

2024-2025 EMPLOYEE BENEFITS & OPEN ENROLLMENT INFORMATION

Open Enrollment Dates: May 1 - May 31, 2024

Please visit hr.usu.edu/open-enrollment for more information.

UtahStateUniversity® HUMAN RESOURCES



Dear USU Benefited Employee,

The annual open enrollment period will begin on May 1 at 8:00 am and continue through May 31 until 11:59 pm. This is the time each year when employees are encouraged to reevaluate current and future benefit needs. Understanding your 2024-2025 benefit plan options is important, so please review this booklet carefully. You may also visit the open enrollment website at hr.usu.edu/open-enrollment to take advantage of the information available to assist you in making well-informed decisions.

If you have questions or would like to better understand the benefits USU offers, you are encouraged to attend the virtual Open Enrollment Benefits Fair on Tuesday, May 14 from 9:00 am to 4:00 pm. Throughout that day, benefit providers will present a 30-60 minute overview of their benefits, and you may schedule one-on-one virtual meetings with vendor representatives to discuss specific questions you may have. Please visit hr.usu.edu/open-enrollment for a schedule of presentations and to schedule one-on-one meetings.

The USU Benefits team is pleased to announce the addition of Hinge Health digital physical therapy effective July 1, 2024. For more information about this new offering through Regence, go to page 3.

Beginning July 1, 2024, USU will have a new provider, The Standard, for short-term disability, long-term disability, and life insurance. Current enrollment in these plans will automatically transfer from The Hartford to The Standard, so no action is needed on your part unless you want to make changes. The Standard is providing a one-time special offer for the 2024-25 open enrollment on life insurance, see page 18. Typically, you can only increase your life insurance by \$10K, but during this enrollment period, you may elect more coverage amount without providing evidence of insurability.

A modest increase to medical premiums is shown on pages 12 and 13. If you'd like to keep your current benefits, no action is required unless you'd like to enroll in flex spending, which requires a new enrollment every year.

Making changes to your benefits is easy. Refer to page 8 for instructions. As a reminder, any new elections or changes made during open enrollment will become effective July 1, 2024, and payroll deductions for the new benefit elections will be reflected on your August 1, 2024 paycheck. Please review your August 1 paystub carefully to make sure all benefit deductions are correct.

Please visit hr.usu.edu/open-enrollment for more information or contact the HR Solutions Center at (435) 797-0122 if you have questions.

Your USU Benefits Team, Lisa Leishman, Associate Director Angie Clayson, Benefits Supervisor Hayden Blauer, HR Specialist Heather Cheatham, HR Representative Glee Woolley, HR Representative Alyssa Jensen, Employee Wellness Manager

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ENROLLMENT TIMELINE MAY 1

Open enrollment period begins.

MAY 14

Virtual Open Enrollment Benefits Fair. Visit hr.usu.edu/open-enrollment for a schedule of presentations and to schedule one-on-one meetings.

MAY 31

Open Enrollment ends at 11:59 pm (MDT).

JUNE 30

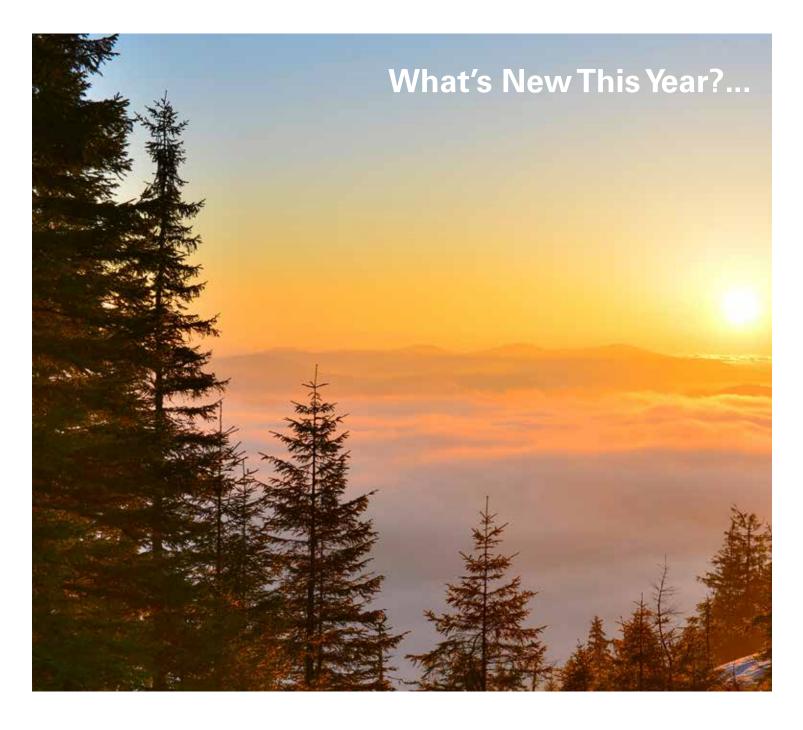
2023-2024 plan year ends.

JULY 1

2024-2025 plan year begins. Deductibles and out-of-pocket maximums reset.

AUGUST 1

Visit Banner Access at access.usu.edu to verify that benefit deductions are correct.





Effective July 1, 2024, preventative dental services through Regence Blue Cross Blue Shield will be covered at 100%, and the maximum annual per person benefit will increase to \$2,000.



Hinge Health Musculoskeletal Physical Therapy

Beginning July 1, 2024, you and your family members who are enrolled in the Regence medical plan will have the option of using Hinge Health for your musculoskeletal physical therapy. **Hinge Health is available at no additional cost to eligible members with certain qualifying conditions.**

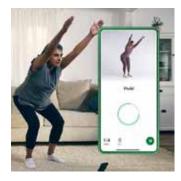
When physical therapy is prescribed by your doctor, you will fill out a short questionnaire from Hinge Health, and from your information they will create your account and begin to build a program that works for you.

A Personalized Program

Get unlimited exercises and stretches developed for you by physical therapists. Reduce your pain with a plan that's personalized for your needs, goals, and ability.

A Dedicated Physical Therapist, Coach, and More

Get guidance from your physical therapist to improve your mobility. Stick to your goals with support from your health coach. Connect via text, email, phone call, or video chat.



Convenient Exercise Sessions

With the Hinge Health app, you can do your exercise therapy anytime, anywhere. Plus, your exercises are designed so they can be done in about 15 minutes or less.

For more information, go to hinge.health/utahstate.

New Provider for Short-term Disability, Long-term Disability, and Life Insurance

USU has a new provider, The Standard, for short-term disability, long-term disability, and life insurance. Current enrollment in these plans will automatically transfer to The Standard, so no action is needed unless you want to make changes.

The Standard is offering a special open enrollment which removes some life insurance election requirements. If you're looking to open a life insurance policy or increase your life insurance amount, now is the time to sign up.

Whether it is your first time enrolling, or you're already enrolled in supplemental life insurance, you may elect any coverage amount below the guaranteed \$500,000 issue amount without providing evidence of insurability.

You may also elect up to \$20,000 of spouse life insurance without providing evidence of insurability.

For enrollment information, please go to page 8.





Mental health includes emotional, psychological, and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Aggies Thrive is a USU initiative designed to connect university employees and their families to available mental health resources. Visit the Aggies Thrive website at hr.usu.edu > Benefits > Aggies Thrive for a comprehensive overview of the program. The Aggies Thrive website has links to articles, videos, events, tips, and a variety of state resources for supervisors.

Destigmatize & Educate • Employee Assistance Program • Aggies Thrive Events • Supervisor Tips • USU Resources • Local Resources

charlie health

If you are enrolled in any of our medical plans through Regence Blue Cross Blue Shield, you have access to an intensive outpatient therapy for teens and young adults through Charlie Health. Their comprehensive treatment solution includes group, family and individual therapy, with 9-11 hours of treatment services each week for an average of 6-10 weeks, all from the comfort and safety of home.

Their licensed clinicians offer engaging and effective virtual therapeutic groups to build connections among peers, show support, role model productive communication, and ultimately heal together.

Charlie Health can help with:

- Depression
- Trauma
- Mood disorders
- Anxiety disorders
- Self harm
- Addiction
- Gender dysphoria

For more information, call (866) 491-5196 or visit charliehealth.com.

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Talkspace is offered through Aetna, USU's Employee Assistance Plan (EAP) provider. You and your household members (over the age of 13) can receive private, convenient counseling, therapy, and medication services from the convenience of your personal device (iOS, Android, and Web). You

can share secure text, video or audio messages with your counselor whenever you like. Your counselor will respond within one working day.

With Talkspace, a 30-minute video chat equals one visit. Likewise, a 5-day texting session with your therapist will be considered one visit (starting with the initial text). If additional visits are needed beyond the six counseling sessions provided per issue per year under our EAP, you may continue to receive Talkspace services through Regence where normal deductibles and co-pays will apply.

The Talkspace network features thousands of licensed, insured, and verified therapists and specialized providers who can help you address a variety of challenges such as:

- Stress Anxiety Depression Eating Disorders Substance use Sleep Identity Struggles
 - Chronic Issues Trauma & Grief Relationships Healthy Living And More

To get started with Talkspace:

- Go to www.resourcesforliving.com and log in Username: USU Password: EAP
- Go to the Services tab
- Click on Talkspace online therapy
- Scroll down to "Get Started with Talkspace"





Utah State University 888-238-6232 (TTY: 711) resourcesforliving.com Username: USU Password: EAP

Emotional wellbeing support

upport 💒

You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-themoment emotional well-being support.

Counseling sessions are available face to face, online with televideo or by phone. Services are free and confidential. We're always here to help with a wide range of issues including:

- Anxiety
- Relationship support
- Depression
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Self-esteem and personal development
- Substance misuse and more

Utah State University

Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. Children living away from home are covered up to age 26.

Services are confidential and available 24 hours a day, 7 days a week.

Daily life assistance



Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Care for older adults
- Caregiver support
- School and financial aid research
- Special needs
- Pet care

- Community resources/
 basic needs
- Home repair and improvement
- Summer programs for kids
- Household services
 and more



Resources for Living[.]

74.03.962.1-RFL F (6/21)

Legal services



You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- Civil/Criminal law
- Elder law and estate planning
- Real estate transactions Mediation services

document preparation

• Divorce

Wills and other

If you opt for services beyond the initial consultation you can get a 25 percent discount. You also have free access to legal documents and forms on your member website.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Online resources



Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and selfassessments
- Video resources Live and recorded
- Adult care and child care webinars provider search tool Mobile app
- Stress resource center

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

Mind Companion Self-Care

You have access to evidence-based support tools to help manage depression, anxiety, stress, substance abuse and more.

Financial services



Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Credit and debt issues College funding

Tax and IRS questions

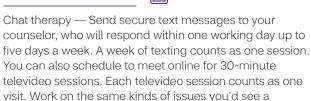
- Retirement or other financial planning
- Mortgages and refinancing

You can get a 25 percent discount on tax preparation services. You also have access to financial articles, calculators and a financial assessment on your member website.

*Services must be for financial matters related to the employee and eligible household members.

Additional services

counselor face-to-face to talk about.



Identity theft services - One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims



The EAP is administered by Resources For Living, LLC.

All EAP calls are confidential, except as required by law. Discount services are provided and managed by Lifecare, an independent third party. Resources For Living does not oversee or control the services provided by or recommended by Lifecare and does not assume any liability for their services. EAP instructors, educators and participating providers are independent contractors and are not agents of Resources For Living. Provider participation may change without notice.

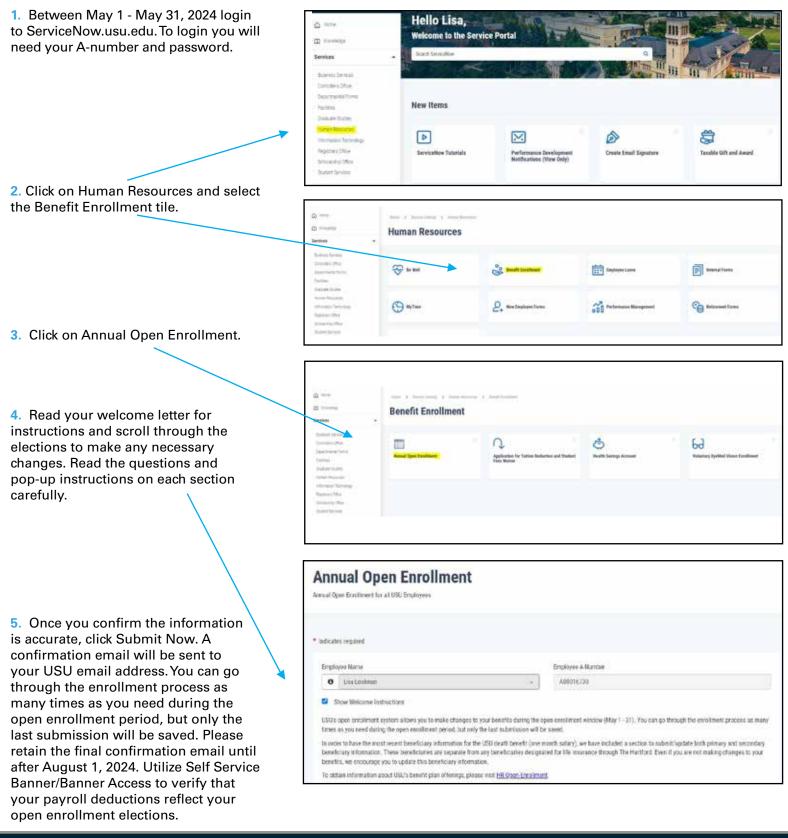
Resources for Living

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MAY 1 - MAY 31, 2024

Steps to Making Open Enrollment Changes



MAY 1 - MAY 31, 2024

Family Members Who are Eligible for USU Benefits

- Spouse
- Domestic partner*
- Married or unmarried children under age 26
 - Natural children
 - Step children
 - Legally adopted children
 - Children for whom you have legal guardianship
 - Foster children
 - Children placed with you for adoption

- Unmarried children to whom you are legally responsible to provide health coverage under the terms of a Qualified Medical Child Support Order
- Unmarried children over the age limit who depend on you for primary financial support and maintenance due to physical or mental disability
- Children of your domestic partner who depend on you for support and live with you in a parent/child relationship



*It is important to remember when you select coverage with a domestic partner, the IRS assesses a domestic partner tax on the Medical and Dental Premiums. For questions about the tax rate, please contact the HR Solutions Center at (435) 797-0122. Domestic partners are not eligible for tuition remission benefits.

2024-2025 Medical Plan Benefits

PLAN COMPARISON	HIGH DEDUCTIBLE HEALTH PLAN* 80/20 Coverage	WELLNESS PLAN (White)* 70/30 Coverage	HIGH PREMIUM PLAN (Blue)* 80/20 Coverage
BENEFITS PER PLAN YEAR	YOU PAY	YOU PAY	YOU PAY
Preventive Care Cost Preventive Care is not subject to deductibles or co-pays	\$0	\$0	\$0
Deductible (Ded) Single Family	Note federal change to minimum deductible \$1,600 \$3,200**	\$750 \$1,500	\$500 \$1,000
Co-pays Doctor Visits (regular office hours) Emergency Room	20% after Ded 20% after Ded	\$35 co-pay, after Ded \$250 co-pay, after Ded	\$30 co-pay, after Ded \$250 co-pay, after Ded
Co-insurance Percentage Maximum Out-of-Pocket Single Coverage Family Coverage	20% after Ded \$5,000 \$10,000***	30% after Ded \$4,000 \$8,000	20% after Ded \$3,250 \$6,500
Diagnostic X-ray and Lab	After Ded, you pay \$0 up to \$1,000, thereafter you pay 20%.	After Ded, you pay \$0 up to \$1,000, thereafter you pay 30%.	After Ded, you pay \$0 up to \$1,000, thereafter you pay 20%.
Prescription Drugs*** Generic 30-Day 90-Day Preferred Brand Brand 30-day Specialty Preferred Specialty Specialty Cancer Chemotherapy	All Rx 20% after Ded	\$10 \$15 35% 50% 20% up to \$150 35% up to \$300 35% up to \$300	\$10 \$15 35% 50% 20% up to \$150 35% up to \$300 35% up to \$300
Medical Premiums	See page 12	See page 12	See page 13
Rx Co-insurance Maximum Single Family	N/A	\$1,750 \$3,500	\$1,500 \$3,000

* This booklet is not intended to replace or interpret any program's Summary Plan Description (SPD), and any differences between this booklet information and the actual SPD are unintentional and non-binding. For final benefit questions, such as plan coverage, please refer to the SPD which can be found at hr.usu.edu > benefits > medical insurance. The SPD, NOT this booklet, will be followed for all claim determinations.

If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay. * Per person max on family is \$5,000.

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The main difference in Utah between the Preferred ValueCare Network (PVC) and Participating Network (PAR) is the hospitals and providers that are considered in-network. See chart below.

Regence BlueCross BlueShield of Utah

Network Comparison

HOSPITAL	PAR	PVC	HOSPITAL	PAR	PVC
ALTA VIEW HOSPITAL	Х		LOGAN REGIONAL HOSPITAL	Х	Х
AMERICAN FORK HOSPITAL	Х		LONE PEAK HOSPITAL INC	Х	Х
ASHLEY REGIONAL MEDICAL CENTER	Х	Х	MCKAY DEE HOSPITAL	Х	
BEAR RIVER VALLEY HOSPITAL	х	Х	MILFORD MEMORIAL HOSPITAL	Х	Х
BEAVER VALLEY HOSPITAL	х	Х	MOAB REGIONAL HOSPITAL	Х	Х
BLUE MOUNTAIN HOSPITAL	Х	Х	MORAN EYE CENTER	Х	Х
BRIGHAM CITY HOSPITAL	Х	Х	MOUNTAIN POINT MEDICAL CENTER	Х	Х
CACHE VALLEY HOSPITAL	Х	Х	MOUNTAIN VIEW HOSPITAL	Х	Х
CASTLEVIEW HOSPITAL	Х	Х	MOUNTAIN WEST MEDICAL CENTER	Х	Х
CEDAR CITY MEDICAL CENTER	Х	Х	OGDEN REGIONAL MEDICAL CENTER	Х	Х
CENTRAL VALLEY MEDICAL CENTER	Х	Х	OREM COMMUNITY HOSPITAL	Х	
DAVIS HOSPITAL AND MEDICAL CENTER	х	Х	PARK CITY MEDICAL CENTER	Х	Х
DELTA COMMUNITY MEDICAL CENTER	Х	Х	PRIMARY CHILDREN'S HOSPITAL	Х	Х
DIXIE REGIONAL MEDICAL CENTER	Х	Х	RIVERTON CHILDREN'S UNIT	Х	Х
FILLMORE HOSPITAL	Х	Х	RIVERTON HOSPITAL	Х	
GARFIELD MEMORIAL HOSPITAL	Х	Х	SALT LAKE REGIONAL MEDICAL CENTER	Х	Х
GUNNISON VALLEY HOSPITAL	Х	Х	SAN JUAN COUNTY HOSPITAL	Х	Х
HEBER VALLEY MEDICAL CENTER	х	Х	SANPETE VALLEY HOSPITAL	Х	Х
HUNTSMAN CANCER HOSPITAL	х	Х	SEVIER VALLEY MEDICAL CENTER	Х	Х
INTERMOUNTAIN MEDICAL CENTER	Х		ST MARK'S HOSPITAL	Х	Х
JORDAN VALLEY MEDICAL CENTER - WEST JORDAN	Х	Х	THE ORTHOPEDIC SPECIALTY HOSPITAL (TOSH)	Х	
JORDAN VALLEY MEDICAL CENTER - WEST VALLEY	Х	Х	TIMPANOGOS REGIONAL HOSPITAL	Х	Х
KANE COUNTY HOSPITAL	Х	Х	UINTAH BASIN MEDICAL CENTER	Х	Х
LAKEVIEW HOSPITAL	Х	Х	UNIVERSITY HOSPITAL	Х	Х
LAYTON HOSPITAL	Х		UNIVERSITY OF UTAH ORTHO CENTER	Х	Х
LDS HOSPITAL	Х		UTAH VALLEY REGIONAL MEDICAL CENTER	Х	

52 Utah Hospitals (100%)

16,384 physicians and other professionals statewide

Preferred ValueCare (PVC) and National BlueCard PPO/EPO Network 42 Utah Hospitals 16,044 physicians and other professionals statewide

Both networks include free-standing surgical and imaging centers, urgent care locations, providers and clinics.

Largest Nationwide Network that includes:

96% OF HOSPITALS AND 95% OF PROVIDERS

Search for providers at regence.com or bcbs.com

For questions about your network outside of Utah call Regence customer service at 1-866-240-9580.

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Employee Monthly Medical and Dental Insurance Premiums 2024-2025

Below are the monthly Insurance premiums for benefited employees working at least 30 hours per week.

If you are a benefited employee and work less than 30 hours per week, please see part-time premium information on the HR website.

Utah State University pays an average premium of \$1,257 per participating employee per month in our Health Plan. Utah State University pays an average premium of \$61 per participating employee per month in our Dental Plan.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

NETWORK: Preferred ValueCare Network (PVC)

MONTHLY PREMIUMS Salary Ranges Single Coverage Two-Party Coverage Family Coverage \$24,999 or less \$16.00 \$35.00 \$51.00 \$25,000 - \$37,999 \$17.00 \$38.00 \$56.00 \$38,000 - \$57,999 \$19.00 \$42.00 \$61.00 \$58,000 or more \$21.00 \$47.00 \$68.00

NETWORK: Participating Network (PAR)

MONTHLY PREMIUMS			
Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$24,999 or less	\$55.00	\$123.00	\$178.00
\$25,000 - \$37,999	\$56.00	\$126.00	\$182.00
\$38,000 - \$57,999	\$58.00	\$130.00	\$188.00
\$58,000 or more	\$60.00	\$135.00	\$195.00

WELLNESS PLAN (White Plan)

NETWORK: Preferred ValueCare Network (PVC)

MONTHLY PREMIUMS			
Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$24,999 or less	\$41.00	\$92.00	\$133.00
\$25,000 - \$37,999	\$50.00	\$113.00	\$163.00
\$38,000 - \$57,999	\$61.00	\$138.00	\$200.00
\$58,000 or more	\$75.00	\$169.00	\$244.00
NETMORK, Participating Naturalk (PAR)			

NETWORK: Participating Network (PAR)

MONTHLY PREMIUMS			
Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$24,999 or less	\$78.00	\$175.00	\$253.00
\$25,000 - \$37,999	\$87.00	\$196.00	\$283.00
\$38,000 - \$57,999	\$98.00	\$221.00	\$320.00
\$58,000 or more	\$112.00	\$252.00	\$365.00

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HIGH PREMIUM PLAN (Blue Plan)

NETWORK: Preferred ValueCare Network (PVC)

MONTHLY PREMIUMS	
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Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$24,999 or less	\$104.00	\$193.00	\$258.00
\$25,000 - \$37,999	\$113.00	\$235.00	\$289.00
\$38,000 - \$57,999	\$124.00	\$263.00	\$359.00
\$58,000 or more	\$138.00	\$310.00	\$447.00

NETWORK: Participating Network (PAR)

MONTHLY PREMIUMS			
Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$24,999 or less	\$143.00	\$280.00	\$385.00
\$25,000 - \$37,999	\$152.00	\$323.00	\$415.00
\$38,000 - \$57,999	\$163.00	\$351.00	\$485.00
\$58,000 or more	\$177.00	\$398.00	\$573.00

DENTAL PLAN		
DENTAL COVERAGE LEVELS	MONTHLY PREMIUMS	
Employee Only	\$11.36	
Employee Plus One Dependent	\$22.72	
Employee Plus Two or More Dependents	\$36.94	
DENTAL BENEFITS	PLAN PAYS	
Dental	Preventive & Basic Paid at 100% Major and Ortho Paid at 50%	
Dental Maximum per year	\$2,000 per claimant	
Ortho Lifetime Maximum	\$1,500 per claimant	

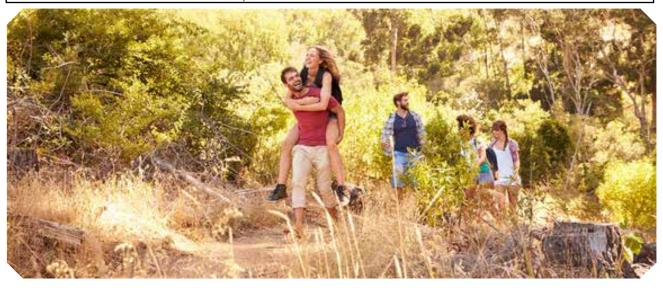
Medical and Dental Insurance Plans

Does Your Spouse or Partner Work at USU?

If you and your spouse work at USU, you may elect Dual Coverage benefits. Both employees will pay premiums for the same plan. The lower wage earner will pay the family or couple rate and be considered the "subscriber," while the higher wage earner will pay the single rate.

Dual Employed Benefit Plan 2024-2025

DUAL OPTION PLAN	WELLNESS PLAN (White Plan)	HIGH PREMIUM PLAN (Blue Plan)	
BENEFITS FOR PLAN YEAR	YOU PAY	YOU PAY	
Deductible Per Employee Per Family	\$375 \$750	\$250 \$500	
Co-pays Doctor Visits (regular office hours) Emergency Room	\$15 \$125	\$15 \$125	
Prescription Drugs* Generic 30-Day 90-Day Formulary Non-Formulary Out-of-Pocket Max	\$5 \$5 15% 25% \$1,750	\$5 \$5 15% 25% \$1,500	
DENTAL BENEFITS	PLAN PAYS	PLAN PAYS	
Dental	Preventive & Basic Paid at 100%, Major Paid at 80%, Ortho is paid at 50%		
Dental Maximum Benefit Per Year	\$2,000 per claimant		
Ortho Lifetime Maximum	\$2,000 per claimant		



EyeMed Supplemental Vision Insurance

Your medical insurance through Regence BCBS covers one preventative eye exam per plan year. If you wear glasses or contacts, you can elect to receive supplemental vision insurance through EyeMed. EyeMed offers access to thousands of in-network providers—including independent eye doctors and your favorite retail stores such as LensCrafters, Target Optical, and Pearle Vision. You can also use your benefit online at one of our many in-network online options including Glasses.com, ContactsDirect. com, LensCrafters, Ray-Ban, and Target Optical. Find the right in-network provider for you using the Enhanced Provider Search on eyemed.com.

Additionally, EyeMed coverage provides discounts on LASIK procedures at LasikPLUS®,

TLC Laser Eye Center and the LASIK Vision Institute and access to affordable hearing care through Amplifon.

Coverage includes:

• \$130 allowance per person for lenses <u>or</u> contacts every 12 months.

• \$130 allowance per person for frames every 12 months.

Monthly Premium Rates		
Single	\$ 6.03	ere
Two Party	\$ 11.46	MOO
Family	\$ 16.89	MEG

Please visit eyemed.com or call (866) 804-0982 for more information.

Employee Wellness at USU - Be Well

The goal of the USU Employee Wellness Program, *Ze Well*, is to support and enhance the health and wellness of employees and their families by building partnerships and programs. We encourage employees to adopt and sustain healthy lifestyle behaviors that support a work/life balance, increase work satisfaction, and reduce health care costs. We are striving to create a culture of wellness at USU. Many services are offered at no charge. For more details, please visit our website wellness.usu.edu, call (435) 797-8391, or email BeWell@usu.edu.

Programs Currently Offered at USU

WELLNESS PROGRAMS

- Health risk assessments
- Health screenings, expos & flu shots
- Wellness challenges
- Wellness Champions
- Be Well newsletter
- Lunch & Learns

FITNESS PROGRAMS

- Fitness assessments
- Fitness classes
- Personal training
- Tuition free course auditing
- Employee Wellness Center
- Fitness challenges

NUTRITION PROGRAMS

- Nutrition consultations
- Nutritional information/tips
- Be Well library
- Healthy tips & tidbits
- **USU's Be Well Rewards Program**

USU's Be Well Rewards is an exciting incentive program that rewards employees for taking an active role in their personal well-being. Through USU's Be Well Rewards program, all benefit eligible employees can earn cash rewards fall and spring semesters. For more information and to register, please visit the USU Be Well Rewards website at **wellness.usu.edu/rewards**.

REGENCE.COM AND APP

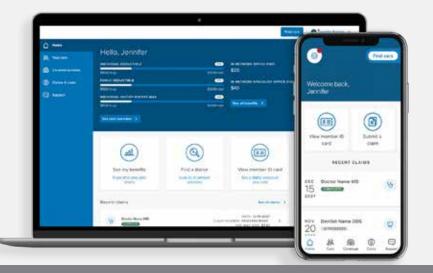
Health care support at your fingertips

When it comes to managing your health care, you deserve more support and less complexity. That's why Regence offers a personalized digital experience on **regence.com** and in the app.

One experience, any device

Everything you need is in one place: Check your claims, view your benefits, find in-network doctors and personalized insights, and chat with Customer Service.

All this right from your own home screen—a convenient way to take care of yourself and save money along the way.





Get started!

Download the Regence app or go to regence.com to create an account. All you need is your member ID card to get started.

Pharmacy Benefits

Regence Blue Cross Blue Shield is the Pharmacy Benefit Manager (PBM) for all USU medical plans (Blue, White, and HDHP). Managing prescriptions can be difficult and Regence is available to assist you with all your prescription needs. Here are five tips for getting the most from your prescription benefits plan:

1. Check the drug list.

When it comes to choosing medications, it's important to know how the list of covered drugs or formulary—works. The covered drug list divides medications into multiple tiers, each with its own cost share. Before a medication is added to the list, Regence's team of doctors and pharmacists carefully evaluate how safe and effective it is while assessing whether it will improve health. What does this mean for you? By knowing whether your benefit covers your medication as well as which tier it falls under, you'll know how much you owe.



Register and sign in to regence.com to search the list of covered drugs. Select Pharmacy Benefits and Find a Drug. Enter any drug name in the search field to find out if it's covered. If you don't see your prescription drug on the list, you may pay more out of pocket the next time you get it filled.

Generic and brand-name medications have the same strength, quality and purity. But, generics can also cost up to 80% less. So, ask your doctor if there is a generic drug that will work for you. To save money, talk to your doctor about switching to a generic equivalent on our list of covered drugs.

MAY 1 - MAY 31, 2024



2. Check to see if your pharmacy is in-network.

We have participating pharmacies across the U.S. Follow the instructions above for checking the drug list and select Find a Pharmacy. Be sure to show your member ID card to the pharmacist to make sure your claims get processed accurately.

3. Use Express Scripts Pharmacy for the best home delivery prices.

Express Scripts Pharmacy is our preferred vendor and offers in-network prices. It's a safe, convenient way to get your long-term medicines delivered right to your door. Visit www.express-scripts.com, or call (833) 599-0451, or the number on the back of your ID card to get started.

4. Use Accredo Specialty Pharmacy for specialty drugs.

Your health plan is committed to giving you a specialty pharmacy that offers the medicines and support you need to manage your complex health issues. That's what you get with Accredo, your preferred specialty pharmacy. Visit www.accredo.com, or call (833) 599-0514, or the number on the back of your ID card to get started.

5. Check to see if your prescription drug requires pre-authorization.

Some prescription drugs require pre-authorization before Regence will cover them to make sure you're getting the most effective, highest value prescription drug available. You can save time and money by checking before you go to the pharmacy. In many cases, brand name drugs can be replaced with equivalent generic alternatives at a much lower cost. Visit regence.com and select Pharmacy Benefits > Pharmacy forms to see the list of prescription drugs that require pre-authorization.

Understanding pre-authorization

To ensure you're getting an effective drug at an affordable price, we review prescriptions for some medications before we cover them. Drugs on the pre-authorization list include many for which equal or more effective and lower-cost options exist. If your drug needs pre-authorization, you'll want to do one of two things:

1. Talk with your doctor to see if there's an alternative treatment that does not require pre-authorization.

OR

2. Have your doctor or pharmacist request preauthorization for your medication. You may need to get that authorization before you can get your prescription filled.

Phone Numbers:

General Questions:	(866) 240-9580
Mail Order:	(833) 599-0451
Specialty Rx:	(833) 599-0514
Prior Authorizations:	(866) 240-9580

Life, Disability and AD&D Insurance

Beginning July 1, 2024, USU will have a new provider, The Standard, for short-term disability, long-term disability, and life insurance. For more than 100 years, The Standard has been dedicated to its core purpose: to help people achieve financial well-being and peace of mind. The Standard is a nationally recognized provider of group employee benefits. To get to know them better, go to:

www.standard.com/get-to-know-standard.

Current enrollment in short-term disability, longterm disability, and life insurance will transfer from The Hartford to The Standard, so no action is needed on your part if you do not want to make any changes.

Special Life Insurance Enrollment Offered by The Standard

Whether it is your first time enrolling, or you're already enrolled in supplemental life insurance, you may elect any coverage amount below the guaranteed \$500,000 issue amount without providing evidence of insurability. You may also elect up to \$20,000 of spouse life insurance without providing evidence of insurability.

Life Insurance

Life insurance helps take care of your family if something happens to you. It can help your loved ones get through a difficult time and pay for important things, like a home or college plans. Additional Life insurance can protect the people you care about if you're no longer here to provide for them. They can use the payout to help pay expenses like funeral and medical costs, or housing, college tuition and child care. USU offers several life insurance options for you and your family:

- Employee Basic Term Life Insurance The university pays the premium for Basic Life Insurance of one times your annual salary (up to \$250,000) rounded to the next higher \$1,000, if not already a multiple of \$1,000.
- **Dependent Basic Life Insurance** You may enroll in Dependent Basic Life Insurance for \$1 per month, which provides \$10,000 of coverage for your spouse and \$5,000 for qualified children.
- Employee Supplemental Life Insurance You may enroll in supplemental life insurance for yourself in increments of \$10,000 to a maximum of \$1.5 million. During this open enrollment period, if you enroll in any amount over \$500,000, evidence of insurability will be required.
- **Spouse Supplemental Life Insurance** You may enroll your spouse in supplemental life insurance in increments of \$10,000 to a maximum of \$250,000. During this open enrollment period, if you enroll in any amount over \$20,000, evidence of insurability will be required.



Cost for Employee and Spouse Supplemental Life Insurance:

Age at the beginning of the plan	Cos	st per \$1,000
year		per with
<25	\$	0.045
	•	
25-29	\$	0.050
30-34	\$	0.050
35-39	\$	0.062
40-44	\$	0.088
45-49	\$	0.134
50-54	\$	0.207
55-59	\$	0.329
60-64	\$	0.473
65-69	\$	0.746
70-74	\$	1.149
75+	\$	1.854

• **Child Supplemental Life Insurance** – You may enroll your children in supplemental life insurance in increments of \$5,000 to a maximum of \$20,000. Costs per month are:

\$5,000	\$.80
\$10,000	\$1.60
\$15,000	\$2.40
\$20,000	\$3.20

Short-Term Disability

Short-Term Disability insurance can replace part of your income if a disability keeps you from working for a short time (120 days or less). It pays you 66.67% of your salary directly to help cover expenses during recovery, like housing, food and child care. The employee premium for short-term disability coverage is \$4.50 per month (a reduction from the 2023-2024 plan year).

If you are not currently enrolled in short-term disability and choose to enroll during this open enrollment, you may be subject to an Extended Benefit Waiting period of 60 days during the first 12 months of coverage for disability caused by: physical disease, pregnancy, or mental disorder.

Long-Term Disability

Long-Term Disability insurance can help pay the bills if you become disabled and can't work for an extended period. That could be a few months or several years. This coverage helps replace part of your paycheck by paying 66.67% of your pre-disability salary, which can help you protect your lifestyle and savings. USU pays the full premium for long-term disability insurance.

Enrollment for short-term disability and life insurances is now available within the open enrollment form in ServiceNow. It will no longer need to be done in a seperate system.



MAY 1 - MAY 31, 2024



Health Savings Account Offered through WEX

Why should I choose a health savings account (HSA)?

An HSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for health care expenses. Think of your HSA as a personal savings account.

Any unspent money in your HSA remains yours, allowing you to grow your balance over time.

Using an HSA account is easy. Swipe your benefits debit card at the point of purchase. Access your benefits 24/7 with the Benefits Mobile App. The app is free, convenient and offers real-time access to all your WEX accounts. If you don't have a smartphone you can access the same features on your desktop by logging in to your online account at www.wexinc.com and selecting "Login" in the navigation bar.

The HSA's unique, triple tax savings means the money you contribute, earnings from investments, and withdrawals for eligible expenses are all tax-free, making it a savvy savings tool.

You can invest your HSA funds in an interestbearing account or standard mutual fund lineup. Savvy investors may opt for a Health Savings Brokerage Account powered by Charles Schwab, giving you access to more than 8,500 mutual funds, stocks, and bonds.

Can I enroll?

You must be enrolled in a high-deductible health plan (HDHP) in order to enroll in the HSA. You're not eligible for an HSA if:

- You're claimed as a dependent on someone elses taxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical flex spending account (FSA) or select health reimbursement arrangement (HRAs).
- You or your spouse are contributing to a medical FSA.

What are the contribution limits & IRS regulations?

The IRS sets the maximum dollar amount you can elect and contribute to an HSA. The 2024 annual contribution limit is:

- •Single Coverage \$4,150
- •Family Coverage \$8,300
- •If you are over 55 years old you can contribute an additional \$1,000.

Have questions?

Contact WEX Customer Service, Monday through Friday from 5:00 am to 8:00 pm MST **866-451-3399**.



Benefits Mobile App

Access your benefits anytime, anywhere

With our benefits mobile app, you can:

Access your benefits on the go 24/7 with the WEX benefits mobile app. Our free app gives you convenient, real-time access to all your benefits accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without ever needing to call in.

The benefits mobile app keeps your benefits always within reach. Want to know the status of a recent claim or easily check the balance of your accounts? Log in to our secure app to get answers to those questions and so many more — wherever and whenever you want.



Check your balance, view account activity, and get instant updates on your claims



Use Smart Scan to automatically file a claim from your Explanation of Benefits



File a claim and upload documentation in seconds using your phone's camera.



Use your benefits debit card directly from your mobile phone with Apple Pay or Samsung Pay.



Report a card as lost or stolen, which cancels the card and ships you a new one.



Scan an item's bar code to determine if it's an IRS code section 213(d) eligible expense.



Log in through face recognition or fingerprint (depending on your phone).



Reset login credentials.





Our mobile apps use encryption and won't store photos, keeping your documentation safe and secure.

Download the app for free on Apple and Android smartphones and tablets





Flexible Spending Account Is it Right for You?



This selection does not rollover year to year. You must re-enroll annually.

Flexible Spending Accounts (FSA) are administered through WEX. You can enroll in an FSA during the open enrollment process then WEX will send you an email with instructions on how to access your FSA account online.

Cost for an FSA is \$2.85 per month and there is no added fee for a debit card.

There are two flexible spending account options. The first is a health care flexible spending account (HCFSA), used for health care expenses. The second is a dependent care flexible spending account (DCFSA), used for child and elder care.

You may contribute pre-taxed earnings to an FSA which can result in substantial tax savings. Enrollment in an FSA is an annual election and must be completed each year during open enrollment. Once the contribution amount is elected, it cannot be changed during the plan year (July 1 - June 30).

The current maximum amount you may set aside for health care expenses is \$3,200. The dependent care maximum amount is \$5,000 per household or \$2,500 if married, filing separately.

To participate, you must sign up ANNUALLY online during open enrollment. To enroll, follow the instructions on page 8 of this booklet. Remember that the money you set aside in your FSA must be used within the same plan year. If you are participating in a health savings account (HSA) you may not participate in health care flex spending; however, you may participate in dependent care flex spending. Those who enroll in a DCFSA and an HSA will be issued one debit card, so no need to keep track of multiple cards.

HEALTH AND DEPENDENT CARE FLEX SPENDING: Expenses may be incurred from July 1, 2024 through September 15, 2025. Medical and dependent care receipts must be submitted for reimbursement by December 15, 2025.

Zurich[®] Supplemental Accidental Death & Dismemberment Insurance

All benefited employees have an Accidental Death & Dismemberment (AD&D) insurance policy through The Standard equal to 1x your salary.

During open enrollment, you may purchase AD&D insurance from Zurich[®].

If you purchase supplemental AD&D insurance from Zurich[®], you will also have access to travel assistance insurance that offers medical, legal,

and personal assistance when you are 100 or more miles from home. To sign up, complete the open enrollment process in ServiceNow.



MetLife Legal Plans

With MetLife Legal Plans you have access to a network of attorneys on retainer for a low monthly premium of \$21.25 paid via payroll deduction. You will have access to legal services and representation from local attorneys on a wide range of matters including wills and estate planning, financial matters, real estate, traffic offenses (DUI not included), and more.

There are no co-pays or deductibles. For example, you can have a local attorney prepare full estate planning documents for you and your spouse for just \$21.25 per month. You may apply for MetLife Legal Plans during the open enrollment period, **May 1 – May 31, 2024**. Once enrolled, you will be required to remain in the plan for the full benefit plan year. If you are already enrolled in the plan, your coverage will automatically renew unless you call during open enrollment to cancel. To enroll, please complete the open enrollment process in ServiceNow. You will remain in this benefit until you waive the benefit during an open enrollment period.

USU's plan covers the following categories:

• Family Law

• Wills and Estates

- Real Estate Traffic and Criminal
- Debt Matters
- Injury and Insurance

For specific services within these categories, please call 1-800-821-6400 or visit hr.usu.edu > benefits > voluntary benefits > MetLife Legal Plans.

The plan now includes the Parents Plus Program, which allows for up to eight parents, who are related to the employee, to have access to over 20 of the services included under the existing MetLife Legal Plan including:

- Identity Management Services
- Assistance with deeds and mortgages
- Estate Planning: codicils, complex wills, healthcare proxies, living wills, powers of attorney, simple wills
- Affidavits, demand letters, review of any personal legal documents
- Elder-Care Issues: Medicaid, Medicare, nursing home agreements.

NOTE: By participating in the MetLife Legal Plans, you are eligible for an additional discount on Farmers auto insurance of up to 5%. If you are currently enrolled, you will need to call Farmers to have this additional discount applied.

To access MetLife Legal services:

Phone: (800) 821-6400 Access Code: 49400010 If you are enrolled in MetLife Legal Plans, the Membership ID is the last 4 digits of your social security number.



MetLife Voluntary Pet Insurance



Pet insurance can help reimburse you for covered vet visits, accidents, illness and more. Plus, it can help keep your pet safe and healthy with preventive care like X rays and ultrasounds.

Why pet insurance is needed:

- On average, pet parents spend more than \$4,500 annually on pet care
- A small monthly payment can help plan for these expenses
- Pet insurance may not cover pre-existing conditions, so now is the time to insure your furry family members

Flexible coverage:

Choose the plan that works for you and your pet. Options include:

- Levels of coverage from \$500 to unlimited
- \$0 \$2,500 deductible options
- Reimbursement percentages from 50% to 100%

What is covered:

- Accidental injuries
 Illnesses
 Exam fees
 Surgeries
 Medications
 Ultrasounds
- Hospital stays X rays and diagnostic tests

Additional Value:

- Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S.
- If you're claim free in a policy year, we'll automatically decrease your deductible by \$25 or \$50.



Farmers Auto and Home Insurance

With one call, you can receive quotes from two leading insurance companies, Farmers and Safeco, for top quality auto and home insurance with special discounts.

In addition to special discounts and flexible payment options, find out how you can:

- Save more when you insure multiple cars or purchase both home and auto policies.
- Choose from convenient and affordable payment options, including payroll deduction for employees.
- Receive discounts for having a good driving record and driving a safe car.

Retirement Plans

Employer-Funded Retirement Plans

Preparing for retirement is one of the biggest financial challenges you will face. USU offers **employer**-funded and **employee**-funded retirement plans. USU's retirement plans through TIAA, Fidelity, and Utah Retirement Systems (URS) are a great foundation to save for retirement. Your plan eligibility depends on prior enrollment.

For new employees or rehired employees who were not previously enrolled in URS while working for USU, USU will contribute 14.2% of your base earnings into a retirement account called a 401(a) plan. This is an employer contribution only plan, so all funds contributed come from the university. You may choose to have your account administered by either TIAA or Fidelity, or a combination of both.

If you previously worked for USU and were enrolled in URS while working for the university, you must remain in URS. If you were enrolled in URS with another employer, you have the option to either enroll with URS, TIAA, or Fidelity. Bonus! You also qualify for a 5% discount on your Farmers auto insurance plan if you enroll in the MetLife Legal Plan. This discount will be applied through Farmers Insurance when you are given a home/auto quote. Be sure to ask the customer service representative when you call for a quote.

Since everyone's insurance policies renew at different times during the year, you may apply for auto and home insurance through this group program at any time by calling (800) 438-6381.





Open enrollment is a good time to check beneficiary information on your retirement plans. Log in to the appropriate vendor's website today to review beneficiaries and make changes.



Retirement Plans (continued) Employee-Funded Retirement Plans

Employees may contribute to supplemental retirement plans via payroll deduction. The following five supplemental plans are available:

403(b)

- Contributions are made pre-tax and reduce an employee's taxable income.
- Current maximum annual contribution limit is \$23,000, or \$30,500 if age 50 or older.
- Withdrawals can be made without penalty at age 59 ½. Withdrawals are subject to taxes.
- Withdrawals prior to age 59 ½ are subject to a 10% penalty and taxes.

457(b)

- Contributions are made pre-tax and reduce an employee's taxable income.
- Current maximum annual contribution limit is \$23,000, or \$30,500 if age 50 or older.
- Withdrawals can be made upon termination.

401(k)

- Contributions are made pre-tax and reduce an employee's taxable income.
- Current maximum annual contribution limit is \$23,000, or \$30,500 if age 50 or older.
- Withdrawals can be made without penalty at age 59 ½. Withdrawals are subject to taxes.
- Withdrawals prior to age 59 ½ are subject to a 10% penalty and taxes.

Roth 403(b)

- Contributions are made post-tax.
- Current maximum annual contribution limit is \$23,000, or \$30,500 if age 50 or older.
- Withdrawals can be made without penalty at age 59 ½ and after the fifth year of your first contribution.
- Some withdrawals prior to age 59 ½ are subject to a 10% penalty.

Roth 457(b)

- Contributions are made post-tax.
- Current maximum annual contributions limit is \$23,000, or \$30,500 if age 50 or older.
- Withdrawals can be made without penalty at age 59 ½ and after the fifth year of your first contribution.
- Some withdrawals prior to age 59 ½ are subject to a 10% penalty.





Employee retirement contribution forms and links for online enrollment are available at: hr.usu.edu > Benefits > Retirement

Utah Educational Savings Plan

Help them achieve their dreams.

A my529 plan is a tax-advantaged vehicle designed to encourage individuals to invest for future qualified education expenses. Additionally, 529 funds can be used to pay up to \$10,000 of annual K-12 tuition expenses. my529 is the official 529 plan established and sponsored by the State



of Utah. It is a direct-sold plan, which means you can set up an account and make contributions by dealing directly with my529.

A my529 plan has many advantages:

- Withdrawals are exempt from federal and state income tax if the funds are used to pay for qualified education expenses.
- Utah state tax credit on contributions, up to certain limits.
- Enrollment is open all year.
- Account owners—not the beneficiary—control their accounts.
- There are no age, income, or residency restrictions.
- my529 fees are among the lowest in the 529 industry.
- my529 offers a range of investment options.
- 529 funds can be used for college, university, post-secondary vocational or technical school, or graduate school.
- Funds can be used for tuition at K-12 schools, up to certain limits.
- Saving is less costly than borrowing.
- Funds can be rolled over to a Roth IRA, subject to certain restrictions

To learn more about my529, go to my529.org today

Once an account has been opened, you'll be able to identify USU as your employer and specify your contributions each pay period.

Phone: (800) 418-2551 • Fax: (800) 214-2956 • Email: info@my529.org Mailing Address: PO Box 145100, Salt Lake City, UT 84114-5100

Retirement Health Care Savings Plan (RHSP)

The retirement health care savings plan allows you to contribute to a trust that can help you pay for qualified health care expenses in retirement or when you leave USU. Contributions are made through post-tax payroll deductions. The money you contribute belongs to you, and grows tax free.

The plan is administered by TIAA. You can put your money into lifecycle or money market funds. It is only available to you when you leave the University, by retiring or due to the end of employment. The funds must be used for health care expenses for yourself, your spouse, or qualified dependents. The purpose is to save for medical expenses in retirement, however you may use this money to pay for COBRA premiums if you leave the University.

To set up your retirement health care savings plan, please complete and return the form found at: hr.usu.edu > benefits > voluntary benefits > Retirement Healthcare Savings Plan.

Where can I get more information?

Plan	Provider	Phone Number	Website	
Medical & Dental	Regence BCBS	(866) 240-9580	regence.com	
Vision	EyeMed	(866) 804-0982	eyemed.com	
HSA & FSA	WEX	(866) 451-3399	wexinc.com	
Retirement	TIAA	(800) 842-2252	tiaa.org/public	
Retirement	Fidelity	(800) 343-0860	fidelity.com	
Retirement	URS	(800) 365-8772	urs.org	
Life, Disability and AD&D Insurance	The Standard	(800) 368-1135	standard.com	
AD&D Insurance	Zurich	(800) 263-0261	zurichna.com	
Auto & Home Insurance	Farmers	(800) 438-6381	myautohome.farmers.com	
Legal Plan	MetLife Legal	(800) 821-6400	info.legalplans.com/home	
Pet Insurance	MetLife Pet Ins.	(800) 438-6388	metlife.com/getpetquote	
EAP – Employee Assistance Program	Aetna	(888) 238-6232	resourcesforliving.com	
Employee Wellness	USU Be Well	(435) 797-8391	wellness.usu.edu	

Disclaimer Statement:

This booklet is not intended to replace or interpret any program's Summary Plan Description (SPD), and any differences between this booklet information and the actual SPD are unintentional and non-binding. For final benefit questions, such as plan coverage, please refer to the SPD which can be found at hr.usu.edu > benefits > medical insurance, or you may call (435) 797-0122 for more information. The SPD, NOT this booklet, will be followed for all claim determinations.

Utah State University Notice of Non-Discrimination

In its programs and activities, including in admissions and employment, Utah State University does not discriminate or tolerate discrimination, including harassment, based on race, color, religion, sex, national origin, age, genetic information, sexual orientation, gender identity or expression, disability, status as a protected veteran, or any other status protected by University policy, Title IX, or any other federal, state, or local law.

Utah State University is an equal opportunity employer and does not discriminate or tolerate discrimination including harassment in employment including in hiring, promotion, transfer, or termination based on race, color, religion, sex, national origin, age, genetic information, sexual orientation, gender identity or expression, disability, status as a protected veteran, or any other status protected by University policy or any other federal, state, or local law.

Utah State University does not discriminate in its housing offerings and will treat all persons fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, source of income, sexual orientation, or gender identity. Additionally, the University endeavors to provide reasonable accommodations when necessary and to ensure equal access to qualified persons with disabilities.

The following individuals have been designated to handle inquiries regarding the application of Title IX and its implementing regulations and/or USU's non-discrimination policies:

Matthew Pinner

Executive Director of the Office of Equity matthew.pinner@usu.edu 435-797-1266 | Distance Education Rm. 401 5100 Old Main Hill, Logan, UT 84322

Cody Carmichael

Title IX Coordinator cody.carmichael@usu.edu 435-797-1266 | Distance Education Rm. 404 5100 Old Main Hill, Logan, UT 84322

UtahStateUniversity...

NOTES:

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UtahStateUniversity.

HUMAN RESOURCES

2024 Employee Benefits Notices

Annual Notices

<u>Please note:</u> While HUB is providing these notices as a courtesy to its clients, HUB does not provide legal or tax advice. HUB makes no representation or warranty as to the accuracy or completeness of these documents and is not obligated to update them. Consult your attorney and/or professional advisor as to your organization's specific circumstances and legal, tax or other requirements.

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0	0	0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
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CHIPRA/CHIP Notice

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health Insurance Premium Payment (HIPP) Program Website:
	http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676
	Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <u>http://myakhipp.com/</u> Phone: 1-866-251-4861 Email: <u>CustomerService@MyAKHIPP.com</u> Medicaid Eligibility: <u>https://health.alaska.gov/dpa/Pages/default.aspx</u>	Health First Colorado Website: <u>https://www.healthfirstcolorado.com/</u> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <u>https://hcpf.colorado.gov/child-health-plan-plus</u> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <u>https://www.mycohibi.com/</u> UIDI: <u>https://www.mycohibi.com/</u>
ARKANSAS – Medicaid	HIBI Customer Service: 1-855-692-6442 FLORIDA – Medicaid
Website: <u>http://myarhipp.com/</u> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <u>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</u> Phone: 1-877-357-3268

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-	Website: https://www.mass.gov/masshealth/pa
insurance-premium-payment-program-hipp	Phone: 1-800-862-4840
Phone: 678-564-1162, Press 1	TTY: 711
GA CHIPRA Website:	Email: masspremassistance@accenture.com
https://medicaid.georgia.gov/programs/third-party-	
liability/childrens-health-insurance-program-	
reauthorization-act-2009-chipra	
Phone: 678-564-1162, Press 2	
INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64	Website:
Website: http://www.in.gov/fssa/hip/	https://mn.gov/dhs/people-we-serve/children-and-
Phone: 1-877-438-4479	families/health-care/health-care-programs/programs-
All other Medicaid Website: https://www.in.gov/medicaid/	and-services/other-insurance.jsp Phone: 1-800-657-3739
Phone: 1-800-457-4584	Flidile. 1-800-037-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website:	Website:
https://dhs.iowa.gov/ime/members	http://www.dss.mo.gov/mhd/participants/pages/hipp.ht
Medicaid Phone: 1-800-338-8366	m
Hawki Website:	Phone: 573-751-2005
http://dhs.iowa.gov/Hawki	1 110110: 57 5-7 51-2005
Hawki Phone: 1-800-257-8563	
HIPP Website:	
https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	
HIPP Phone: 1-888-346-9562	
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/	Website:
Phone: 1-800-792-4884	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
HIPP Phone: 1-800-967-4660	Phone: 1-800-694-3084
	Email: <u>HHSHIPPProgram@mt.gov</u>
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Kentucky Integrated Health Insurance Premium Payment	Website: http://www.ACCESSNebraska.ne.gov
Program (KI-HIPP) Website:	Phone: 1-855-632-7633
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.as	Lincoln: 402-473-7000
	Omaha: 402-595-1178
Phone: 1-855-459-6328	
Email: <u>KIHIPP.PROGRAM@ky.gov</u>	
KCHIP Website:	
https://kidshealth.ky.gov/Pages/index.aspx	
Phone: 1-877-524-4718	
Kentucky Medicaid Website:	
https://chfs.ky.gov/agencies/dms	
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp	Medicaid Website: http://dhcfp.nv.gov
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-	Medicaid Phone: 1-800-992-0900
5488 (LaHIPP)	

MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website:	Website: https://www.dhhs.nh.gov/programs-
https://www.mymaineconnection.gov/benefits/s/?language =en US	services/medicaid/health-insurance-premium-program Phone: 603-271-5218
Phone: 1-800-442-6003	Toll free number for the HIPP program: 1-800-852-
TTY: Maine relay 711	3345, ext 5218
Private Health Insurance Premium Webpage:	
https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740	
TTY: Maine relay 711	
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
Medicaid Website:	Website: <u>http://dss.sd.gov</u>
http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/	Phone: 1-888-828-0059
Medicaid Phone: 609-631-2392	
CHIP Website: <u>http://www.njfamilycare.org/index.html</u>	
CHIP Phone: 1-800-701-0710	
NEW YORK – Medicaid	TEXAS – Medicaid Website: Health Insurance Premium Payment (HIPP)
Website: <u>https://www.health.ny.gov/health_care/medicaid/</u> Phone: 1-800-541-2831	Program Texas Health and Human Services
	Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: <u>https://medicaid.ncdhhs.gov/</u> Phone: 919-855-4100	Medicaid Website: <u>https://medicaid.utah.gov/</u> CHIP Website: http://health.utah.gov/chip
Fridile. 919-033-4100	Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
Website: https://www.hhs.nd.gov/healthcare	Website: <u>Health Insurance Premium Payment (HIPP)</u>
Phone: 1-844-854-4825	Program Department of Vermont Health Access
	(<u>https://dvha.vermont.gov/members/medicaid/hipp-</u> program)
	Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://coverva.dmas.virginia.gov/learn/premium-
	assistance/famis-select
	https://coverva.dmas.virginia.gov/learn/premium-
	assistance/health-insurance-premium-payment-hipp- programs
	Medicaid/CHIP Phone: 1-800-432-5924
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid and CHIP	WEST VIRGINIA – Medicaid and CHIP
Website:	Website: https://dhhr.wv.gov/bms/
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-	http://mywvhipp.com/
Program.aspx Phone: 1-800-692-7462	Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1 855-MyWVHIPP (1-855-699-
CHIP Website: Children's Health Insurance Program	8447)
(CHIP) (pa.gov)	
(<u>https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx</u>) CHIP Phone: 1-800-986-KIDS (5437)	
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/	Website:
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite	https://www.dhs.wisconsin.gov/badgercareplus/p-
Share Line)	<u>10095.htm</u>
	Phone: 1-800-362-3002

SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: <u>https://www.scdhhs.gov</u> Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs -and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

Employee Benefits Security Administration

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

Centers for Medicare & Medicaid Services

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

HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was designed to protect the use and disclosure of individually identifiable health information. The Privacy Rule, a Federal law, gives you rights over your health information and sets rules and limits on who can look at or receive your health information. This information, known as protected health information (PHI), includes virtually all forms of individually identifiable health information held by a health plan, whether electronic, written or oral. The Security Rule, a Federal law that protects health information in electronic form, requires entities covered by HIPAA to ensure that electronic PHI is secure.

The Plan is required by law to maintain the privacy of your health information and to provide you with notice of the Plan's legal duties and privacy practices with respect to your health information. The privacy rules generally allow the use and disclosure of your health information without your permission for purposes of Health Care Treatment, Payment Activities, and Health Care Operation. The amount of health information used or disclosed will be limited to the "Minimum Necessary" for these purposes.

You have the right to:

- Ask to see and get a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information is used and shared
- Decide whether to give your permission before your information can be used or shared for certain purposes
- Ask to be reached somewhere other than home
- Ask that your information not be shared
- Change information
- Restrict family members or close friends from information
- Obtain an accounting of any information disclosure
- File a complaint

If you want to exercise this right, your request to the Plan must be in writing.

Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (the Newborns' Act), signed into law on September 26, 1996, requires plans that offer maternity coverage to pay for at least a 48-hour hospital stay following childbirth (96-hour stay in the case of a cesarean section).

This law was effective for group health plans for plan years beginning on or after January 1, 1998. On October 27, 1998, the Department of Labor, in conjunction with the Departments of the Treasury and Health and Human Services, published interim regulations clarifying issues arising under the Newborns' Act. The changes made by the regulations are effective for group health plans for plan years beginning on or after January 1, 1999.

The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier.

The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above. A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

The type of coverage provided by the plan (insured or self-insured) and state law will determine whether the Newborns' Act applies to a mother's or newborn's coverage.

The Newborns' Act provisions always apply to coverage that is self-insured. If the plan provides benefits for hospital stays in connection with childbirth and is insured, whether the plan is subject to the Newborns' Act depends on State law. Based on a recent preliminary review of State laws, if the coverage is in Wisconsin and several U.S. territories, it appears that the Federal Newborns' Act applies to the plan. If the coverage is in any other state or the District of Columbia, it appears that State law applies in lieu of the Federal Newborns' Act.

All group health plans that provide maternity or newborn infant coverage must include a statement in their summary plan description (SPD) advising 'Act requirements.

This fact sheet has been developed by the U.S. Department of Labor, Employee Benefits Security Administration, Washington, DC 20210. It will be made available in alternate formats upon request: Voice telephone: 202-693-8664; TTY: 202-501-3911. In addition, the information in this fact sheet constitutes a small entity compliance guide for purposes of the Small Business Regulatory Enforcement Fairness Act of 1996. <u>http://www.dol.gov/ebsa/newsroom/fsnmhafs.html</u>

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have **"60 days" or any longer period that applies under the plan** after the date of the event to request enrollment in your employer's plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state's premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event *and* provide the employer plan with timely notice of the event and your enrollment request. Additional documentation may be required.

To request special enrollment or obtain more information, contact the Utah State University Human Resources Department at (435) 797-5475.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA), signed into law on October 21, 1998, contains protections for patients who elect breast reconstruction in connection with a mastectomy. For plan participants and beneficiaries receiving benefits in connection with a mastectomy, plans offering coverage for a mastectomy must also cover reconstructive surgery and other benefits related to a mastectomy.

WHCRA:

- Applies to group health plans for plan years starting on or after October 21, 1998
- Applies to group health plans, health insurance companies or HMOs, if the plan or coverage provides medical and surgical benefits with respect to a mastectomy
- Requires coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient

Under WHCRA, mastectomy benefits must include coverage for:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and physical complications at all stages of mastectomy, including lymphedemas

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage.

The law also contains prohibitions against:

- Plans and issuers denying patients eligibility or continued eligibility to enroll or renew coverage under the plan to avoid the requirements of WHCRA
- Plans and issuers providing incentives to, or penalizing, physicians to induce them to provide care in a manner inconsistent with the WHCRA

Group health plans, health insurance companies and HMOs covered by the law must notify individuals of the coverage required by WHCRA upon enrollment and annually thereafter.

403(b) Supplemental Retirement Notice of Universal Availability

Employer/Sponsor: Utah State University, 8800 Old Main Hill, Logan, UT 84322, 435-797-0122

Person/Office to contact for Plan information: Lisa Leishman, 8800 Old Main Hill, 435-797-5475, lisa.leishman@usu.edu

I. Introduction

In compliance with the 403(b) regulations, we are pleased to notify our employees of the availability of a 403(b) plan in which salary reduction contributions including Roth contributions can be made. The Supplemental Section 403(b) Plan ("Plan") is a defined contribution plan designed to meet the requirements of IRS Code § 403(b). The Plan was established to provide retirement benefits and savings opportunities to eligible Employees and to provide benefits to their Beneficiaries in the event of their death.

II. Eligibility

All employees are eligible to participate in the Plan except for:

- Leased employees.
- Employees who are students performing services described in Section 3121(b)(10).
- Employees who normally work fewer than 20 hours per week and less than 1000 hours per year.
- Independent Contractors

Participation

Eligible Employees can participate in the Plan by completing a salary reduction agreement to defer a portion of their compensation into the Plan and choosing your investment options among those available under the Plan.

- Participants can defer the maximum amount permitted under the IRS Code.
- A newly eligible participant will be automatically enrolled. This means that amounts are being withdrawn from your pay and contributed to your account at TIAA.
- These automatic contributions are 3% of your eligible pay each pay period. You can choose to contribute more, less, or nothing.
- You may make an election to opt out of the Plan, change your salary reduction amount, or change your investment manager to Fidelity by completing a new salary deferral election agreement.
- Changes can be made monthly, and must be turned in by the 15th of the month prior to the start of the contribution.

III. More Information

Contact the Office of Human Resources for an enrollment form and/or a salary reduction agreement, for a copy of the SPD, or the list of investment options available under the Plan.

TIAA	Fidelity
Website: www.tiaa.org	Website: www.fidelity.com/atwork
Phone: 1-800-842-2252	Phone: 1-800-343-0860