2025 Benefit Enrollment Guide

ABILENE CHRISTIAN UNIVERSITY

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This guide highlights the main features of many of the benefit plans sponsored by Abilene Christian University. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Abilene Christian University reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

OUR BENEFITS PROGRAM HAS YOU COVERED

Most days, we all count on our simple routines to get us through. Getting the kids to school, going to work, and finishing dinner in time to enjoy a favorite hobby. But sometimes, things don't always go as planned. Like when your head cold turns into the flu and you have to be away from work. Or your child's game ends with an x-ray.. Or even when your spouse learns they need an extensive root canal. That's when Abilene Christian University's benefits are there to help you.

Below is an overview of our benefits program, which gives you the coverage you need for all types of things life brings your way. Abilene Christian University's benefit plans allow you to choose the options that work best for your own needs — and your pocketbook. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

Benefits Provided at No Cost to You	Benefits You Pay For
ACU HSA Contribution	Medical and Prescription Drug
Basic Life & Basic AD&D Insurance	Dental Plan
Long-Term Disability	Vision Plan
Employee Assistance Program	Optional Life Insurance
Identity Theft Protection	Optional AD&D Insurance
Adoption Assistance Plan	Short-Term Disability
403(b) Match	Flexible Spending Accounts
Parental Leave	403(b) Plan
	Voluntary Worksite Benefits

ELIGIBILITY GUIDELINES

Full-time and reduced full-time faculty and staff are eligible for benefits. Half-time employees are eligible for all benefits except for health and prescription coverage. Part-time employees do not qualify for benefits. As a full-time, reduced full-time or half-time employee, you are eligible for benefits on your date of hire. You may also cover your eligible dependents, including:

- Your legal spouse
- Your eligible children up to age 26 for medical, dental and vision coverage
- "Children" are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian
- Physically or mentally disabled children of any age who are incapable of self-support
    - Proof of disability may be requested

INITIAL ENROLLMENT

When you first join Abilene Christian University, you have 30 days to enroll yourself and your dependents for benefits. If you enroll on time, coverage begins on your date of hire. If you do not enroll within 30 days of becoming eligible, you will have to wait until the next annual Open Enrollment to enroll for other benefits.

ANNUAL OPEN ENROLLMENT

During Annual Open Enrollment, coverage takes effect on January 1 of the following year.

MAKING CHANGES TO COVERAGE

Once you make your benefit elections, these choices remain in effect until the next Annual Open Enrollment unless you have a qualified status change or you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualified status change or you have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 31 days of the event by completing the Life Event change within the benefits enrollment system. If you do not submit your changes within 31 days, you will have to wait until the next Open Enrollment to make new elections.

Qualified status changes include, but are not limited to:

- Gain/loss of an eligible dependent due to birth, adoption, placement for adoption, or death
- Gain/loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in employment status, such as starting or ending employment, for you, your spouse, or your children
- End of the maximum period for COBRA coverage

For a more complete list of qualified status changes, refer to the Summary Plan Description.

PRETAX PAYROLL DEDUCTIONS

Medical, Dental and Vision Plans are offered on a pretax basis through the IRS Section 125. By making your contributions on a pretax basis, the premium is withheld from your pay before federal, state (in most cases), and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck.

If your child becomes ineligible for coverage (i.e., turning age 26 under the medical, dental or vision plan), you must notify the Human Resources Department at humanresources@acu.edu

CHOOSING A MEDICAL PLAN

Abilene Christian University's medical plan options provide coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs, and hospitalization. You choose the option that makes the most sense for you and your family based on your needs and what you want to pay for coverage.
When it comes to medical coverage, ACU offers you these choices:

- PPO Plan
- High Deductible Health Plan (HDHP) paired with a Health Savings Account (HSA)

Both of these plans are administered by Auxiant and offer you quality care and comprehensive coverage. All ACU members, both Dallas and Abilene members, will utilize either the HealthSmart network (employee resides in Texas) or the Prime network (employee resides outside of Texas).

Providers in the HealthSmart and Prime networks can change frequently. To contact HealthSmart and Prime networks, see page 40.

Preferred Provider Organization (PPO Plan)

The PPO plan offers in-network and out-of-network benefits. When you need care, you decide whether to go to an in-network or an out-of-network provider. However, if you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower. If you choose to receive care from an out-of-network provider, those expenses will not count towards your in- network deductible. **Once you reach your in-network deductible, the plan pays 70% of your in-network healthcare expenses**. If you choose to incur expenses out-of-network, the plan pays 50% of expenses once your deductible is met. Your deductible, copays, and coinsurance accumulate towards your out-of-pocket maximum. Once you reach your out-of-pocket maximum, the plan pays 100% of your healthcare expenses.

High Deductible Health Plan (HDHP/HSA Plan)

The High Deductible Health Plan (HDHP) works much like the PPO plan in that you can choose to receive care from in-network or out-of-network providers when you need medical care — and it covers the same types of services — but you pay less out of your paycheck for coverage. However, the HDHP has higher deductibles and no office visit copays. Once you've met the in- network or out-of-network deductible, you and the plan begin sharing expenses. Your portion of the expense is the coinsurance. This also applies to prescription drugs, which are subject to the plan's deductibles. **Once your deductible is met, the plan pays 100% of your in-network healthcare expenses.**

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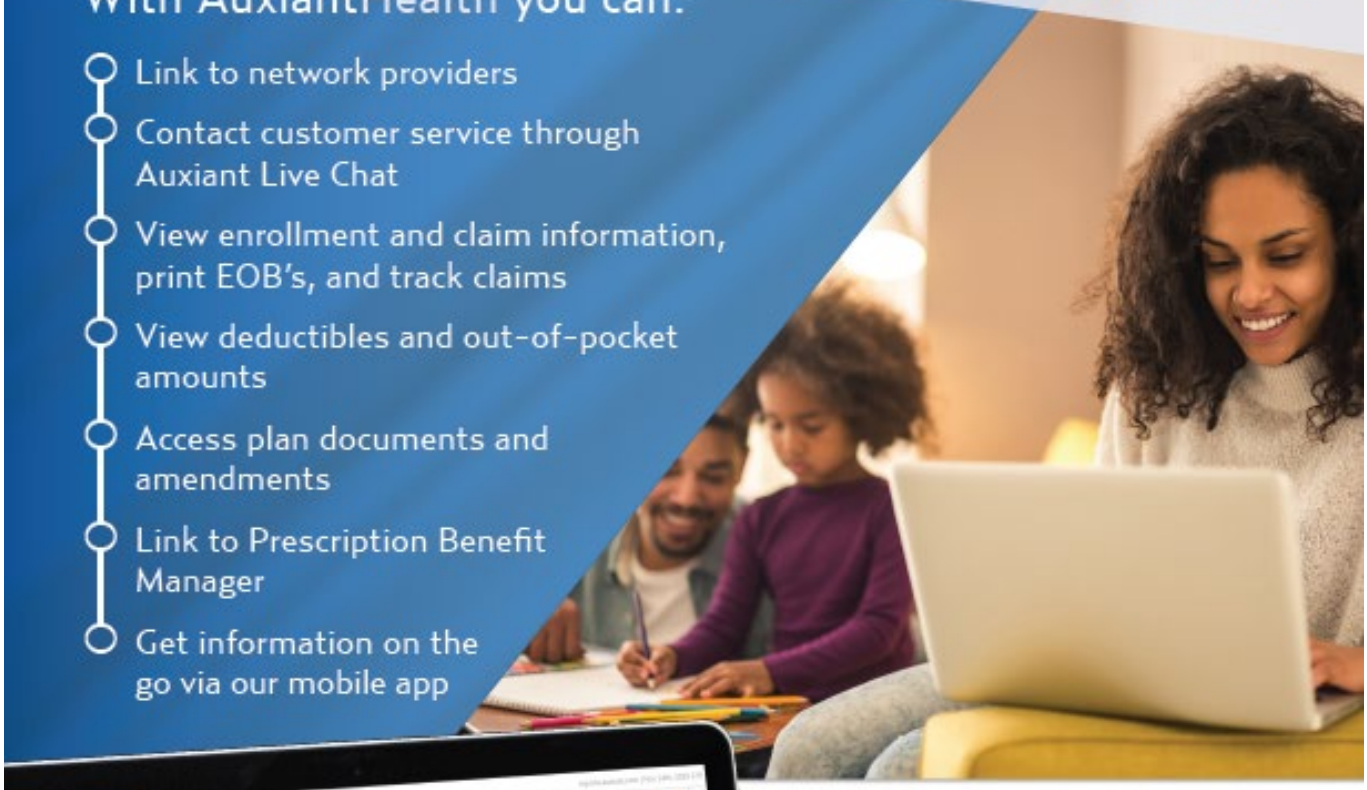
With AuxiantHealth you can:

- Link to network providers
- Contact customer service through Auxiant Live Chat
- View enrollment and claim information, print EOB's, and track claims
- View deductibles and out-of-pocket amounts
- Access plan documents and amendments
- Link to Prescription Benefit Manager
- Get information on the go via our mobile app



At Auxiant.com you have 24/7 access to your personal health care account information

Questions? Contact Auxiant at
1.800.475.2232

Live chat with Auxiant customer service, click **Online Chat** to begin

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MEDICAL PLAN COMPARISON

	HDHP Plan		PPO Plan	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
	Annual Deductible		**Annual Deductible**	
Individual	$3,500	$3,500	$1,500	$1,500
Family	$7,000	$7,000	$3,000	$3,000
	Annual Out-of-Pocket Maximum		**Annual Out-of-Pocket Maximum**	
Individual	$3,500	$7,000	$3,500	$7,000
Family	$7,000	$14,000	$7,000	$14,000
	You Pay		**You Pay**	
Coinsurance (% of expenses you pay after deductible is met)	0%	30%	30%	50%
Preventive Care * U&C = Usual & Customary Rate	0%, no deductible	Plan pays 100% of U&C; you pay balance bill	0%, no deductible	Plan pays 100% of U&C; you pay balance bill
Primary Care Physician	0% AD	30% AD	$30 Copay	50% AD
Specialist	0% AD	30% AD	$60 Copay	50% AD
Diagnostics, X-Ray, and Lab Services	0% AD	30% AD	30% AD	50% AD
Urgent Care	0% AD	30% AD	$100 Copay	
Emergency Room	0% AD	30% AD	$200 Copay, then 30% coinsurance	
Inpatient Hospital Care	0% AD	30% AD	30% AD	50% AD
Outpatient Surgery	0% AD	30% AD	30% AD	50% AD

AD = After Deductible

Prescription Drug Coverage

If you enroll in one of the ACU medical plans, you will automatically receive prescription drug coverage through **True Rx**. When you need prescriptions, you can purchase them through a local retail pharmacy or, for maintenance medications, through the mail order program.

We encourage you to speak to your physician about the drug that's best for you and to request less expensive prescription drugs (generic drugs). Your pharmacist will be able to recommend alternatives that create the same desired effect but may be more cost efficient than a name brand drug.

Retail Prescription Program

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. For more information about a particular pharmacy or pharmacy claim, visit the True Rx website at **truerx.myrxplan.com/login** or call them at **866-921-4047**.

Mail Order Program

True Rx partners with **WB Rx Express (for employees not in California)** and **Postal Prescription Services** (PPS) **(for employees in California)**. Mail order offers a convenient and cost-effective way to fill prescriptions for medications you take on a regular basis (maintenance medications). When you use mail order, you receive a 90-day supply of your maintenance medication, delivered directly to your home. For questions on this program, you can contact:

- WB Rx Express: 833-391-0126 / **wbrxexpress.com**
- PPS: 800-552-6694 / **ppsrx.com**

High-Cost Prescription Savings Program

Certain medications can be high-cost and may be used to treat rare, complex, or chronic conditions. If you are prescribed a high-cost medication, you must purchase it through a designated pharmacy that provides the best available pricing and additional personalized support. To fill these prescriptions, **True Rx partners with SHARx**, a pharmacy advocacy program. If you are on either of ACU's medical plans and currently taking an eligible medication, you will receive a welcome email from SHARx. For additional information, you or your physician may also call **314-451-3555**. The SHARx program targets specialty drugs, infusions, all high-cost medications over $350 for a 30-day supply.

You will be assigned to an advocate to guide you through filling your high-cost prescriptions. If you have an eligible medication, you will receive a welcome email/phone call to onboard and create a user account. In addition, you will need to complete the required HIPPA form which allows the advocate to work on your behalf. **Click here to learn more**

Other SHARx Details

If you choose not to enroll in the SHARx program, your high-cost medications will no longer be covered by ACU's pharmacy benefit plan. If you are in the advocacy process with SHARx, you may be eligible for a short supply of your urgent medications at your local pharmacy while your SHARx enrollment is in process.

Certain manufacturers will require additional information to verify your income. Please respond right away to these requests for additional information to ensure there is no delay with your advocacy. Financial information will only be required to apply for free manufacturer's programs and will not be disclosed to anyone outside of the manufacturer through this application. There are no costs to participate in the SHARx program.

Mark Cuban Cost Plus Drugs

True Rx Health Strategists has teamed with Cost Plus Drug Company to provide another easy option to get low-cost medications. You can choose to purchase your medications directly through the Cost Plus Drugs website, costplusdrugs.com. You may also access the Cost Plus Drugs website through the True Rx member portal, truerx.myrxplan.com.

Medications ordered through Cost Plus Drugs will be considered in-network for your insurance plan.

- The cost of your medication will apply toward your insurance deductibles and out-of-pocket maximums
- Your co-pay will be applied following your pharmacy benefit plan guidelines
- You can rely on the True Rx Patient Care team for help with your pharmacy benefit questions

Prescription Drug Plan Highlights (for non-SHARx prescriptions)

	HDHP Plan		PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Prescriptions (up to 31-day supply)				
Tier 1*	Covered at 100% after deductible	Covered at 100% after deductible	$5 Copay	Covered at 50% after deductible
Tier 2*	Covered at 100% after deductible	Covered at 100% after deductible	$50 Copay	Covered at 50% after deductible
Tier 3*	Covered at 100% after deductible	Covered at 100% after deductible	$75 Copay	Covered at 50% after deductible
Specialty*	Covered at 100% after deductible	Not Covered	$100 Copay	Not Covered
Mail Order Prescriptions (up to 90-day supply; excludes specialty tier)				
All Tiers	Covered at 100% after deductible	Not Covered	2.5x Copay	Not Covered

* Assumes medication is not filled through SHARx; see pages 6-7 for more information.

Medical Bi-Weekly Premiums

	HDHP (Full Wellness Discount Applied)	PPO (Full Wellness Discount Applied)
Employee Only	$50.00	$100.00
Employee + Spouse	$212.00	$282.50
Employee + Child(ren)	$140.00	$205.00
Employee + Family	$315.00	$385.50

All employees will have the same base premium in 2025. If you and/or your enrolled spouse, if applicable, did not complete the prior year's wellness requirements, you will each experience a $25/pay period premium increase to the base rates listed above.

WELLNESS PROGRAM

ACU is committed to your health and well-being. We offer a wellness program to not only provide you with resources to live your healthiest lifestyle, but to also give you an opportunity to decrease your medical premiums.

To earn the wellness credit in 2025, you and your covered spouse (if enrolled) must complete the following 2 activities between August 1, 2024, and July 31, 2025:

1. **Receive annual exam with your doctor**
2. **Receive biometric screening (either onsite or with your doctor)**

NOTE: Any new hires hired after 4/1/25 will automatically receive the wellness credit for 2025.

REGENEXX

ACU partners with Regenexx to bring employees and dependents enrolled in an ACU medical plan an alternative to surgical treatment. As part of ACU's commitment to providing employees with best-in-class benefits, we continually adapt to ensure that we are providing our employees with access to the highest quality healthcare services.

Regenexx provides a choice in treatment for musculoskeletal and orthopedic injuries and will be covered as an in-network benefit under either of our plans with Auxiant. Regenexx implements your body's natural healing agents by employing your own stem cells and blood platelets to treat your damaged bone, cartilage, muscle, tendon, and ligament tissues– eliminating the need for up to 70 percent of elective orthopedic surgeries! This means no surgery, less follow-up care needed, less pain medication needed, plus more.

Regenexx procedures are same-day, outpatient services, and uses a minimally invasive, needle- based procedure approach that offers lower risk and significantly faster recovery times compared to traditional surgical treatment. In the event of an orthopedic injury or chronic musculoskeletal pain, a Regenexx physician is your resource for a complete evaluation, diagnosis and treatment plan.

To learn more, visit regenexxbenefits.com/acu or contact our dedicated Regenexx Patient Liaison at 866.535.4123. Regenexx also hosts weekly informational sessions where you can learn about Regenexx and how their procedures may be able to help treat your orthopedic pain.

QUEST SELECT ADVANCED - LAB BENEFITS

ACU partners with Quest Select labs to offer $0 labs to members. The $0 labs will apply to PPO plan members regardless of deductible amount met and will apply to HDHP members after their individual deductible has been met. If you enroll in the HDHP plan and haven't met your individual deductible, you can still utilize Quest for your lab work as your out-of-pocket cost will be less than most free-standing facilities or hospitals. You can find information on the lab options in your Auxiant member portal, or you can reach out to Auxiant for more information. Visit questselect.com or call 1-800-646-7788 for more information.

Member Advocate – Advocating for You and your Family

Personal and proactive outreach is the hallmark of the Fairos Member Services team. With the Care Navigator team, you'll never stand alone. If you have ANY questions at all related to our medical plan, please call the Care Navigator team at 855-426-1100.

How will you know if you're being charged too much?
After receiving medical care, you will get an Explanation of Benefits (EOB) from your plan administrator specifying what you owe for services. ***If you receive a bill for more than this amount, immediately contact the Care Navigator Team.***

What will the Member Advocate do for you?
Once the Care Navigator team receives your bill, you/your family are assigned a personal Member Advocate who will provide you with support every step of the way.

Who can you call with questions?
Your dedicated Advocate, who you can reach at 855-426-1100, is your main line of support, continually monitoring the progress of your account while proactively keeping you up to date.

Have a question? Call or email your Advocate at any time. You'll get a response within 24 hours. They are always here to help you better understand your plan benefits.

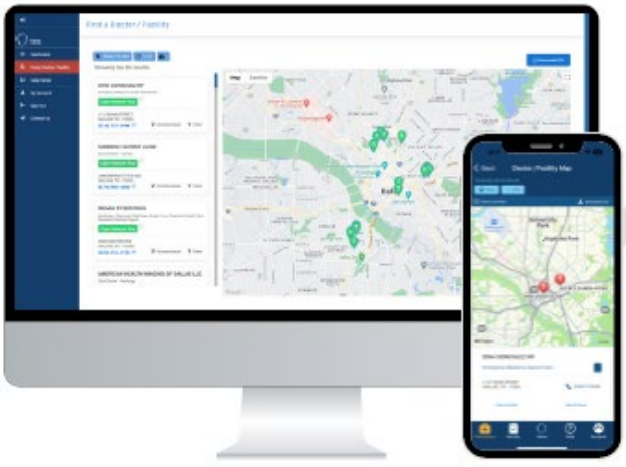
Keep an Eye on Your Mail
If you receive any billing correspondence in the mail, send it to us right away. Your Advocate will take it from there, keeping you in the loop throughout the process.

Does Fairos have a Mobile App? Yes, the Fairos Mobile app allows you to see RBP provider acceptance rates, provider quality metrics, see cost estimates prior to receiving services, and more.

We believe that every member deserves top-notch healthcare and unwavering support.
Our mission is simple: to provide exceptional member support and world-class healthcare.

Overview of your Benefit Plan?

- **Healthcare Access:** Fairos connects you to a network of trusted medical providers. Whether you need routine check-ups or specialized care, we have you covered. Your plan utilizes:
  - The HealthSmart physician-only network (PON) if you reside in Texas.
  - The PRIME physician-only network (PON) if you reside outside of Texas.
  - The Fairos Open Network for hospital care. With Fairos, any hospital or healthcare facility can provide medical services to you and your dependents.
- **Dedicated Member Advocates:** Our Member Advocate team is here for you. They go above and beyond to ensure you receive the best service and personalized attention.
- **Seamless Experience:** With the Fairos Mobile App and online portal, managing your healthcare has never been easier. Here's what you can do:
  - **Find a Doctor / Facility:** Locate healthcare providers effortlessly.
  - **Connect with a Member Advocate:** Questions or concerns? Reach out anytime.
  - **Upload Claim Documents:** Streamline thee process by submitting documents online.



Download the Fairos Mobile App Today!

Member App (IOS & Andriod)

- Search Fairos in the Apple or Google Play store and download the app.
- Or scan the QR code and download the app.

Download on the App Store | GET IT ON Google Play

Member Portal

- You can also access the Fairos Member Portal through occunet.com or search fairos.com/members

HealthSmart PRIME HEALTH SERVICES

THE N COMPANY

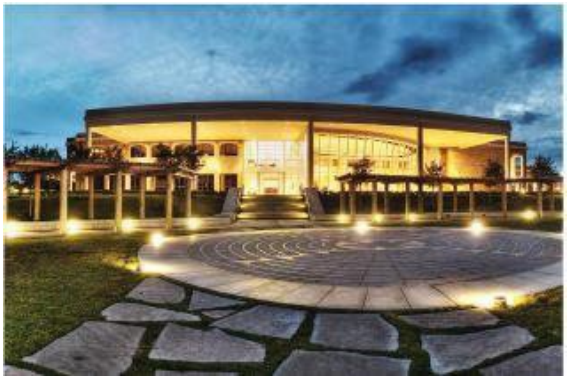
ACU ONSITE CLINIC

ACU has an on-campus medical clinic in Abilene that all ACU employees and dependents have access to. There is not a built-in pharmacy with the clinic, but the clinic will call in your prescription to your preferred pharmacy.

If you are experiencing flu/cold symptoms, need your annual flu vaccine or have any other acute symptoms, the fee is $45 per visit. If you are enrolled in the ACU medical plan and visit the clinic for your annual wellness exam, the visit will be covered at 100% by the medical plan.

The ACU clinic does not file visits with any medical insurance. Employees may schedule appointments online by going to myACU, search for "Medical and Counseling Patient Portal" and click on "Appts" or call 325-674-2625.

TELEMEDICINE – TELADOC



ACU partners with Teladoc to provide telemedicine to all employees and dependents enrolled on the medical plan. Getting sick is never convenient, but telemedicine provides more convenient, quicker access to a medical professional for common conditions. Teladoc allows members to access a doctor from your home, office, or anywhere – 24/7/365.

Teladoc licensed providers can diagnose any non-emergency medical conditions with a short phone visit or secure video visit. They can also prescribe medication and send prescriptions to the pharmacy of your choice. Common examples of telehealth visits are cold/flu, allergies, and ear infections.

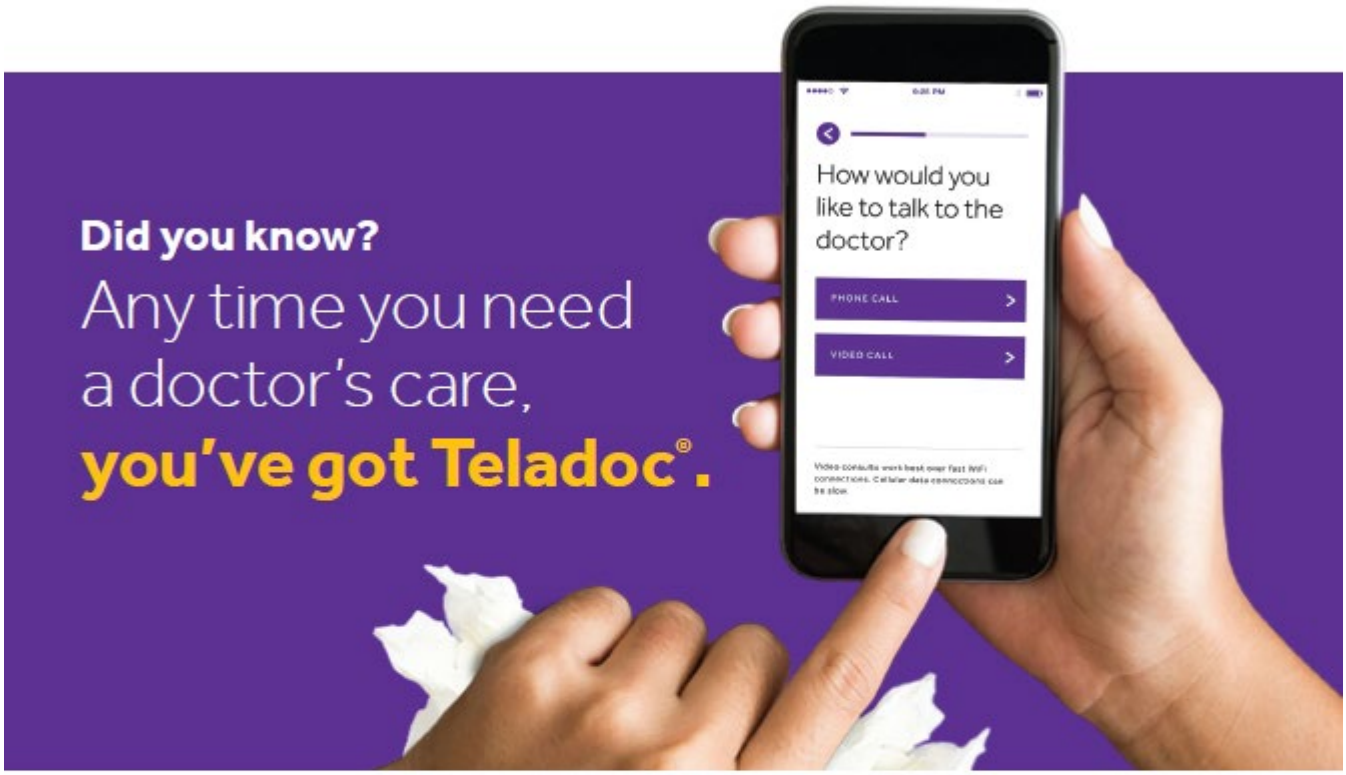
Please see below for pricing for your specific plan:

	PPO	HDHP
General Medicine	$10 consult fee	$58 consult fee
Psychologist*	$60 consult fee	$90 consult fee
Psychiatrist*	$60 consult fee	$215 for 1st consult, $100 for all subsequent visits
Dermatology	$60 consult fee	$85 consult fee

*Behavioral Health vary depending on the provider seen

To access Teladoc, you will visit **Teladoc.com** or the Teladoc app.

TELADOC.



24/7/365 care for:
Cold & flu, allergies, rash and much more!

Licensed doctors
U.S. board-certified doctors average 20 years of experience

In minutes
Connect with a doctor by phone or video

Get a diagnosis
Our doctors recommend treatment and prescribe medication (when medically necessary)

Speak with a doctor now!

MyDrConsult.com | 1-800-DOC-CONSULT (362-2667)

Available on the iPhone App Store | ANDROID APP ON Google Play

Your Maternity Management program

Available at no cost to you as part of your health benefits!

Six steps to a healthy pregnancy

While every pregnancy is different, there are things you can do to keep you and your baby healthy during this special time.

- See your doctor regularly. Your doctor will perform tests throughout your pregnancy to make sure your baby is well and growing.
- Get 30 minutes of aerobic exercise on most days.
- Eat foods from each of the five food groups every day. The five food groups include grains, vegetables, fruits, dairy and protein. Most women need around 300 extra calories per day during pregnancy.
- Limit the amount of caffeine you drink.
- Avoid undercooked poultry, meat or seafood, unpasteurized milk or juice, and soft cheeses like feta and Brie. Your doctor can help you with a healthy eating plan and advise you on other foods to limit or avoid.
- Stay away from alcohol, cigarettes and drugs.

Source: March of Dimes

Are you or your spouse pregnant? If so, you can take advantage of one-to-one support from a registered nurse who will help you achieve a healthy pregnancy.

Through the Maternity Management program, you (or your spouse) will speak to a nurse over the phone on a regular basis. Your nurse will provide educational information and discuss ways to minimize the risks to you and your baby. Your nurse, who is experienced in all aspects of prenatal care, will also help you manage your diet and exercise and discuss other ways to stay healthy throughout your pregnancy.

Even if you aren't a first-time mom, your nurse can help you through the changes that come with each unique pregnancy.

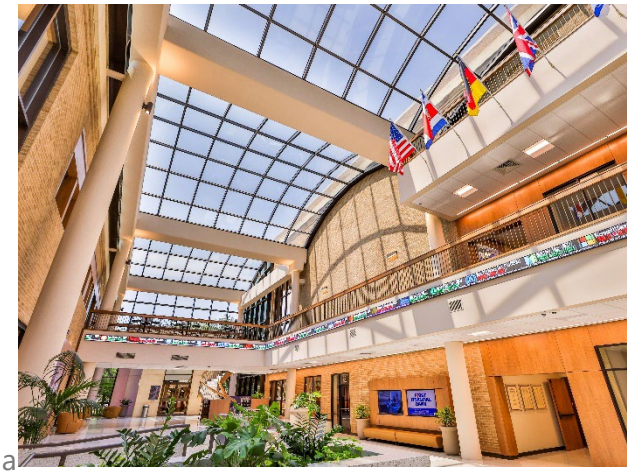
To learn more about the program or to enroll today and start speaking to your nurse, call

1-800-641-3224

and choose option 3 when prompted

Auxiant
Independent Solutions ➤ Real Results

HEALTH SAVINGS ACCOUNT (HSA)



In addition, the HDHP offers a tax-savings feature called the Health Savings Account (HSA). With this account, you can pay for certain out-of-pocket medical expenses throughout the year.

What's a Health Savings Account?

A Health Savings Account (HSA) is a tax-free account that earns interest. You can set up an HSA through HSA Bank, our HSA vendor, and make pre-tax contributions to your account from your paychecks throughout the year. You can use the HSA to pay for eligible health care expenses, such as deductibles, coinsurance, and other out-of-pocket dental, vision, and prescription drug expenses not covered by a health plan.

Flexibility

Unlike most other health care options, HSAs roll over from year to year, and because the HSA account belongs to the employee, you can take your funds with you if you leave ACU. All amounts in the HSA are fully vested and unspent balances remain in your account until spent.

Taxes

Annual contributions reduce your taxable income and qualified medical expenses are never taxed. All of the money set aside in an HSA grows tax-deferred until age 65 when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free.

Manage Your Account Online

Sign up to access your account balances, transaction history, and statements, as well as track your expenses

- **HSA Mobile App** – Download to check available balances, view transactions and save/store receipts.
- **myHealth Portfolio** – Track your healthcare expenses, manage receipts and claims from multiple providers.
- **Account Preferences** – Designate a beneficiary, add an authorized signer, order debit cards and keep information up to date.

WHO IS ELIGIBLE FOR THE HSA?

You can participate in the HSA only if you enroll in the HDHP. You are NOT eligible to contribute if:

- **You are enrolled in Medicare, including Part A**
- **You are covered by another medical plan (such as your spouse's plan) that does not qualify as a high deductible health plan.**
- **You or your spouse participates in a Health Care Flexible Spending Account (FSA) at ACU or at your spouse's employer.**

Annual Contribution Limits & ACU's Contribution

When you enroll in the HDHP and establish an HSA, ACU will also contribute to the account for you. If you enroll in the HDHP after January, the amount ACU contributes will be prorated.

Here's a look at what you and ACU together can contribute to your HSA each year:

Coverage Level	2025 IRS Allowed Annual Contribution	ACU Annual Contribution (does not apply to new hires)	Maximum Employee Contribution
Employee Only	$4,300	$500	$3,800
Employee + Dependent(s)	$8,550	$1,000	$7,550
* If you are age 55 or older, you are allowed a $1,000 annual catch-up contribution.			

HSA Accruals for New Hires

	Employee Only Funding	Employee + Dependent(s) Funding
Hire Month		
January	$500.00	$1,000.00
February	$458.33	$916.67
March	$416.67	$833.33
April	$375.00	$750.00
May	$333.33	$666.67
June	$291.67	$583.33
July	$250.00	$500.00
August	$208.33	$416.67
September	$166.67	$333.33
October	$125.00	$250.00
November	$83.33	$166.67
December	$41.67	$83.33

FLEXIBLE SPENDING ACCOUNTS

FSAs allow you to pay for certain health care and dependent care expenses using tax-free money deducted from your paychecks. New Health Care FSA participants will receive a debit card that allows you to pay for eligible expenses directly with funds in your account — no claim forms needed! If you enroll in an FSA, be sure to save your FSA receipts in case the IRS asks for documents verifying your eligible expenses. The Health Care FSA is subject to the IRS "use it or lose it" rule, meaning that you must spend all of the FSA funds in your account by the end of the allotted period to incur expenses or you lose those funds.

Health Care FSA

You can contribute up to $3,300 per year on a before-tax basis. ACU provides a 2 ½ month grace period. You have until March 15, 2026 to incur expenses for the 2025 plan year. ***NOTE:*** *This account is available to all eligible employees who are not enrolled in the ACU HDHP for 2025.*

Dependent Day Care FSA

You can set aside up to $5,000 per year. The dependent care FSA is subject to the IRS's use it or lose it rule. Any funds left unused at the end of the 2025 plan year will be forfeited. However, if you are married and you and your spouse file separate tax returns, the maximum you can contribute is $2,500 each.

FSA vs. HSA

Plan Specifics	Flexible Spending Account (FSA)	Health Savings Account (HSA)
Account Owner	Employer	Employee
ACU Contributions	None	$500 EE Only/$1,000 EE + Dependents
Grace Period for Unused Amount	Yes	N/A – no use it or lose it rule
Ability to Invest & Earn Interest	No	Yes
Eligible Expenses	IRS Code 213 incurred expenses during the coverage period. Cannot reimburse premiums.	IRS Code 213 incurred expenses; COBRA, qualified LTC, other health premiums in certain circumstances
Distribution of Unused Amounts	No	Permitted but are taxable + 20% excise tax unless disabled, deceased or over 65
Mid-year Changes	No, unless qualifying life event	Yes, can change HSA election at any time
Medicare Enrolled Employees	Can contribute to FSA	Cannot contribute to HSA, but can use previously contributed HSA dollars for Medicare premiums and other out-of-pocket expenses

DENTAL PLAN

ACU's Dental Plan is administered through **The Standard** and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia for all eligible plan members.

You will not need a dental ID card to receive dental services. When you visit the dentist, give the provider your SSN and The Standard name and the dentist will verify your eligibility

Dental PPO Plan

The Standard's Dental Plan allows you the freedom to visit any dentist, without referrals, for all your dental care. ACU utilizes the Ameritas Dental Network**.** If you receive care from one of The Standard's preferred dentists, you'll pay less for your care. If you choose a non-preferred dentist, your share of costs will generally be higher, and you may need to file your own claims. It's always a good idea to ask for a predetermination of benefits for any services expected to exceed $300.

To find an in-network dentist, go to **https://dentalnetworkpartners.ameritas.com/** enter your zip code or city, then if you are in Texas, select **Ameritas Dental Network.** If you are located outside of Texas, select the **Classic PPO**.

Dental Plan Highlights

Plan Feature	Dental PPO Plan
Annual Deductible Individual Family	 $50 $150
Annual Benefit Maximum (per individual) (Includes Implants)	$1,500*
Type I - Preventive Services **(Exams, routine cleanings, fluoride treatments, sealants, space maintainers, x-rays)**	100% (no deductible)
Type II - Basic Services **(Fillings, denture repairs, extractions)**	80% after deductible
Type III - Major Services **(Crowns, root canals, dentures, veneers, bridges)**	50% after deductible
Type IV - Orthodontia (Child and adult coverage)	50% up to a lifetime maximum of $1,000
***Max Builder (further explanation on following page)** Rollover Threshold Rollover Amount Rollover Account Limit In-Network Provider Bonus	 $750 $250 $1,000 $150

Max Builder

The Standard dental plan includes a valuable feature that allows qualifying plan participants to carryover or carryover part of their unused annual maximum. You will earn $250 in dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount ($750) for benefits received for that year. In addition, if you submit a claim for services received through an in-network provider, you will earn an extra reward of $150 the following year.

Employees and their covered dependents may accumulate rewards up to the $1,000 maximum carryover amount. This means you can accumulate an annual maximum of up to $2,500 ($1,500 plan annual maximum + $1,000 maximum rollover credit). A higher annual plan maximum means your dental benefits last longer.

If you do not submit a dental claim during a benefit year, all accumulated rewards are lost, however, you can begin earning rewards again in the following plan year.

PolicyLink Benefit

ACU is now offering you an additional benefit through the Dental Plan. The PolicyLink Benefit offers the following benefits:

- Plan maximums, deductibles and frequencies can be combined for dental and vision.
- You can use your benefits for the health care services that are your highest priority – dental, vision, or both.
- You can visit any dentist and receive benefits,
- You can visit any eye doctor within the VSP Choice Network.

You are able to use up to $150 of your $1,500 dental annual maximum for vision expenses. This $150 can be used towards contacts, frames, lenses, exam copays, etc. In order to utilize this benefit, you will pay out of pocket and then submit a claim form in order to get reimbursed. The amount, up to $150, that you use for vision expenses will be deducted from your $1,500 dental annual maximum.

This benefit does not require any dental expenses to be incurred before utilizing the PolicyLink benefit. Contact Human Resources or your Benefits Analyst, Elsa Dunson, for more information.

Dental Bi-Weekly Premiums

Employee Only	Employee & Spouse	Employee & Children	Employee & Family
$19.74	$40.05	$37.94	$57.92

VISION PLAN

ACU's Vision Plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The vision plan is administered through **The Standard**.

You will not need a vision ID card to receive vision services. When you visit a provider, give your SSN and The Standard name and the provider will verify your eligibility.

Vision Coverage

If you enroll in vision coverage, you can go to any eye care provider you choose for care. However, if you choose providers who are part of the VSP Choice Network, you will receive a discount on services. To find a network provider, go to **www.vsp.com** and select "Find A Provider".

The vision plan is designed to cover eye care needs that are visually necessary. You have to pay extra if you choose certain cosmetic or elective eyewear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials.

Vision Plan Highlights

	In-Network	Out-of-Network Plan Allowance
Eye Exam (Once every 12 months)	$20 copay	Up to $45
Materials Copay	$20 Copay	
Lenses (Once every 12 months) Single Vision Lined Bifocal Lined Trifocal	Covered at 100% after $20 copay	Up to $30 Up to $50 Up to $65
Frames (Once every 24 months)	Up to $150 allowance	Up to $70
Contact Lenses (In lieu of glasses, once every 12 months) Contact Lens Fitting Fee Elective Therapeutic (medically necessary)	 Up to $60 $150 allowance Covered in full	 n/a Up to $120 Covered in full after copay

Vision Bi-Weekly Premium

Employee Only	Employee & Spouse	Employee & 1 Child	Employee & 2+ Children	Employee & Family
$3.60	$5.22	$5.22	$9.35	$9.35

LIFE AND AD&D INSURANCE

ACU offers life insurance coverage to provide financial protection in the event you or your dependents die while you are still working. This coverage is administered through **The Standard**.

Basic Life and AD&D Insurance

ACU automatically provides Basic Life and AD&D Insurance for all eligible employees at no cost. Basic Life and AD&D Insurance is equal to 1 times your annual base earnings up to a maximum benefit of $300,000. It does not include overtime or bonuses. The benefit is paid to your beneficiaries in the event of your death.

Please note, your Life and AD&D Coverage reduces based on age. Please see the following page for details.

IRS Rules about Basic Life Coverage

If your Basic Life Insurance coverage is more than $50,000, your income taxes may be affected. IRS regulations require that the value of life insurance benefits over $50,000 be reported as "imputed income," which is non-cash income that you receive from an employer-provided benefit. The value of any coverage that exceeds $50,000 will be reported to the IRS as imputed income on your W-2 form.

Optional Life and AD&D Insurance

In addition to Basic Life and AD&D Insurance, you may also purchase Optional Life and AD&D Insurance for yourself, your spouse, and your dependent children. However, you may only elect coverage for your dependents if you enroll for Optional Life and AD&D coverage for yourself. You pay for the cost of Optional Life and AD&D Insurance on an after-tax basis through payroll deductions.

Optional Life and AD&D Insurance Coverage

Coverage For	Coverage Available	Guarantee Issue
Employee	Up to $500,000 *	$200,000
Spouse	100% of employee election up to $250,000	$50,000
Child(ren) to age 25	Increments of $1,000 up to $10,000	All elected Child amounts are Guarantee Issue

* Employee Basic Life + Voluntary Life total amount cannot exceed 8 times annual earnings

Evidence of Insurability (EOI)

Your voluntary life/AD&D election(s) will be subject to EOI in the following circumstances:

- You or your spouse are currently enrolled in a voluntary life/AD&D amount above the Guarantee Issue (GI) amount.
- You or your spouse request a coverage amount above the Guarantee Issue amount.
- If you did not enroll in voluntary life/A&D insurance for a 1/1/24 effective date OR upon your new hire enrollment election, you will be subject to EOI for any amount above the Guarantee Issue amount.

During annual open enrollment you can increase your voluntary life/AD&D election for you and/or spouse by one increment (*Employee: $10,000; Spouse: $5,000*) not to exceed the guarantee issue amount, with no EOI required.

NOTE: If you are a new hire and choose to enroll yourself and/or your spouse in voluntary life, you can enroll in any amount up to the Guarantee Issue without your election being subject to EOI.

Beneficiary Designation

You must designate a beneficiary for Basic and Optional Life Insurance benefits when you enroll. Your "beneficiary" is the person(s) who will receive the benefits from your Life and AD&D coverage in the event of your death. You are always the beneficiary of any Dependent Life and AD&D Insurance you elect. You can change your beneficiaries at any time during the year.

If you do not name a beneficiary, or if your beneficiary dies before you, your Life and AD&D benefits will be paid to your estate.

Benefits Reduce at Age 65

When you or a covered dependent reaches age 65, Basic and Optional Life Insurance benefits are reduced to 65% and reduces to 50% at age 70. For more information, you can refer to your summary plan description.

Age	Reduction Rate
65	65%
70	50%

Voluntary Life and AD&D Premiums

Supplemental Life Premium Calculation: (Coverage amount x Rate* / 1000) = Monthly Premium**) * For Rate, see table below **Divide monthly premium by 2 to get the bi-weekly premium

Employee/Spouse Age Band	Rate	Employee/Spouse Age Band	Rate
Under 30	$0.060	50-54	$0.369
30-34	$0.080	55-59	$0.568
35-39	$0.102	60-64	$0.887
40-44	$0.146	65-69	$1.541
45-49	$0.232	70-74	$2.750
Child Rate	$0.76 / $1,000		

DISABILITY COVERAGE

ACU offers you two disability plans that work together to keep all or part of your paycheck coming if you cannot work because of illness, injury, or pregnancy. Disability benefits are administered through **The Standard**.

Short-Term Disability

You are responsible for the cost of Short-Term Disability (STD) coverage. If you become disabled, you will be eligible to receive a weekly benefit based on a percentage of your weekly income.

- Your benefits will begin after 7 days of injury or 7 days of sickness
- Benefits will be paid for a maximum period of 180 days
- Your benefit is paid at 60% of your weekly salary to a maximum payment of $1,750/week
- Late entrants will be subject to a 60 day waiting period for sickness or pregnancy during the first 12 months on the plan.
- You can choose to use your Sick Leave or your STD benefit, but you cannot use both at the same time.

The information below will help you calculate your rate for coverage:

(Annual Salary ÷ 52 = Weekly Salary*) x Benefit % = Your Weekly Benefit

Your Weekly Benefit ÷ 10 = Amount x Your Rate** = Your Monthly Cost***

* NOTE: If your weekly salary exceeds $2,917, use $2,917 as your weekly salary in the calculation.

** Rates will be calculated for you when you complete your enrollment.

***Divide your monthly cost by 2 to get your pay period cost

Long-Term Disability

ACU provides Long-Term Disability (LTD) coverage to all eligible employees at no cost to you. If you continue to be disabled after your STD period has run out, you will be eligible to receive a monthly benefit based on a percentage of your monthly income.

- Your LTD benefits will become payable on a monthly basis once you have been disabled for 180 days (when your STD, if any, ends)
- Your benefit is paid at 60% of your monthly salary to a maximum payment of $15,000/month
    - You are not considered disabled because your right to perform your own occupation is restricted, including a restriction or loss of license.

VOLUNTARY WORKSITE BENEFITS

Medical insurance is designed to cover most medical expenses and pays the medical provider. With voluntary worksite-benefits, benefits are paid directly to you, the policyholder, unless otherwise assigned, regardless of any other insurance you may have. The money can be used to help cover medical expenses (copayments, deductibles, etc.), as well as non-medical expenses.

Critical Care Insurance

The Standard's critical illness insurance is a supplemental health insurance plan that is designed to provide a tax-free, lump-sum cash benefit at the first occurrence of major critical illnesses including cancer (spread beyond initial tissue), heart attack, stroke, advanced Alzheimer's, advanced Parkinson's, loss of hearing or speech, major organ failure, etc.

This benefit provides the pivotal financial support needed at the onset of a major illness, which can be used in any way, by the policy owner. This benefit is portable, which allows you to take the policy with you at a locked in, level rate. This coverage is also open to spouses and children of employees. **This coverage also includes a $50 per year benefit for receiving an annual exam**. No Evidence of Insurability (EOI) will be required for critical illness insurance.

Accident Insurance

The Standard's Accident Insurance covers a wide range of injuries and accident-related expenses such as hospitalization, physical therapy, hospital intensive care, transportation and lodging plus coverage for Accidental Death and/or Catastrophic accidents that involve the loss or use of sight, hearing, speech, arms or legs. These benefits are designed to help pay for out- of-pocket costs that may not be covered by traditional health insurance and are open to spouses and children of employees. No Evidence of Insurability (EOI) will be required for accident insurance. **This coverage also includes a $100 per year benefit for receiving an annual exam**.

Hospital Indemnity Insurance

The Standard's Hospital Indemnity Insurance provides benefits for inpatient or ICU stays at any hospital/facility. These benefits are designed to help pay for out-of-pocket costs that may not be covered by traditional health insurance and are open to spouses and children of employees. No Evidence of Insurability (EOI) will be required for hospital indemnity insurance.

If you have additional questions regarding these voluntary plans, please visit the benefits library found on myACU or contact your Benefits Analyst, Elsa Dunson.

403(b) RETIREMENT PLAN

It is critical to plan for your retirement. A 403(b) plan can be a powerful tool toward achieving security in retirement. The Abilene Christian University 403(b) plan helps eligible employees save and invest for retirement while receiving certain tax advantages.

Eligibility

Full-time, reduced full-time and half-time employees can make a percentage of base pay contribution into a 403(b) retirement plan. Employees have the option of contributing an amount of 0% to 8% of base pay into their 403(b). ACU will then contribute an equal percentage of an employee's base pay into the plan, to a maximum of 8%.

Employee Contribution	Employer Matches
0% Optional	0%
1% Optional	1%
2% Optional	2%
3% Optional	3%
4% Optional	4%
5% Optional	5%
6% Optional	6%
7% Optional	7%
8% Optional	8%

This retirement option gives participants the freedom of allocation changes and a three-year cliff vesting. For information on your retirement plans, please visit the TIAA website at **http://www.tiaa.org/acu**. Below is a highlight of the benefit.

Contributing to the Plan

If you are or will be age 50 or older in this calendar year and contribute the maximum allowed to your account, you may also make "catch-up contributions" to your account. The catch-up contribution is intended to help you accelerate your progress toward your retirement goals. Contact your Plan Administrator for more details.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. All changes will become effective as soon as administratively feasible and will remain in effect until modified or terminated by you. You may discontinue your contributions anytime. Once you stop making contributions, you may start again at any time.

Contact ACU Human Resources for more information.

OTHER BENEFITS

Identity Theft Assistance

To further enhance our commitment to protect you and your family, ACU provides Identity Theft coverage to all benefits-eligible employees at no cost to you. We also give you the option to purchase this coverage for your dependents. This service will offer income protection, reimbursement for allowable expenses related to the recovery of your identity, and a customer claims representative to aid you in the process of restoring your identity.

Adoption Assistance Program

All full-time and reduced full-time employees are eligible for the ACU Adoption Assistance Program. If an eligible employee and his/her eligible spouse both work at ACU, only one employee can utilize the benefit. Each eligible employee is eligible to receive up to $5,000 in adoption assistance benefits for the adoption of an eligible child. The limit is increased to $6,000 for an adoption of an eligible child with special needs (as defined by IRS regulations). The adoption assistance benefit shall be in the form of reimbursements for qualified adoption expenses, such as reasonable and necessary adoption fees, court costs, and attorney's fees. The Adoption Assistance benefit has a lifetime maximum limit of three adoptions per family. Please contact Human Resources for more information.

Employee Assistance Program (EAP)

You and your covered dependents have access to The Standard's Employee Assistance Program (EAP). This confidential service offers free over-the-phone counseling any time, day or night, to help you with a variety of personal situations. The EAP also provides up to 3 counseling sessions for both you and your covered dependents, either in person or over the phone. Counselors can help with concerns such as emotional well-being and health, relationships, parenting and addiction. To contact the EAP, call 888-293-6948, 24 hours a day, seven days a week, to talk to a professional counselor. To register online, you will go **www.healthadvocate.com/standard3**.

Life Services Toolkit

We know losing a loved one is difficult, and we understand how challenging it can be for beneficiaries to manage their loved one's insurance benefits among other pressures during a difficult time. All employees have access to The Standard's Life Services Toolkit, which offers services to beneficiaries when they need it most. If you have questions, call 800-378-5742.

Travel Assistance

The Standard's Travel Assistance offers members aid before your trip which includes assistance with cultural information, immunization requirements, visa and passport requirements, foreign exchange rates, assistance with lost or stolen luggage and/or prescriptions, and other travel advisories. The Standard's Travel Assistance also assists with emergency medical transportation benefits for covered individuals traveling 100+ miles from home. If you would like to learn more about this program, you can call 800-872-1414 for more information or services.

Pet Insurance

ACU now offers pet insurance through SPOT! This program is available to all employees and helps cover costs when unexpected accidents or illnesses occur, so nothing gets in the way of caring for your pet when they need it most. This benefit is not payroll deducted. SPOT will bill you directly, via credit card, for your Pet Insurance plan. You will have the ability to sign up for auto-bill, if desired. Visit **spotpet.link/acu** to set up your Pet Insurance plan today!

ACU LEAVE POLICY

Holidays

All full-time, reduced full-time and half-time employees are eligible for paid university holidays which are posted on the HR website at **www.acu.edu/hr**. Halftime employees will receive the holiday only if it falls during designated work hours.

Please note: The Abilene and Dallas campuses have different holiday schedules.

Holidays – Abilene Campus	
New Year's Day	Juneteenth
Martin Luther King Day	Independence Day
Spring Break (Friday)	Labor Day
Good Friday	Fall Break
Memorial Day	Thanksgiving (3 days)
Christmas (Christmas Eve and the week between Christmas and New Year's Day)	

Holidays – Dallas Campus	
New Year's Day	Independence Day
Martin Luther King Day	Labor Day
Good Friday	Thanksgiving (3 days)
Memorial Day	Christmas (Christmas Eve and the week between Christmas and New Year's Day)
Juneteenth	Two Floating Holidays

Sick Leave

Sick leave accrues at the rate of 8 hours per month for all full-time faculty and staff. The maximum time an employee may accrue is 1,040 hours. Sick leave may be granted for the employee or the care of an immediate family member. Sick leave may also be used by an employee due to a death in the immediate family of the employee or the employee's spouse.

Reduced full-time and half-time employees accrue sick leave on a prorated basis.

Shared Leave Bank

The purpose of the Shared Leave Bank is to provide a safety net against salary interruption for employees who have a catastrophic health condition (for themselves or immediate family) causing them to be unable to perform their assigned job duties. Donations of sick leave hours by employees provide income to an affected employee who would otherwise be on unpaid leave. The purpose is not to provide unlimited sick leave for any medical reason. Visit **www.acu.edu/hr** to download an application for shared leave.

Vacation

Full-time, reduced full-time and half-time staff employees earn vacation based on years of service. Vacation leave is earned from an employee's first day of employment and may be taken as accrued. Vacation accrues according to the schedule below. The next level of vacation is awarded on the employee's annual anniversary date. Employees may rollover up to 80 hours of accrued and unused vacation at the end of each calendar year. Reduced full-time and half-time employees accrue vacation on a prorated basis.

Years of Service	Amount of Vacation
0 to 4	80 hours per year
5 to 9	120 hours per year
10 to 14	140 hours per year
15+	160 hours per year

Parental Leave

Eligible employees will receive 6 weeks of parental leave for the birth or adoption of a child for both mother and father. If you need time off over 6 weeks, you can use sick, vacation, or unpaid leave. The employee will have 12 months to use their 6 weeks of leave. If both parents work for ACU, both are eligible for 6 weeks of parental leave. Unused time cannot be transferred to another employee.

Personal Days

Eligible employees will have an additional 2 days per year, separate from sick leave, added to their leave balance every year. Unused personal days will not roll over to the following year.

HOLMES MURPHY BENEFIT ANALYST

ACU has partnered with Holmes Murphy to provide dedicated customer service support and assistance in navigating the health care system. It is important to our organization to know that our employees have a confidential resource to help answer questions when you and your family need it.

If you have questions about your benefits or plan options, your dedicated Sr. Benefit Analyst, Elsa Dunson, is ready to answer questions such as:

- When am I eligible to enroll in my benefits?
- I've lost my ID card; how do I get a new one?
- How do I make changes to my benefits? What is a qualifying life event?
- Where can I find a list of in-network providers?
- What is my deductible and what does "co-insurance" mean?
- What can I use my HSA funds for?
- I received a bill from my doctor – was my claim paid correctly?
- What is an "EOB" and how do I read it?
- And many more!

As an alternative to contacting Human Resources or waiting on hold to speak to your insurance carrier's customer service, you may contact your experienced Benefits Analyst.

Elsa Dunson	**800.325.1174**	**edunson@holmesmurphy.com**
Hours of Assistance:	Monday – Friday	8am to 5pm (Central Time)

REQUIRED NOTICES

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% for plans that start in 2024 or 9.02% for plans that start in 2025 of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at 325-674-2359. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Abilene Christian University		3. Employer Identification Number (EIN) 75-0851900
4. Employer address ACU Box 29106		5. Employer phone number 325-674-2359
6. City Abilene	7. State TX	8. ZIP code 79699
9. Who can we contact about employee health coverage at this job? Crystal Cox		
10. Phone number (if different from above)	11. E-mail address Crystal.cox@acu.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to all employees. Eligible employees are full time employees working at least 30 hours per week.
- With respect to dependents, we do offer coverage. Eligible dependents are: your legal spouse, a child under the limiting age shown in your schedule of coverage, a child of your child who is your dependent for federal income tax purposes at the time application for coverage of the child is made, and any other child included as an eligible dependent under the plan.

[X] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **www.healthcare.gov** will guide you through the process.

ACU Notice of Privacy Practices

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.

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the ACU (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 11/5/2018.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. ACU requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of ACU for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend
your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future
disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below. If you have any questions or complaints, please contact:

Wendy Jones
Abilene Christian University, 213 Hardin Administration Building, Abilene, TX 79699
325-674-2359 / jonesw@acu.edu

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit **www.hhs.gov/ocr** for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Important Notice from Abilene Christian University 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 ACU 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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. ACU has determined that the prescription drug coverage offered by the ACU is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the ACU. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from ACU. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully — it explains your options.

When Can You Join A Medicare Drug Plan?

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

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 ACU coverage [will or will not] be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). [See pages 9 - 11 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current ACU coverage, be aware that you and your dependents [will or will not] be able to get this coverage back.

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

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

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

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "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**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: 1/1/25

Name of Entity/Sender: Abilene Christian University / Contact/Office: Human Resources

Address: 213 Hardin Administration Building, Abilene, TX 79699 / Phone Number: 325-674-2359

General Notice of COBRA Continuation Coverage Rights

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."
- Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to ACU, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to ACU HR.

How is COBRA continuation coverage provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends? In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period1 to sign up for Medicare Part A or B, beginning on the earlier of

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

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

However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Date: 1/1/25
Name of Entity/Sender: Abilene Christian University
Contact/Office: Human Resources
Address: 213 Hardin Administration Building, Abilene, TX 79699
Phone Number: 325-674-2359

Wellness Program and Reasonable Alternatives Notice

The ACU Wellness Program 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 your annual preventive exam and additional points for completing wellness activities within the wellness portal. You are not required to complete any of the wellness activities.

However, employees who choose to participate in the wellness program will receive an incentive of a monthly premium differential for completing the annual preventive exam and additional points for completing wellness portal activities. Although you are not required to complete the annual preventive exam or additional points, only employees who do so will receive the premium differential. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Crystal Cox at 325-674-6551.

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 ACU may use aggregate information it collects to design a program based on identified health risks in the workplace, ACU's Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will
not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to
carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Mobile Health in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decisions.

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.

Reasonable Alternatives

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under the ACU Wellness Program, you might qualify for an opportunity to earn the same reward by different means. Contact Crystal Cox at 325-674-6551 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. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Crystal Cox at 325-674-6551.

Patient Protection Disclosure

Abilene Christian University generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources at 325-674-2359. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from ACU or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources at 325-674-2359.

60-Day Special Enrollment Period

In addition to the qualifying events listed in this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in Abilene Christian University medical coverage 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 no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in ACU medical coverage as long as you request enrollment by contacting the benefits manager no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact ACU, Human Resources at 325-674-2359.

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery. However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Women's Health and Cancer Rights Act of 1998

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 consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the HR department or your medical plan administrator.

IMPORTANT CONTACTS

Resource	Phone Number / Web Address
Medical	**Auxiant:** Group #2076 / 800-475-2232 / auxiant.com **Fairos:** 855-426-1100 / **fairos.com/members** HealthSmart- https://providerlookup.healthsmart.com/SearchProviders.aspx HealthSmart: 1-800-687-0500 Prime Physician - https://primehealthpon.primehealthservices.com Prime Physician – 1-800-687-0500
Prescription	**Prescription: TrueRx** / 866-921-4047 / **truerx.com** **Mail Order** (non-California): **WB Rx Express** / 833-391-0126 / **wbrxexpress.com** **Mail Order** (California): **Postal Prescription Services** / 800-552-6694 / **pssrx.com** **High-Cost Medication Savings: SHARx** / 314-451-3555 / **app.sharxplan.com/login**
Dental	The Standard: Group #762623 800.547.9515 / **dentalnetworkpartners.ameritas.com** Classic (PPO) Network
Vision	**The Standard:** Group #762623/ 800.877.7195/ **vsp.com** VSP Choice Network
Health Savings Account	**HSA Bank:** 800.357.6246 / **hsabank.com**
Flexible Spending Accounts	**WEX:** 866.451.3399 / **wexinc.com/discovery-benefits/**
Life and AD&D Insurance, Short Term Disability, Long Term Disability	**The Standard:** Group #762623 / 888-937-4783
Employee Assistance Program	**The Standard:** 888.293.6948 / **healthadvocate.com/standard3**
Pet Insurance	**SPOT Pet Insurance: spotpet.link/acu**
403(b) Retirement Plan	**TIAA:** 800.842.2733 / **www.tiaa.org/acu**
Identity Theft	**AIG:** Group #7077631 / 866.434.3572
Avant Enrollment Support	866.318.0080
ACU Sr. Benefits Analyst	Elsa Dunson / 800.325.1174 / **edunson@holmesmurphy.com** Hours: Monday – Friday 8am – 5pm (Central Time)