjected to any adverse employment action based on that person's taking or requesting pregnancy or parental leave, membership in a protected class, or taking part in a protected activity. In addition, no one will be disciplined, intimidated, or otherwise retaliated against because that person exercised rights under this policy or applicable law.

The Academy is committed to enforcing this policy against discrimination and retaliation. However, the effectiveness of our efforts depends largely on employees telling us about inappropriate workplace conduct. If employees feel that they or someone else may have been subjected to conduct that violates this policy, they should report it immediately. If employees do not report such conduct, the Academy may not become aware of a possible violation of this policy and may not be able to take appropriate corrective action.

### **Workers' Compensation Insurance**

The Academy carries Workers' Compensation Insurance for the protection of their employees while on the job. This coverage provides for certain medical expenses and, for periods of time and at percentage rates defined by law. Individuals who are hurt on the job, no matter how small or apparently insignificant their injury, should report the situation to their Department Head immediately, as there is a time limit within which claims for workers' absences due to on-the-job injury or illness should be reported. If you are in an accident while at work, we ask that you complete the following steps:

For all injuries requiring medical attention:

For all life threatening medical emergencies, regardless of your location, call 911

#### **Report the injury to your supervisor who will direct you to the HR Department**

Seek medical attention from the choice of network physicians provided to you by your HR Department. Failure to obtain medical treatment from a participating provider will jeopardize your workers' compensation benefits.

The medical case manager may contact you to assist in your care, any necessary referrals, and your return to work-plan. Should you wish to see a specialist within the approved network, your medical case manager must coordinate all referrals.

### **Faculty Enrichment**

The Academy of the Holy Names provides reimbursement for the professional growth of Faculty and Staff. The benefit is available to full-time employees with at least one academic year of service for faculty and one full year of service for staff members. The funding source of these grants is from the annual budget as well as donor endowed funds. Therefore, as available funds are limited, requests will be approved on a first come first served basis.

Grant procedures for approval:

1. The courses must be related to the teacher's area of instruction or staff member's job description.
2. The grant is available to full-time employees with at least one academic year of service for faculty or one full year of service for staff members.
3. Grants must be approved prior to registration by the Principal for faculty or department head for staff.
4. The course must be from a accredited institution.
5. The cost of tuition & fees related to approved course(s) will be reimbursed after verification of tuition paid and a transcript showing a grade of "B" or higher.
6. A check request should be submitted to the business office with this information attached. Payment will be made within seven days.
7. A maximum of \$1,250 per faculty or staff per semester may be approved.
8. As available funds are limited, requests will be approved on a first come first served basis.

## **Tuition**

Full-time Academy employees are eligible for one-half tuition reduction at the annual rate for their child(ren) grades Pre-k through 12<sup>th</sup> who attend the Academy of the Holy Names. Employees may also apply for additional tuition assistance through the Admissions Department. This tuition reduction is conditional upon the child's eligibility and acceptance of admission to the school.

You have two (2) options for paying tuition:

1. Pay using FACTS on an annual, semester, or monthly plan or
2. Use payroll deduction spread over twenty six (26) pay periods.

## **Extended Day Program Benefit**

The Academy provides an on-site Extended Day Program for the children of full-time Academy employees who are enrolled Academy students. This program is currently free of charge, except that the employee will be responsible for any incidental costs. Children must be four (4) years old by September 1 to be eligible for the program. Rules of the Extended Day program must be followed by users of this service or removal from the program is possible. If an employee plans to leave campus, they need to provide a contact phone number to Extended Day staff. The benefit to the employee is \$1,400 per school year.

## **Summer Camp Program**

The Academy, Summer on Bayshore Camp, Program provides an on-site camp program for the children of full-time Academy employees. This program is available to our employees' child/children at one/half the cost per child for all Academy staffed camps. This does not include outside vendors contracted for camps.

## **Your Pay**

**Faculty:** The Academy follows a faculty salary scale consisting of steps relating to years of teaching experience. For a full-time teacher, an additional step is earned each full year while at the Academy of the Holy Names. The basic scale is for those holding a current State of Florida Professional Certificate. Teachers' holding a Master's Degree or above receive a premium based upon step. Each paycheck shall have deducted from it withholding taxes, social security taxes and all other sums required by law, or agreed upon between you and the School.

**PAYCOM** is our online payroll provider. Each employee will have secure login credentials with access to (EES) Employee Self Service. **Paycom's ESS Module** will give you the ability to manage personal information, view your vacation/personal time-off, change Form W-4, view and print paystubs, year-end tax forms, etc. **Website:** [www.paycom.com](http://www.paycom.com).

Your annual salary is divided into twenty-six (26) equal payments. You will be paid bi-weekly through direct deposit into your bank account, every other Friday. Any questions or concerns about your pay amount or deductions should be brought to the attention of the Business Office.

**Administration and Staff:** Your pay is divided into 26 equal payments. You will be paid bi-weekly through direct deposit into your bank account, every other Friday. Each paycheck shall have deducted from it withholding taxes, social security taxes and all other sums required by law, or agreed upon between you and the School.

**Non-salaried:** All hourly employees will be paid by the number of hours worked. They will be required to submit their time and attendance on a self-service module to their supervisor for approval every Friday. You will be paid bi-weekly through direct deposit into your bank account, every other Friday. Each paycheck shall have deducted from it withholding taxes, social security taxes and all other sums required by law, or agreed upon between you and the School.

## **Flexible Benefits Plan**

Your premiums for medical, dental, vision and certain other voluntary benefit plans are covered under the Academy of the Holy Names of Florida, Inc. Flexible Benefits Plan allowed by IRS code Section 125. This plan allows payroll contributions to be taken out of your paycheck before taxes are applied. Because taxes are calculated after your premiums are subtracted, the actual taxes you owe are reduced.

# Required Notifications

## Important Legal Notices Affecting Your Health Plan Coverage

### The Women's Health Cancer Rights Act of 1998 (WHRCA)

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;
- 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.

### Newborns Act Disclosure – Federal

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Notice of 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 this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 30 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

## **Your Information. Your Rights. Our Responsibilities.**

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.



### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

### **Other Instructions for Notice**

- Effective Date of Notice: 7/1/2019
- Privacy Officer: John Donohoe, 813-839-5371, [jdonohoe@holynamestpa.org](mailto:jdonohoe@holynamestpa.org)

## Important Notice from Academy of the Holy Names About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Academy of the Holy Names 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. Academy of the Holy Names has determined that the prescription drug coverage offered by the Cigna Plans 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 15<sup>th</sup> to December 7<sup>th</sup>.

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

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Academy of the Holy Names coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Academy of the Holy Names coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

### 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 Academy of the Holy Names and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed on the next page 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 Academy of the Holy Names 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](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	7/1/2019
Name of Entity/Sender:	Academy of the Holy Names
Contact--Position/Office:	John Donohoe / CFO
Address:	3319 Bayshore Blvd. Tampa, FL 33629
Phone Number:	(813) 839-5371

## NOTICE REGARDING WELLNESS PROGRAM

The Academy of the Holy Names Wellness Program, administered by TriHealth, is 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. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol, triglycerides, and glucose. You are not required to complete the HRA or 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 discounted medical premiums for the 2019/2020 plan year for completing and submitting this information. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the discounted premiums.

### 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 Academy of the Holy Names may use aggregate information it collects to design a program based on identified health risks in the workplace, TriHealth 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.

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.

## 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](http://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](http://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](http://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 January 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: Medicaid <a href="http://www.medicaid.georgia.gov">www.medicaid.georgia.gov</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
IOWA – Medicaid	KANSAS – Medicaid
Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710



## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

MAINE – Medicaid	NEW YORK – Medicaid
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: <a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurance/premiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurance/premiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924  CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## **CONFIDENTIALITY DISCLOSURE**

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## **ABOUT THIS GUIDE**

This benefit summary provides selected highlights of the Academy of the Holy Names employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Academy of the Holy Names reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.