



2026-2027

EMPLOYEE BENEFITS & OPEN ENROLLMENT INFORMATION

Open Enrollment Dates:
May 1 - May 31, 2026

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

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Dear USU Benefited Employee,

The annual open enrollment period will begin on May 1 at 8:00 a.m. and will continue through May 31 at 11:59 p.m. This is your opportunity to review and re-evaluate your current and future benefit needs. Understanding your 2026-2027 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 access helpful resources and tools to assist you in making well-informed decisions.

If you have questions or would like to better understand the benefits USU offers, we encourage you to attend the virtual Open Enrollment Benefits Fair on Tuesday, May 5 from 9:00 a.m. to 4:00 p.m. Throughout the day, benefit providers will present a 30-60 minute overview of their benefits via Zoom. Employees may also schedule one-on-one virtual meetings with vendor representatives and members of the USU Benefits Team to discuss specific questions. Please visit hr.usu.edu/open-enrollment for the presentation schedule and instructions on how to book individual meetings.

Be sure to review the “What’s New” section on page 2 to learn about updates to your benefit offerings.

Please note that a modest increase to medical premiums is outlined on pages 10 and 11. If you would like to keep your current benefits, no action is required – unless you wish to enroll in a Flex Spending Account (FSA), which requires re-enrollment every year.

Making changes to your benefits is easy! Refer to page 6 for step-by-step instructions. As a reminder, any new elections or changes made during open enrollment will become effective July 1, 2026, and payroll deductions for the new benefit elections will be reflected on your July 25, 2026 paycheck. We encourage you to review your July 25 pay stub carefully to ensure all benefit deductions are correct.

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

Your USU Benefits Team,
Lisa Atkinson, Associate Director
Hayden Blauer, HR Specialist
Anne-Marie Griffin Wilson, HR Specialist
Avery Merrell, Benefits Representative
McKenna Turner, Benefits Representative
Alyssa Jensen, Employee Wellness Manager

2026-2027

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ENROLLMENT TIMELINE

MAY 1

Open enrollment period begins.

MAY 5

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

2025-2026 plan year ends.

JULY 1

2026-2027 plan year begins. Deductibles and out-of-pocket maximums reset.

JULY 25

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

What's New This Year?

Human Resources and the Administration regularly evaluates the university's benefit offerings to align with legislative updates, Utah System of Higher Education (USHE) initiatives, and current benefits market offerings. The goal is to strive for offerings that appeal to employees and support them in their various benefit needs while streamlining services, promoting efficiency, and remaining responsible stewardship of resources.

For FY27, USU is further refining, updating, and enhancing several employee benefit offerings. A summary of these changes is outlined in this section of the handbook.

Welcome Price and Blanding Employees

Benefited employees from the Price and Blanding campuses will join the Regence medical and dental plans with the rest of USU. Representatives from the Benefits Team will visit those campuses during open enrollment to answer questions and assist with the transition as needed.

Now Offering Telehealth Services

Telehealth services through Doctor on Demand are being added for employees enrolled in any Regence medical plan. This service allows members to connect with a licensed healthcare provider virtually using a smartphone, tablet, or computer.



Telehealth visits can be used for many common healthcare needs such as minor illnesses, prescription refills, or general medical questions. Virtual visits can be scheduled quickly and allow you to receive care from the comfort of your home or workplace, helping you save time and potentially reduce out-of-pocket costs associated with traditional office visits.

Please refer to page 14 for more information about telehealth services and how to get started.

Change in FSA and HSA Administrator

We are pleased to announce a new provider for Flex Spending Accounts (FSAs) and Health Savings Accounts (HSAs). Effective July 1, 2026, employees will use HealthEquity to manage their FSA and HSA accounts.

The logo for HealthEquity, featuring the word 'HealthEquity' in white text on a purple rectangular background.

Please refer to page 22 for more information about FSA accounts and page 20 for information about HSA accounts. Employees with an existing HSA should have received information regarding the transfer of funds from WEX to HealthEquity. For questions, please contact the HR Solutions Center at hr.usu.edu or (435) 797-0122.

View Your Current Benefit Elections

As you prepare for Open Enrollment, you can now easily review your current benefit elections in one place. This tool allows you to view your currently enrolled medical, dental, and other benefits, along with any covered dependents and your semi-monthly premium costs. You can access this information either within the Open Enrollment change form or by visiting mybenefits.usu.edu. Please note that retirement benefits are not displayed in this tool and will need to be reviewed separately if needed. Taking a few minutes to review your current elections can help you make more informed decisions during open enrollment.

Blue Plan Phase-Out

With increasing enrollment in the High Deductible and traditional White health plans and decreasing enrollment in the Blue (High Premium) health plan, USU has made the determination to close the Blue (High Premium) Plan to new participants effective May 1, 2026 and the plan will be fully discontinued in the next 1-2 years. However, employees who are currently enrolled in the Blue Plan may either change to the HDHP or White Plan during open enrollment or remain on the Blue Plan through its end date, provided they continue to meet eligibility requirements.

Employees currently enrolled in the Blue Plan should have received separate information about this change. Employees may contact the HR Solutions Center at hr.usu.edu or (435) 797-0122 if they have questions.

Updated Medical Premium Salary Tiers

Salary tiers used to determine medical plan premiums have been adjusted so that more employees fall within the lowest premium tier.

Please refer to page 10 for the updated salary tier structure and premium rates.



Photo By Leah Holmes, Event Services



Aggies Thrive

Mental Health Support & Resources

Prioritizing Mental Health with Aggies Thrive

Aggies Thrive is a USU initiative dedicated to supporting university employees and their families by connecting them with valuable mental health resources. Visit the Aggies Thrive website at hr.usu.edu > Aggies Thrive for a wealth of information, including articles, videos, events, well-being tips, and supervisor-specific resources. Take advantage of these tools to support your mental health and help create a thriving community at USU!

If you or your loved one is facing a behavioral health challenge - from anxiety and depression to eating disorders or substance use - we want to make it easy to get care. Regence offers several behavioral health virtual care options, including:

- AbleTo Therapy+ for an eight-week series of one-on-one therapy with digital support between sessions for age 18 and up.
- Charlie Health offers virtual mental health care for members age 8 to 64, specializing in intensive outpatient programs for members who need extra support.
- Equip offers holistic support for eating disorders through virtual family-based treatment (FBT). A five-person care team includes a therapist, family member, peer mentor, medical provider and dietitian. For members of all ages, as well as their families.
- NOCD provides online therapy for people with OCD and related disorders through live video sessions with a licensed, specialized therapist. For age 5 and up.
- Talkspace offers convenient access to therapy for individuals and teens age 13 and up, as well as psychiatry and medication management for those 18 and older. Licensed providers can address a range of mental health needs, from everyday stress to diagnosed conditions.



charlie health



If you have questions about any of these services, please contact Regence.

Life is challenging. We can help.

We're your GuidanceResources® program.

Talk to us for the tools you need to handle any of life's challenges, big or small.

Our Services:



Confidential Counseling

- Anxiety, depression, stress
- Grief, loss, life adjustments
- Relationship/marital conflicts



Work and Lifestyle Support

- Child, elder, and pet care
- Moving and relocation
- Shelters, government assistance



Legal Guidance

- Divorce, adoption, family law
- Wills, trusts, estate planning
- Free consultation and discounted local representation



Financial Resources

- Financial planning, retirement, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy



Digital Tools and Support

- Immediate connection to counseling, work-life support, and more
- Personalized guided behavioral health and well-being programs
- Interactive articles, videos, on-demand trainings, digital self-care tools
- Accessible resources for anxiety, stress, mindfulness, sleep, and more



Well-Being Support

- One-on-one Well-Being Coaching for positive lifestyle changes
- Improve mindfulness, nutrition, sleep, exercise habits
- Support for smoking cessation, weight management, and more



Explore your program:
Scan for video tour!



**Confidential
24/7 support,
when and where
you need it.**

Call 844-841-7822
to speak to a highly trained,
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Go to guidanceresources.com
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ID: **USU**

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Web ID: USU



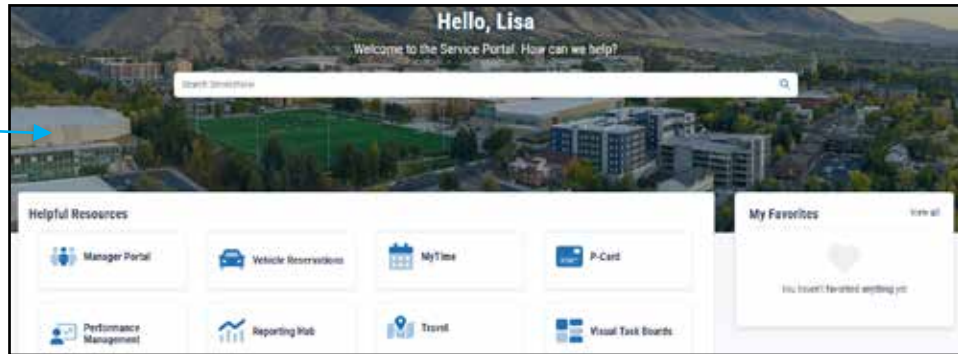
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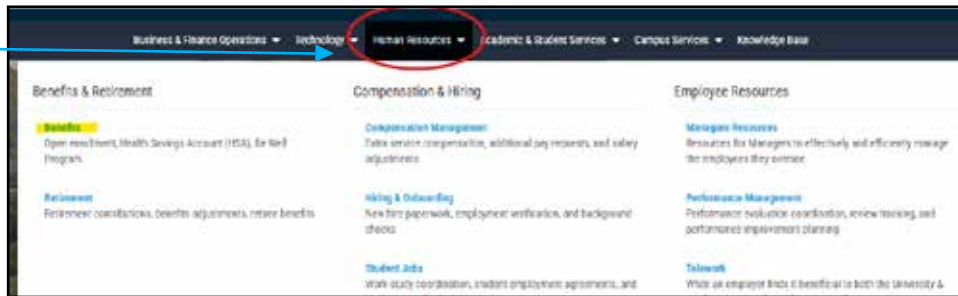
MAY 1 - MAY 31, 2026

Steps to Making Open Enrollment Changes

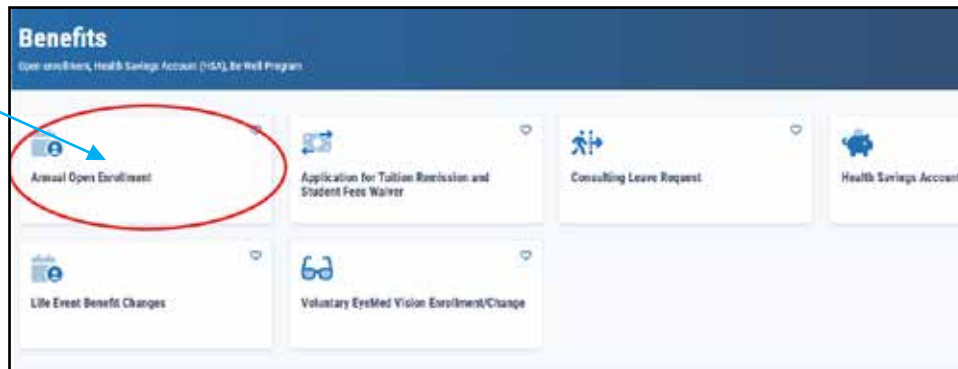
1. Between May 1 - May 31, 2026 login to ServiceNow.usu.edu. To login you will need your A-number and password.



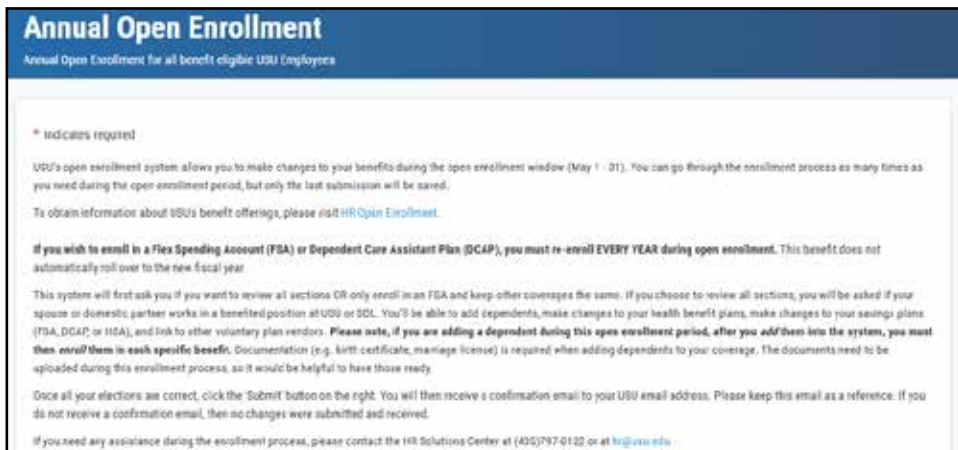
2. Click on Human Resources and select the Benefit Enrollment tile.



3. Click on Annual Open Enrollment.



4. Read your welcome letter for instructions and scroll through the elections to make any necessary changes. Read the questions and pop-up instructions on each section carefully.



5. Once you confirm the information is accurate, click Submit Now. A confirmation email will be sent to your USU email address. You can go through the enrollment process as many times as you need during the open enrollment period, but only the last submission will be saved. Please retain the final confirmation email until after July 25, 2026. Utilize Self Service Banner/Banner Access to verify that your payroll deductions reflect your open enrollment elections.

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



Photo By Leah Holmes, Event Services

*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.

2026-2027 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 <i>No New Enrollees</i>
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 \$1,700 \$3,400**	\$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 10	See page 10	See page 11
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.

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.

Network coverage 2026: Participating & Preferred ValueCare



Includes more than 2 million providers nationwide. Search for providers at regence.com or bcbs.com.

All networks include most free-standing surgical and imaging centers, urgent care locations, providers and clinics, including Total Care/Total Cost of Care (TCC) providers.

TCC providers include: Revere Health, Granger Medical Clinic, Foothill Family Clinic, Tanner Clinic, MountainStar-HCA, Aledade, CommonSpirit Hospital - Utah Health Network and the Ogden Clinic.

Participating (PAR) and National BlueCard® Participating network: Our most complete network, comprising all 56 Utah hospitals and 17,000 providers and professionals, including Intermountain Healthcare and University of Utah, statewide multispecialty groups, and all urgent care locations.

Preferred ValueCare (PVC) and National BlueCard® PPO network: Includes 46 statewide Utah hospitals and 16,000+ providers and facilities, including HCA MountainStar, University of Utah and CommonSpirit Hospital - Utah Health Network, along with all major multispecialty groups.

HOSPITAL	PAR	PVC
Alta View Hospital - Intermountain	x	
American Fork Hospital - Intermountain	x	
Ashley Regional Medical Center	x	x
Bear River Valley Hospital - Intermountain	x	x
Beaver Valley Hospital	x	x
Blue Mountain Hospital	x	x
Brigham City Community Hospital - MountainStar	x	x
Cache Valley Hospital - MountainStar	x	x
Castleview Hospital	x	x
Cedar City Hospital - Intermountain	x	x
Central Valley Medical Center	x	x
CommonSpirit Holy Cross Hospital - Davis	x	x
CommonSpirit Holy Cross Hospital - Jordan Valley	x	x
CommonSpirit Holy Cross Hospital - Jordan Valley West	x	x
CommonSpirit Holy Cross Hospital - Mountain Point	x	x
CommonSpirit Holy Cross Hospital - Salt Lake	x	x
Delta Community Hospital - Intermountain	x	x
Fillmore Community Hospital - Intermountain	x	x
Garfield Memorial Hospital - Intermountain	x	x
Gunnison Memorial Hospital	x	x
Heber Valley Hospital - Intermountain	x	x
Huntsman Cancer Institute - U of U	x	x
Huntsman Mental Health Institute - U of U	x	x
Intermountain Medical Center - Intermountain	x	
Kane County Hospital	x	x
Lakeview Hospital - MountainStar	x	x
Layton Hospital - Intermountain	x	
LDS Hospital - Intermountain	x	

HOSPITAL	PAR	PVC
Logan Regional Hospital - Intermountain	x	x
Lone Peak Hospital - MountainStar	x	x
McKay-Dee Hospital - Intermountain	x	
Milford Memorial Hospital	x	x
Moab Regional Hospital	x	x
Moran Eye Center	x	x
Mountain View Hospital - MountainStar	x	x
Mountain West Medical Center	x	x
Ogden Regional Medical Center - MountainStar	x	x
Orem Community Hospital - Intermountain	x	
Park City Hospital - Intermountain	x	x
Primary Children's Hospital	x	x
Primary Children's Hospital - Lehi	x	x
Riverton Children's Unit	x	x
Riverton Hospital - Intermountain	x	
San Juan County Hospital	x	x
Sanpete Valley Hospital - Intermountain	x	x
Sevier Valley Hospital - Intermountain	x	x
Shriners Hospital	x	x
Spanish Fork Hospital - Intermountain	x	
St. George Regional Hospital - Intermountain	x	x
St. Mark's Hospital - MountainStar	x	x
Timpanogos Regional Hospital - MountainStar	x	x
Uintah Basin Medical Center	x	x
University of Utah Hospital	x	x
University of Utah Neuropsychiatric	x	x
University of Utah Ortho Center	x	x
Utah Valley Hospital - Intermountain	x	



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Regence BlueCross BlueShield of Utah
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REG-UT-1391377-25/08-PAR-PVC
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This flyer is updated once per year and is subject to change at anytime. This information is designed to help you see which hospitals are in your network. For a complete list of in-network hospitals, use the provider search tool at regence.com.

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

Employee Semi-Monthly Medical and Dental Insurance Premiums 2026-2027

Below are the semi-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 \$1,588 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)			
SEMI-MONTHLY PREMIUMS			
Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$37,999 or less	\$9.50	\$21.50	\$31.00
\$38,000 - \$57,999	\$11.50	\$26.00	\$37.50
\$58,000 or more	\$13.00	\$29.50	\$52.50
NETWORK: Participating Network (PAR)			
SEMI-MONTHLY PREMIUMS			
Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$37,999 or less	\$30.50	\$69.00	\$99.50
\$38,000 - \$57,999	\$32.50	\$73.50	\$106.00
\$58,000 or more	\$34.00	\$77.00	\$121.00

WELLNESS PLAN (White Plan)			
NETWORK: Preferred ValueCare Network (PVC)			
SEMI-MONTHLY PREMIUMS			
Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$37,999 or less	\$28.50	\$64.00	\$92.50
\$38,000 - \$57,999	\$35.00	\$79.00	\$114.00
\$58,000 or more	\$43.00	\$97.00	\$140.00
NETWORK: Participating Network (PAR)			
SEMI-MONTHLY PREMIUMS			
Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$37,999 or less	\$48.50	\$109.00	\$157.50
\$38,000 - \$57,999	\$55.00	\$124.00	\$179.00
\$58,000 or more	\$63.00	\$142.00	\$205.00

Employee Premiums (cont.)

HIGH PREMIUM PLAN (Blue Plan)			
NETWORK: Preferred ValueCare Network (PVC)			
SEMI-MONTHLY PREMIUMS			
Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$37,999 or less	\$60.00	\$126.50	\$158.50
\$38,000 - \$57,999	\$67.00	\$142.50	\$186.50
\$58,000 or more	\$74.50	\$161.00	\$232.50
NETWORK: Participating Network (PAR)			
SEMI-MONTHLY PREMIUMS			
Salary Ranges	Single Coverage	Two-Party Coverage	Family Coverage
\$37,999 or less	\$81.00	\$174.00	\$227.00
\$38,000 - \$57,999	\$88.00	\$190.00	\$255.00
\$58,000 or more	\$95.50	\$208.50	\$301.00

DENTAL PLAN	
DENTAL COVERAGE LEVELS	SEMI-MONTHLY PREMIUMS
Employee Only	\$6.40
Employee Plus One Dependent	\$12.80
Employee Plus Two or More Dependents	\$20.81
DENTAL BENEFITS	PLAN PAYS
Dental	Preventive Paid at 100% Basic Paid at 80% Major and Ortho Paid at 50%
Dental Maximum per year	\$2,000 per claimant
Ortho Lifetime Maximum	\$1,500 per claimant

MAY 1 - MAY 31, 2026

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](https://www.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](https://www.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.



Regence

Register and sign in to [regence.com](https://www.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.



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 pre-authorization 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



Designed to treat you better.™

Convenient virtual care

Beginning July 1, you and your covered family members will have access to Doctor On Demand, a convenient way to connect with licensed healthcare providers through secure video visits.

Whether you need care for an everyday illness or support for your mental wellbeing, help will soon be available from wherever you are.

Urgent Care - 24/7 Care for Everyday Health Needs

Connect with a provider anytime for common medical concerns such as:

- Cold, flu, and seasonal illness
- Allergies and sinus infections
- Skin rashes and minor infections
- Urinary tract infections (UTIs)
- Headaches and migraines
- Pink eye
- Nausea and digestive concerns
- Minor injuries and aches

Behavioral Health - Support for Mental and Emotional Wellbeing

Licensed therapists and psychiatrists are available to support a wide range of mental health needs, including:

- Stress and burnout
- Anxiety and panic attacks
- Depression and mood changes
- Relationship challenges
- Parenting stress
- Grief and loss
- Life transitions
- Sleep concerns

Behavioral health care will be available for members of all ages.

Launching July 1.

More information about accessing Doctor On Demand services will be shared as the program launch approaches.



Services provided in conjunction with



Utah State University

Your partner for pain relief

With Hinge Health, you can get virtual physical therapy and more from real people who are dedicated to helping you feel your best.

Specialized care, personalized for you

Reduce everyday joint and muscle aches. Recover from an injury.

- A care plan designed for your everyday activities and long-term goals — and to treat multiple areas of your body at once
- Access exercise therapy sessions you can do in as little as 15 minutes — anytime, anywhere with the Hinge Health app
- Get 1-on-1 support from a physical therapist or health coach to tailor your sessions as needed and help you reach your goals

Scan the QR code or visit:

hinge.health/utahstate-join



Please use the default camera on your device to scan the QR code, not a third-party application. If you are directed to a site other than the URL listed above, do not proceed.



\$0
cost to you

8.8/10 Member satisfaction

35% Reported reduction in surgery likelihood

USU Employee Testimonials: "I can't believe it! **No pain at all for the last couple of days!** I was beginning to think it would never go away! I'm so relieved!"

"I am so grateful that there are many exercises that I can do at home with guidance and direction! I'm so grateful that I feel well enough to go for walks and I will be able to go hiking this spring!"

To be eligible, participants must be 18+ and enrolled in a Utah State University medical plan that is administered by Regence BlueCross BlueShield of Utah. Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association. Hinge Health® is a separate company that provides MSK services for Regence members.

Hinge Health está disponible en español

Alivia los dolores articulares y musculares y previene las lesiones con tus beneficios de salud gratuitos.

Dual 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 2026-2027

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 or contacts every 12 months.
- \$130 allowance per person for frames every 12 months.

Semi-Monthly Rates

Single	\$ 3.02
Two Party	\$ 5.73
Family	\$ 8.42



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

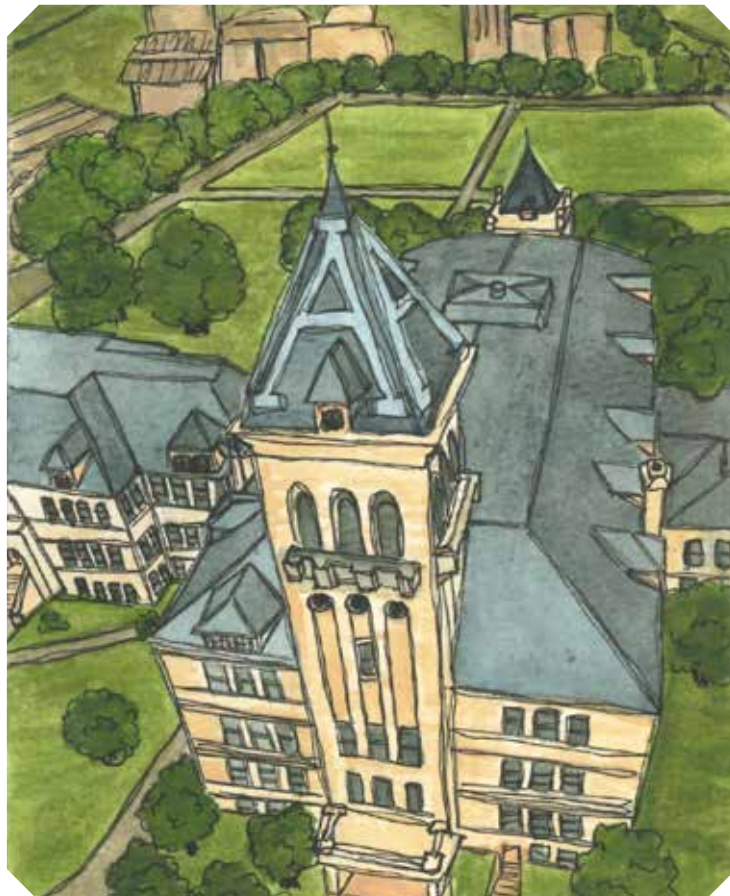


Image By Leah Holmes, Event Services

Life, Disability and AD&D 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. For more information, go to: www.standard.com.

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, you may increase your coverage by one increment (\$10,000) — up to the guaranteed issue amount of \$500,000 — without providing evidence of insurability.

- **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, you may increase your spouse's coverage by one increment (\$10,000) — up to the guaranteed issue amount of \$20,000 — without providing evidence of insurability.

Cost for Employee and Spouse Supplemental Life Insurance:

Age at the beginning of the plan year	Cost per \$1,000 per pay period
<24	\$ 0.023
25-29	\$ 0.025
30-34	\$ 0.025
35-39	\$ 0.031
40-44	\$ 0.044
45-49	\$ 0.067
50-54	\$ 0.104
55-59	\$ 0.165
60-64	\$ 0.237
65-69	\$ 0.373
70-74	\$ 0.575
75+	\$ 0.927



- **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 pay period are:

\$5,000	\$.40
\$10,000	\$.80
\$15,000	\$1.20
\$20,000	\$1.60

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 \$2.25 per pay period.

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.



Photo By Ashlyn Wood, Student Financial Support



HealthEquity

Health Savings Account Now Offered through HealthEquity

USU has a new provider, HealthEquity, for Health Savings Accounts (HSAs). Employees will continue to use WEX* for HSA funds in the 2025-2026 plan year, but all contributions beginning July 1, 2026 will be deposited into an account with HealthEquity. Those with an HSA account with WEX* will receive a communication regarding the transition.

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 HealthEquity 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 HealthEquity.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 interest-bearing 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 else's 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 2025 annual contribution limit is:

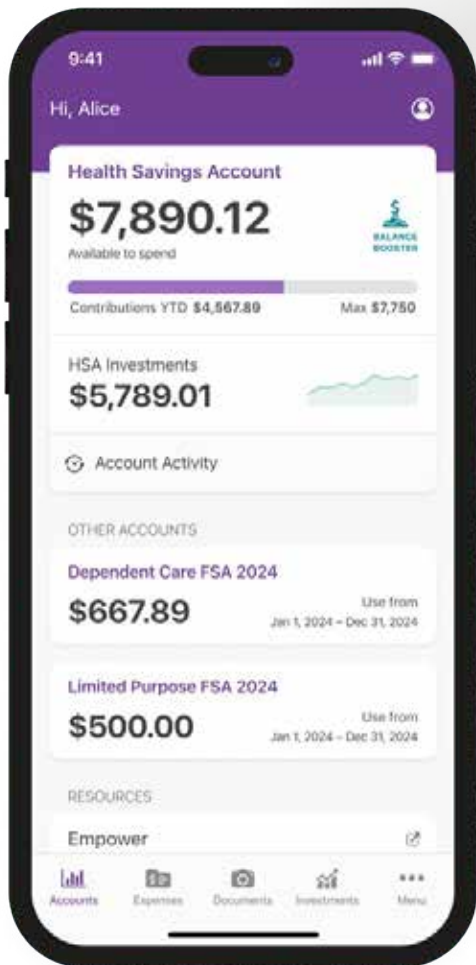
- Single Coverage \$4,400
- Family Coverage \$8,750
- If you are over 55 years old you can contribute an additional \$1,000.

Have questions?

Contact HealthEquity Customer Service 24/7 at **(866) 960-8055**.

* HealthEquity for employees covered by PEHP.

HealthEquity Mobile



You can do more than ever, simpler than ever

- View balances on all your accounts.
- Manage your HealthEquity® Visa® Cards¹ in one place.
- Submit and review reimbursements.
- Use the barcode scanner to check if a product is covered.
- Search help articles and chat live with Member Services.

Download the HealthEquity Mobile app



Questions? We're here for you 24/7

866.346.5800 | my.HealthEquity.com

¹ The HealthEquity Visa Card is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus.

Mobile app images are for illustrative purposes only.

HealthEquity does not provide legal, tax or financial advice.

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Flexible Spending Account

Is it Right for You?



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

USU has a new provider, HealthEquity, for Flexible Spending Accounts (FSAs). Employees will continue to use WEX* for FSA funds in the 2025-2026 plan year, but all contributions beginning July 1, 2026 will be deposited into an account with HealthEquity. You can enroll in an FSA during the open enrollment process then HealthEquity will send you an email with instructions on how to access your FSA account online.

Cost for an FSA is \$1.13 per semi-monthly pay period 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 \$3,400. The dependent care maximum amount is \$7,000 per household or \$3,750 if married, filing separately.

To participate, you must sign up ANNUALLY online during open enrollment. To enroll, follow the instructions on page 6 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.

* PEHP for employees covered by PEHP.

HEALTH AND DEPENDENT CARE FLEX SPENDING: Expenses may be incurred from July 1, 2026 through September 15, 2027. Medical and dependent care receipts must be submitted for reimbursement by December 15, 2027.

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.



ZURICH

Employee Wellness at USU - *Be Well*

The goal of the USU Employee Wellness Program, *Be Well*, is to support employees in making healthy choices to enhance their home and work lives through services, resources, and education to create a culture of Wellness at USU. We encourage employees to adopt and sustain healthy lifestyle behaviors that support a work/life balance, increase work satisfaction, and reduce health care costs. Many services are offered at little or no charge. For more details, please visit our website: wellness.usu.edu, call (435) 797-8391, or email BeWell@usu.edu.



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 our partnership with WellSteps, all benefit eligible employees can earn up to \$600 per year completing numerous activities and challenges and earning points towards Bronze, Silver, Gold, or Platinum



reward levels. For more information, including frequently asked questions, and to register your WellSteps account, please visit the USU Be Well Rewards website at wellness.usu.edu/rewards.

2025 Highlights

 1.5 billion steps taken  25,000 miles walked - that's once around the world!

 7,200 Challenges completed

Other Programs Currently Offered

WELLNESS PROGRAMS

- Personal Health Assessments
- Health screenings, expos & flu shots
- Wellness challenges
- Lunch & Learns

FITNESS PROGRAMS

- Fitness assessments
- Fitness classes
- Personal training
- Exercise facilities
- Fitness challenges

NUTRITION PROGRAMS

- Nutrition consultations
- Nutritional information & tips
- Nutrition presentations

USU has partnered with Corestream, a user-friendly online platform that offers voluntary benefits to help you and your family protect your home, health, and finances. Available benefits include Auto & Home Insurance, Pet Health Insurance, and Legal Services. The platform also features an employee discount program that provides access to exclusive savings on hundreds of top brands.



Voluntary Benefits



Benefits you deserve. Designed just for you.

Enjoy money-saving benefits and discounts provided to you in addition to your core benefits. Login to your benefits portal to learn more.

[USU.corestream.com](https://www.usu.corestream.com)



Available For Enrollment Year-Round

- Auto & Home Insurance**  Find competitive rates for coverage on your car, home, renter's Insurance, and more.
- Discounts Shopping**  Shop and save on top brands with access to hundreds of exclusive employee-only discounts.
- Exclusive Travel Deals**  Book trips directly with exclusive savings in hotels, theme parks, and attractions worldwide.
- Pet Health Insurance**  Give more to your furbabies. Save on vet expenses for accidents, illnesses and more.

Certain eligibility and program restrictions apply. Visit [USU.corestream.com](https://www.usu.corestream.com) for details. Shopping discounts vary and are subject to change without prior notice.





Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Legal experts on your side, whenever you, and your parents, need them

We know that legal help is valuable at every stage of life. Whether you're getting married, sending kids off to college or retiring and planning for the future, having access to expert legal help allows you to navigate life's milestones confidently.

That's why we created a plan to provide legal help for your entire family. MetLife Legal Plans Plus Parents covers you, your spouse, dependents, parents, parents-in-law, and grandparents for many of the common legal issues a family faces. Sign up for a convenient payroll deduction of just **\$19.25 per month for MetLife Legal Plans Plus Parents**, and the plan will cover attorney's fees for covered matters... with no deductibles, no co-pays, no claim forms or usage limits when using a network attorney. The cost will be automatically deducted from your paycheck.

Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.¹

Best of all, you have confidential access to our attorneys for all legal matters covered under the plan. For a monthly fee conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.²

How to use the plan

1. Find an attorney

Create an account at members.legalplans.com to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.



Helping you navigate life's planned and unplanned events.

You get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney. All services below are available to you, your spouse and dependents. And, for non-covered matters that are not otherwise excluded, your plan provides **10 hours** of network attorney time and services per year.³ Services highlighted in **bold** are available to parents, in-law and grandparents through Plus Parents. Plus Parents allows up to eight additional people to have coverage.

Money Matters	<ul style="list-style-type: none"> • Debt Collection Defense • Identity Theft Defense • Identity Restoration⁴ 	<ul style="list-style-type: none"> • Negotiations with Creditors • Personal Bankruptcy • Promissory Notes 	<ul style="list-style-type: none"> • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> • Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure 	<ul style="list-style-type: none"> • Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home 	<ul style="list-style-type: none"> • Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	<ul style="list-style-type: none"> • Codicils • Complex Wills • Inheritance Rights • Healthcare Proxies 	<ul style="list-style-type: none"> • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> • Probate Proceedings • Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	<ul style="list-style-type: none"> • Adoption • Affidavits • Change or Establishment of Custody Order • Conservatorship • Demand Letters • Divorce, Dissolution and Annulment • Enforcement or Modification of Support Order 	<ul style="list-style-type: none"> • Garnishment Defense • Guardianship • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Personal Property Protection • Personal Safety Order • Postnuptial Agreement 	<ul style="list-style-type: none"> • Prenuptial Agreement • Protection from Domestic Violence • Reproductive Assistance Law⁵ • Review of ANY Personal Legal Document • School Hearings • Social Security Disability
Civil Lawsuits	<ul style="list-style-type: none"> • Administrative Hearings • Civil Litigation Defense 	<ul style="list-style-type: none"> • Disputes Over Consumer Goods & Services • Incompetency Defense 	<ul style="list-style-type: none"> • Insurance Claims • Pet Liabilities • Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> • Consultation & Document Review for your parents: • Deeds • Leases 	<ul style="list-style-type: none"> • Medicaid • Medicare • Notes • Nursing Home Agreements 	<ul style="list-style-type: none"> • Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	<ul style="list-style-type: none"> • Defense of Traffic Tickets⁶ • Driving Privileges Restoration 	<ul style="list-style-type: none"> • Expungement • Habeas Corpus 	<ul style="list-style-type: none"> • Repossession

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.



Create an account at members.legalplans.com or scan the QR code.

Questions? Call the **MetLife Legal Plans Client Service Center at 800-821-6400** Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.

2. Digital notary and signing are not available in all states. When a group has Plus Parents coverage, the service is available to the member and spouse, their dependents, parents, parents-in-law, and grandparents. Plus Parents allows up to eight additional people to have coverage.

3. No more than a combined maximum total of ten hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.

4. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

5. Surrogacy and reproductive assistance laws vary by state.

6. Does not cover DUI.

Legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) involving any sponsoring or offering company, MetLife, or its affiliates and plan attorneys as an adverse party; 3) matters in which there is a conflict of interest between the policyholder and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) filing fees, costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. **For individuals covered under a New York insurance policy defense of criminal matters is excluded and parents must be related by blood, marriage, adoption, dependency, or operation of law and reside in the same household as the insured to utilize the Plus Parents benefit.** For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [MLP4+PP+Unique]





Therapist. Comedian. Best friend for life.

Help give them protection with
MetLife Pet Insurance.



MetLife Pet Insurance helps cover the costs of unexpected accidents or illnesses, so nothing gets in the way of caring for your pet when they need it most.

Coverage that's a breed apart

With MetLife Pet Insurance, you can count on:

The freedom to visit any U.S. veterinarian. Exam fees are covered for accidents and illnesses.

Flexible plans with no breed exclusions. Find coverage that fits your pet's needs and your budget.

Extra savings with value-driven policies, options and discounts.

- **Multi-pet policy**¹ – 5% for the 2nd policy and 10% for each additional policy
- **Family Plans option**² – One policy and a shared deductible for up to three dogs and cats
- **Discounts of up to 30%**³ – And additional savings on pet care, where available

Preventive care coverage (optional) for dogs and cats – Save on routine wellness expenses.

Coverage of pre-existing conditions that were previously covered when switching pet insurance providers.*

How does MetLife Pet Insurance work?



Choose the coverage that's right coverage for you and your pet, and download our mobile app



Visit any U.S. licensed veterinarian or emergency clinic



Pay the bill within 90 days and send it with your claim documents to us via our mobile app, online portal, email, fax or mail



Get a percentage of your money reimbursed⁴ by check or direct deposit if the claim expense is covered under the policy

ENROLL ANYTIME

You'll have the power of choice to customize your coverage

With our flexible plans, you can select the plan that fits your pet's needs and your finances. Here are just some of the treatments and conditions we cover:

- Accidental injuries
 - Hospital stays
 - Illnesses
 - X-rays and diagnostic tests
 - Exam fees
 - Hereditary conditions
 - Surgeries
 - Congenital conditions
 - Medications
 - Alternative therapies
 - Ultrasounds
 - And more!
- Preventive care coverage (optional) for dogs and cats such as:
- Vaccinations
 - Teeth cleaning
 - Flea/tick medications
 - Deworming
 - Wellness visits
 - And more!

Plus, we offer exotic pet coverage, too!**

- Exams fees (primary, specialty, emergency)
- MRIs/CT scans
- Lab work
- Ultrasounds
- Blood tests
- Surgeries
- Urinalysis
- Hospitalizations
- And more!

Explore other plan benefits (where available)

- **24/7 live vet chat**⁵ – for when things come up after hours
- **Healthy pet incentive**⁶ – your pet's deductible automatically decreases by \$50 each policy year that you don't receive a claim reimbursement
- **Automatic coverage increases annually**⁷ – if you have an unused amount of \$1,000 or more at the end of the policy period
- **Loss or theft coverage for dogs and cats** – receive up to \$500 if your pet is stolen or goes missing during the policy period and is not found within 60 days
- **Mortality benefits** – in the sad event of your pet's death, receive up to \$500 for cremation or burial expenses, or any combination of cremation and burial
- **And more!**



Scan Now

For more information and to enroll, visit [USU.Corestream.com](https://www.usu.corestream.com)

*Pre-existing coverage only available to individuals with active pet insurance coverage that have purchased MetLife Pet Insurance as part of an employer group benefit offering.

**Not available in all states.

1. Multi-policy discount is not available with Family Plans.
2. Coverage options may be limited for certain ages.
3. When combining discounts, restrictions apply. Must be eligible for applicable discounts. Each discount may not be available in all states.
4. Reimbursement options include: 50%, 70%, 80% and 90%. Restrictions apply.
5. Virtual veterinary services are available through the MetLife Pet app and are provided entirely by AskVet, a third-party partner; MetLife is not responsible for any pet guidance or advice provided or taken. Veterinarians providing virtual veterinary services cannot prescribe medication or answer questions about the pet policy.
6. Your policy deductible decreases by \$50 each policy year that you don't receive a claim reimbursement. Deductible reverts on renewal if claim reimbursement for claims other than preventive care have been made. Restrictions apply.
7. For policies with annual limits greater than \$5,000 and at least \$1,000 of unused benefits remaining at the end of policy year, the annual limit will be increased by \$500 at no additional cost. Restrictions apply. May not be available in all states.

Pet Insurance coverage issued by Metropolitan General Insurance Company, a Rhode Island insurance company headquartered at 700 Quaker Lane, Warwick, RI 02886. Coverage subject to restrictions, exclusions and limitations and application is subject to underwriting. See policy or contact MetLife Pet Insurance Solutions LLC ("MetLife Pet") for details. MetLife Pet is the policy administrator. It may operate under an alternate or fictitious name in certain jurisdictions, including MetLife Pet Insurance Services LLC (New York and Minnesota) and MetLife Pet Insurance Solutions Agency LLC (Illinois).

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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.



Fidelity
INVESTMENTS



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 \$24,500, or \$32,500 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 \$24,500, or \$32,500 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 \$24,500, or \$32,500 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 \$24,500, or \$32,500 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 \$24,500, or \$32,500 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.



UTAH EDUCATIONAL SAVINGS PLAN

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	HealthEquity	(866) 346-5800	healthequity.com
FSA	HealthEquity	(877) 924-3967	healthequity.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
Employee Wellness	USU Be Well	(435) 797-8391	wellness.usu.edu

Photo By Wendy Hurd, CIDI Support Center



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 > healthcare, 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, 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, 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.

Notwithstanding the foregoing, in all circumstances, Utah State University follows state and federal law related to sex-segregated facilities and spaces and legally permitted sex-based distinctions in programs and activities.

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
Civil Rights & Title IX Office
matthew.pinner@usu.edu
435-797-1266 | Old Main Rm. 401D
1475 Old Main Hill, Logan, UT 84322

Cody Carmichael

Title IX Coordinator
cody.carmichael@usu.edu
435-797-1266 | Old Main Rm. 402D
1475 Old Main Hill, Logan, UT 84322

For further information regarding non-discrimination, please visit crtix.usu.edu or contact:

U.S. Department of Education
Denver Regional Office
303-844-5695 | OCR.Denver@ed.gov

U.S. Department of Education
Office of Assistant Secretary for Civil Rights
800-421-3481 | OCR@ed.gov

TO UTAH STATE UNIVERSITY EMPLOYEES:

The attached packet includes Important Notices that the University is required to distribute to all benefit-eligible employees.

We strongly encourage you to read through all of these notices and contact us if you have any questions.

Medicare Part D Notice: White (Wellness), Blue (High Premium) and Choice (HDHP) Plans:	Page 2
Women's Health and Cancer Rights Notice:	Page 5
Maternity Benefits & Newborns' and Mothers' Protection Act Notice:	Page 5
Reminder of Availability of HIPAA Privacy Notice:	Page 5
Wellness Program Disclosure:	Page 6
Special Enrollment Rights:	Page 7
Children's Health Insurance Program Reauthorization Act:	Page 8
403(b) Notice of Universal Availability	Page 13

UTAH STATE UNIVERSITY

IMPORTANT NOTICES

Important Notice From Utah State University About Your White (Wellness), Blue (High Premium), or Choice (HDHP) 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 Utah State University (the “Plan Sponsor”) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

- (1) Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- (2) The Plan Sponsor has determined that the prescription drug coverage offered by the Utah State University Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

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 the Plan Sponsor 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 the Plan Sponsor 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 the “Medicare & You” handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date:	April 2026
Name of Entity/Sender:	Utah State University
Contact-Position/Office:	Human Resources
Address:	8800 Old Main Hill, Logan, UT 84322
Phone Number:	435-797-0122

Annual Notice of Women’s Health and Cancer Rights Act Notice

Do you know that your plan, as required by the Women’s Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 435-797-0122 for more information.

Maternity Benefits & Newborns’ and Mothers’ Protection Act Notice

Under Federal and state law you have certain rights and protections regarding your Maternity benefits under the Plan.

Under federal law known as the “Newborns’ and Mothers’ Health Protection Act of 1996” (Newborns’ Act) group health plans and health insurance issuers generally may 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 section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain Authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Under Utah law, if your Plan provides benefits for obstetrical services your benefits will include coverage for postpartum services. Coverage will include benefits for inpatient care and a home visit or visits, which shall be in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Coverage for obstetrical services as an inpatient in a general Hospital or obstetrical services by a Physician shall provide such benefits with durational limits, deductibles, coinsurance factors, and Copayments that are no less favorable than for physical illness generally.

Reminder of Availability of HIPAA Privacy Notice

The Utah State University Health Plan (the “Plan”) provides health benefits to eligible employees of Utah State University (the “Company”) and their eligible dependents as described in the summary plan description for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan’s duties and privacy practices with respect to covered individuals’ protected health information, and has done so by providing the Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses PHI.

To receive a copy of the Utah State University Notice of Privacy Practices, please go to www.usu.edu.

Wellness Program Disclosure

HIPAA Wellness Notice

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all participants. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Wellness team at 8800 Old Main Hill, Logan, UT 84322, or at 435-797-8391, or at bewell@usu.edu 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 are eligible for an alternate standard.

EEOC Wellness Notice

Be Well Rewards 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 may be asked to complete a biometric screening. You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive for completing certain health-related activities. Although you are not required to participate, only employees who do so will receive the incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard.

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 435-797-0122.

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 no later than 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 no later than 60 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 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.

To request special enrollment or obtain more information, contact the Utah State University Human Resources Department at 435-797-0122.

Children’s Health Insurance Program Reauthorization Act (CHIPRA)

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, 2024. Contact your State for more information on eligibility -

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>

<p>PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p>UTAH – Medicaid and CHIP</p> <p>Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
<p>VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>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</p>
<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

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

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

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

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 Atkinson, 8800 Old Main Hill, 435-797-5475, lisa.atkinson@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 Phone: 1-800-842-2252	Website: www.fidelity.com/atwork Phone: 1-800-343-0860