

HR Benefits U

HR Announces UM Employee Benefits 2022 Open Enrollment



UNIVERSITY of
MONTEVALLO

Welcome to your 2022 Open Enrollment Benefits Guide

Please review this Open Enrollment Benefits Guide very carefully before making your benefits elections for the 2022 Plan Year.

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This benefits guide does not include all University benefits. Please refer to montevallo.edu/university-benefits for a description of all benefits available to faculty and staff.

Open Enrollment Things to Note

All employees are required to complete the Mandatory Benefits Election Form to waive coverage, continue coverage and/or elect coverage.

- Open enrollment begins Oct. 1, 2021, and ends Oct. 22, 2021.
- The [Mandatory Benefits Election form](#) and the [Flexible Spending Account Plans Enrollment/Waiver form](#) are available online as dynamic forms. The Vision Enrollment Application form and the Sick Leave Bank Membership Application & Cancellation form are located in this benefits guide. Forms must be completed and submitted to HR no later than 5 p.m. on Oct. 22, 2021.
- Completed paper forms may be hand-delivered to HR in Will Lyman House or emailed to hr@montevallo.edu.
- You must enroll in Flexible Spending Accounts (FSA) if you wish to participate in the 2022 FSA plan year.
- All enrollment changes will take effect Jan. 1, 2022.

- Premiums for 2022 will take effect during the second bi-weekly pay period in December 2021 for bi-weekly paid employees, and on Jan. 1, 2022, for monthly paid employees.
- You must notify Human Resources within 30 days of a **qualifying life event if you want to make changes to your benefits outside of the open enrollment period** of Oct. 1-22, 2021.

A “qualifying life event” is a change in the employee benefits elections under the Internal Revenue Service’s guidelines for a tax status change. The IRS defines what family events qualify and when these changes may result in a change in benefits or payroll tax amounts.

An important goal of the University has always been to provide excellent and affordable benefit programs to UM employees and their families. Blue Cross Blue Shield health and dental insurance premiums will not increase, and for the 11th consecutive year, we will enjoy the same level of comprehensive health care coverage with no additional cost to employees. This means the University funds approximately 80% of the total cost of our coverage.

The cost of the UM Health and Dental Plan is as follows:

Family Coverage

BCBS Premium	University Cost	Employee Cost	Total
Dental	\$68.81	\$0	\$68.81
Health	\$855.43	\$236	\$1,091.43
			\$1,160.24

Single Coverage

BCBS Premium	University Cost	Employee Cost	Total
Dental	\$23.69	\$0	\$23.69
Health	\$362.59	\$100	\$462.59
			\$486.28

UM Flexible Spending Accounts for Health and Dependent Care

If you have not already done so, now may be a good time for you to consider participating in UM Flexible Spending Accounts administered by HealthEquity. Options include a health care account and dependent care account, which are designed to increase your disposable income by reducing the amount of taxes you pay. Enrollment in UM Flex Accounts allows you to use pre-tax dollars for out-of-pocket health/dental expenses, copays, deductibles and daycare expenses.

Enrollment and re-enrollment in the UM Flex Health and Dependent Care Spending Account plans must be completed during Open Enrollment to be effective Jan. 1, 2022.

The annual limit on employee salary reduction contributions to the Health FSA is currently \$2,750. The IRS may increase the maximum contribution amount, and if you enroll at the maximum amount, you will be notified of the increase. If you enroll, HealthEquity will send you a debit card and welcome kit explaining how to use the account.

Unused employee contributions to the Health FSA for the 2021 plan year that are carried over into the grace period for that plan year will not count toward the \$2,750 limit for the 2022 plan year.

UM Flex information and enrollment forms are available online at montevallo.edu/open-enrollment. You may scan and email your enrollment application forms to hr@montevallo.edu.

Current participants: You must re-enroll during the Open Enrollment period beginning Oct. 1, 2021, in order to participate during the 2022 benefit year.

There are no changes to the annual maximum employee salary reduction contribution for the Dependent Care FSA, which remains at \$5,000, or \$2,500 for married taxpayers filing separate returns.

Please be aware that any remaining balance in UM Flex accounts as of March 15, 2023, for the Health Spending Account and Dec. 31, 2022, for the Dependent Care Account, will be forfeited according to IRS guidelines.

Please note that funds from UM Flex Accounts may not be available immediately in January 2022 due to large enrollment volume and processing requirements required by BCBS and HealthEquity.

Availability of Summary Health and Dental Information

As an employee of the University of Montevallo, the health and dental benefits available to you represent a significant part of your compensation package. They also provide important protection for you and your family in case of illness or injury. Your choice of health coverage options is an important decision. To help you make an informed choice, HR makes available to employees a Summary of Benefits and Coverage (SBC) which provides important information about your health and dental coverage.

The SBC for each plan is available at montevallo.edu/health-care-benefits. You may also request a physical copy free of charge from HR.

The UM Health and Dental Plan (BCBS) does offer an accident rider as part of the benefit plan and is defined as:

Outpatient treatment of accidental injury coinsurance and deductible amounts for eligible medical expenses for services and supplies that are solely for the diagnosis and treatment of accidental bodily injury (excluding eye refractions and the fitting or furnishings of eyeglasses) are reimbursable up to \$300 per occurrence. Your provider must file a valid accident diagnosis code on the claim that is sent to us in accordance with our policies. You may have to pay normally applicable deductible and/or coinsurance amounts to the provider at the time of service and be reimbursed by us for these amounts when the claim is filed and processed as a valid accident diagnosis code claim. Normal contract requirements apply to accident services.

Please note that this accident coverage should be applied to treatment of an accidental injury sustained while working on behalf of the University.

Voluntary Vision Plan (VSP)

Keep your eyes healthy with University of Montevallo and VSP® Vision Care. Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

Family Coverage is \$19.61/month.

Single Coverage is \$8.60/month.

For detailed information, please see the VSP flyer on page 8.

Sick Leave Bank (SLB) Semi-Annual Open Enrollment

The purpose of the UM Sick Leave Bank (SLB) is to provide eligible UM employees with an emergency pool of sick leave days to mitigate the impact of lost wages during a time of illness or injury, or due to a medically necessary procedure.

Definition of Catastrophic Illness

A catastrophic illness or injury is defined as a severe condition or combination of conditions that (a) affect the health of the employee and/or immediate family (spouse, child and parent — does not include in-laws); (b) result in a life-threatening or life function altering condition; and (c) require an extended period of absence from work. A medically necessary procedure does not have to be life-threatening, but is likely to require an absence from employment for an extended period of time.

Eligibility for Initial Enrollment

To participate in the Sick Leave Bank, an employee must:

- Be eligible to accrue sick leave;
- Have completed one (1) year of continuous service to the University;
- Complete a Sick Leave Bank Enrollment Form during the semi-annual enrollment periods (April and October) and submit to HR, according to the dates indicated on the enrollment form;

- Have accumulated a minimum combined total of 40 hours of sick and/or vacation leave at the time of enrollment in the SLB. HR will review leave balances upon enrollment on Nov. 1 to determine eligibility.

At enrollment, each participating employee will be required to donate a minimum of eight hours of sick or vacation leave to the SLB (or prorated amount if employed less than full-time). Eight (8) hours will automatically be deducted annually from sick leave/vacation accrual unless membership is canceled during the enrollment/cancellation period.

An employee may contribute any number of sick or vacation leave hours as long as that employee (a) maintains a minimum combined balance of 40 hours in his/her own accrued sick or vacation leave accounts, or (b) is exiting employment and wishes to donate unused sick leave to the Sick Leave Bank.

A completed Enrollment or Cancellation form is necessary only if an employee wishes to join or terminate membership in the SLB.

Employee Responsibility for a Change in Dependent Status

It is required that you notify HR if you have a change-in-status event such as:

- Marriage
- Divorce
- Death of a covered dependent
- Birth or adoption of a child

It is the employee's responsibility to notify HR when a change occurs. Even in the case of a divorce, when the employee is court ordered to provide health insurance for the divorced spouse, the member is required to notify HR of the divorce so that the ex-spouse can be removed from the UM Health and Dental Plan (BCBS) or VSP Plan. The UM Health and Dental Plan (BCBS) does not consider an ex-spouse an eligible dependent. The ex-spouse has the opportunity to continue coverage through COBRA continuation of coverage if HR is notified within 60 days of the divorce date.

Is your Beneficiary Information Up-to-Date?

Have you had any life changes or updates to your beneficiary information since you began employment with the University? Each time there is a life change event such as a marriage, birth, divorce, death of a spouse or a designated beneficiary, you should update your information.

The University provides full-time, benefits-eligible employees life insurance at no cost to them. To ensure your survivors receive the benefits for which they are eligible, we suggest that you periodically review and update your beneficiary information. All benefits-eligible employees should have designations of beneficiary information on file for their University Group Term Life Insurance with The Hartford, Teachers' Retirement System benefits and voluntary retirement plans such as TIAA, VALIC and RSA-1, if applicable. Please contact HR for information and for the proper forms.

Helpful Tips to Maximize Your Benefits and Save Money

- Enroll in the UM Flexible Health Care and/or Dependent Care Flexible Spending accounts. You can save 22% or more by paying for eligible out-of-pocket health/dental care and daycare expenses with tax-free dollars.
- Ask your doctor to prescribe generic drugs when available and appropriate. Generic prescriptions are reimbursed at 100% and have no copays or deductibles. You must file with BCBS for reimbursement.
- Use a BCBS participating network physician or dental provider. In-network providers have agreed to lower contracted rates.
- Become familiar with your health and dental benefits plan design and review your explanation of benefits forms from Blue Cross Blue Shield of Alabama. Do not pay more for services than you should.

UM Voluntary Retirement Plans

Did you know UM offers voluntary retirement plans?

The Voluntary 403(b) Plan and the 457(b) Plan

The 403(b) Plan is a voluntary retirement savings plan that is governed by the Internal Revenue Code 403(b). It allows eligible employees to invest in fixed and variable annuities and mutual funds. Employees may reduce their state and federal taxable income by contributing up to \$19,500 (\$26,000 if over age 50) annually. The employees' contributions are tax-free until withdrawal. The 403(b) plan restricts withdrawals by participants who are under age 59½ by imposing a 10% tax penalty. TIAA and VALIC are the two vendors currently offering 403(b) accounts to University employees.

TIAA

tiaa.org

877-517-0020

Advice is available online, in person or by phone. To set up your advice session, visit tiaa.org/schedulenow or call 800-732-8353. You can also try the easy-to-use Retirement Advisor tool at tiaa.org/plan2retire.

VALIC

valic.com

800-448-2542

Online enrollment is available through valic.com. Select enroll, input your access code 51810001, then follow the prompts. For help at any point during the process, call 888-569-7055.

Voluntary 457(b) Plan — RSA-1 Deferred Compensation Plan

877-517-0020

RSA-1 is a powerful tool to help you reach your retirement dreams. As a supplement to other retirement benefits or savings that you may have, this voluntary plan allows you to save and invest extra money for retirement, tax deferred. Not only will you defer taxes immediately, your contributions and any earnings will grow on a tax-deferred basis as well. The RSA-1 Plan is an Internal Revenue Code Section 457 deferred compensation plan for public employees

managed by the Retirement Systems of Alabama. The 457(B) plan does not impose the 10% penalty applicable to the 403(b), but the funds cannot be withdrawn while currently employed at UM.

Teachers' Retirement System (TRS) Retirement Planning Checklist

Contact Member Services at 334-517-7000 or 877-517-0020 toll-free.

Retirement is one of the most important decisions you will make in your lifetime, and it is never too early to start planning. This retirement checklist is a tool to help you plan your retirement within the year leading up to your retirement date.

9-12 months prior to retirement

- Contact Human Resources to make an appointment for an overview of your benefits.
- Review your most recent statement of contributions to verify your service credit, contributions and beneficiary information. If you have not received a statement within the past year, contact Member Services at 877-517-0020, verify that your mailing address is correct and make any necessary changes.
- If there has been prior service, withdrawn service or military service you may want to purchase, contact Member Services to provide the proper forms, certification of the service and request an estimate of the cost to purchase the service time.
- Request an estimate of your monthly pension and insurance premiums in an effort to make an informed decision as to whether or not it is affordable to retire.
- If you have been contributing to a voluntary optional retirement plan, contact the financial consultant for an appointment to discuss your retirement distribution options.
- Review other benefits such as Social Security and Medicare, to which you may be eligible.

5-8 months prior to retirement

- Consider discussing your retirement plans with your department head to coordinate

your retirement with the requirements of the department.

- Coordinate any vacation, deadlines and other requirements of the department prior to determining the retirement date.
- Retirements are effective the first of the month and retirement applications must be submitted no more than 90 days nor less than 30 days of the retirement date.
- Continue to gather pertinent information on your retirement, including insurance, Social Security and Medicare, and obtain updated required information.

3-4 months prior to retirement

- Contact HR to review your retirement benefits and acquire the necessary forms. HR will provide a retirement packet including a direct deposit form. UM life insurance coverage will end upon your retirement and you will be notified how to continue the insurance through portability and/or conversion. Keep in mind that you will have only 31 days from the end of coverage to apply for portability or conversion.
- The UM Health and Dental Plan (BCBS) will end at the time of retirement and the retiree has the option to elect coverage with the Public Education Employees' Health Insurance Plan (PEEHIP). PEEHIP offers health/medical insurance, a supplemental plan and optional coverage for dental, vision, cancer and hospital indemnity. The optional coverage is subject to an additional cost for each option chosen.
- If the retiree plans to provide PEEHIP insurance coverage for his/her spouse and dependent children, he/she must provide proof of dependent eligibility documents, such as a copy of the birth certificate for each child, a copy of his/her marriage license and a second document source for the spouse (i.e., joint tax return, mortgage or lease agreement, bank statement, etc.), to verify dependent eligibility for coverage.

2 months prior to retirement

- Schedule a meeting with HR to submit the completed retirement application and direct deposit form.

- HR will provide a second overview of your benefits and provide information about what to expect over the next few weeks.
- If you are receiving Social Security benefits, make sure you are clear on the earnings limitations, if any, from the Social Security Administration.

1 month prior to retirement

- Submit your option election to the Retirement System. If your benefit option is not submitted by the effective date of your retirement you will automatically receive the maximum option.
- Submit the PEEHIP Insurance Election form and supporting documents if electing family coverage.
- Submit a written notification to your department if you have not already done so and follow up on the Personnel Action Form (PAF) from the department.

Working During Retirement

- If you should return to work for the University or any RSA employer following retirement, it is extremely important that you fully understand post-retirement employment restrictions. The retiree must not be employed full-time, must have at least one-month break in service and is limited to \$32,000 earnings for 2021. Post-employment with non-RSA agencies has no earnings restriction.

Please be considerate of the revolving door provision of the Alabama State Ethics Law when returning to work.

The Hartford Offers Employee Assistance Program

Employee Assistance Programs with The Hartford
In addition to life and long-term disability coverage, The Hartford offers counseling services, legal support/resources, estate guidance, funeral concierge services, travel assistance and ID theft protections. Please review the program PDFs in order to access and understand these additional services.

PLEASE NOTE: For employees who have elected the \$10,000 voluntary child policy, The Hartford has extended the dependent child coverage to the age of 26. Please contact HR to remove this deduction when your child has attained the age of 26.

This Open Enrollment Benefits Guide provides information to you regarding important employee benefits. Benefits and an employee's right to them are subject to certain laws and University regulations and individual plan documents. Additional information is provided in the individual plan booklets and brochures. The University reserves the right to either change, modify or terminate these benefits at any time.

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM UNIVERSITY OF MONTEVALLO AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Visionworks

USING YOUR BENEFIT IS EASY!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA \$20 +

TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP TO 40%

SAVINGS ON LENS
ENHANCEMENTS



Enroll today.

Contact us: [800.877.7195](tel:800.877.7195) or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

UNIVERSITY OF MONTEVALLO and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

10/01/2021



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every plan year*
PRESCRIPTION GLASSES		\$20	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart®/Sam's Club® frame allowance \$70 Costco® frame allowance 	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Progressive lenses Average savings of 30% on other lens enhancements 	\$0	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every plan year
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Plan year begins in October

Log in to vsp.com to find an in-network provider based on your plan type.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.



Enrollment Application Form

Name of Group (employer): University of Montevallo

Employee Last Name, First Name, MI: _____

Social Security Number: _____

Date of birth (month/date/year): _____

Gender: Male Female

Effective Date of Coverage: _____

Type of Coverage Selected: Employee Only

Family

Waive Coverage

***Dependent Relationship: S=Spouse, C=Child, H=Handicapped Child,**

Dependent Last Name	Dependent First Name	Gender	*Dependent Relationship <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H	Date of Birth MM/DD/YYYY
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H	
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H	
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			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H	

Employee Signature: _____ **Date:** _____ **M#:** _____

If you have any questions please call HR at (205) 665-6055

THE UNIVERSITY OF MONTEVALLO

FALL 2021 SICK LEAVE BANK MEMBERSHIP APPLICATION & CANCELLATION FORM

The Current Enrollment/Cancellation Period is Oct. 1, 2021 to Oct. 22, 2021. Forms must be received in the Human Resources Office by Oct. 22, 2021.
Membership changes are effective Nov. 1, 2021

If you are already enrolled in the Sick Leave Bank and wish to continue your membership, no action is necessary.

I have read and understand the Sick Leave Bank Policy and am aware of the ramification of my participation in this program including how any donation I make to the Sick Leave Bank could affect my retirement benefits.¹

I attest that I have the combined minimum of sick and/or vacation leave (40 hours) necessary to enroll in the Sick Leave Bank. I understand that hours donated to the Sick Leave Bank will be subtracted from my accrued sick leave. All donations to the Sick Leave Bank become property of the University of Montevallo Sick Leave Bank and cannot be returned under any circumstance, including the cancelation of my membership in the Sick Leave Bank. Human Resources will review leave balance upon enrollment on Nov. 1 to determine eligibility.

My authorization to have **8 hours** (or prorated amount if I am a part-time employee, less than 100%, FTE) deducted from my sick leave accrual for donation into the Sick Leave Bank is verified by my signature and the information below. I understand that eight hours will automatically be deducted annually from my sick leave accrual unless I notify HR of my desire to cancel my membership during the enrollment/cancellation period.

Please check one of the following:

_____ I wish to join the sick leave bank

_____ I wish to cancel my membership in the sick leave bank

Print Name: _____

M Number: _____

Supervisor: _____

Campus Phone: _____

If less than full-time, FTE: _____

Signature: _____ Date _____

¹ Employees are reminded that unused sick leave may be applied toward creditable service under Tier I of the Teachers' Retirement System of Alabama. A maximum of 12 days for each year of credited service may be applied toward retirement credit. Employees should consider the financial impact of losing Teachers' Retirement System creditable service before enrolling in the Sick Leave Bank. Under no circumstances will leave time deposited in to SLB be reinstated or transferred back to the participating employee for any reason, including for retirement plan purposes.



PEACE OF MIND WHEN IT'S NEEDED MOST

Losing a loved one is one of life's most shocking experiences. To help you through this difficult time, your employer offers **The Hartford's Funeral Concierge Services.**¹

This service helps you make confident, informed decisions, understand your options, and stay within budget at a difficult time.

We can't always predict, but we can prepare.

To learn more about The Hartford's Funeral Concierge Services, call **1-866-854-5429** or visit **everestfuneral.com/hartford** and use code: **HFEVLC**

FEATURES	
24/7 Advisor Assistance	<ul style="list-style-type: none"> • Round-the-clock access to expert advisors • Personal support from licensed funeral directors
PriceFinderSM Research Reports	<ul style="list-style-type: none"> • The only nationwide database of funeral home prices • Detailed online price comparisons
Pre-Planning Tools	<ul style="list-style-type: none"> • Document and store your wishes so they can be shared with your family when needed
Online Planning Tools	<ul style="list-style-type: none"> • Unlimited use of online funeral planning, research, and knowledge tools
At-Need Family Support	<ul style="list-style-type: none"> • Communicate your personal funeral plan with your selected funeral home, removing your family from a sales-focused environment • Cost negotiation often resulting in significant savings
Hartford Express Pay	<ul style="list-style-type: none"> • Delivers benefits in as little as 48 hours • Allows beneficiaries to use proceeds immediately for funeral expenses

Check with your benefits manager for more information on **The Hartford's Funeral Concierge**



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home office is Hartford, CT. Services may not be available in all states. Visit www.thehartford.com/employee-benefits/employees for more information.
¹ Funeral Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. PriceFinder is a service mark of Everest Information Services, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC as described in these materials.
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CARING SUPPORT WHEN YOU NEED IT MOST

If you're covered under The Hartford's Group Life or Accident insurance policy, you have access to Beneficiary Assist® counseling services provided by ComPsych.¹

PROFESSIONAL HELP AFTER A LOSS OR TERMINAL ILLNESS

Beneficiary Assist provides you, your eligible beneficiaries and immediate family members with unlimited 24/7 phone access.

This includes:

- Legal advice, financial planning and emotional counseling for up to one year from the date the claim is filed.
- Up to five face-to-face sessions or equivalent professional time for one service or a combination of services.

HANDLING A SPECTRUM OF NEEDS WITH COMPASSION AND EXPERTISE

ComPsych GuidanceExpertsSM are highly trained master's level clinicians who listen to your concerns with compassion and refer you to the right resources for:

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

FINANCIAL INFORMATION AND RESOURCES

Certified public accountants and certified financial planners can help with any financial concerns you may have, including:

- Managing a budget
- Estate closure
- Retirement impacts
- Tax questions
- Getting out of debt

continued



SOLID FOOTING

Greg's sudden death at the age of 42 came as an enormous blow to his wife, Sharon. Besides the shock and grief, Sharon had to struggle with debt and claims to Greg's estate by children from a former marriage. She went back and forth between anger and depression.

Through Beneficiary Assist, she was able to link up with counselors who listened compassionately and referred her to a grief expert. She also used the legal and financial counseling resources to get solid answers to complex questions.²

LEGAL SUPPORT AND RESOURCES

Licensed attorneys are available to help you with any legal uncertainties that may arise, offering private consultations for the following:

- Estate and probate
- Debt and bankruptcy
- Real estate transactions
- Family law

If additional legal representation is needed beyond the face-to-face visits, you can be referred to a qualified attorney in your area. You may qualify for a 25 percent reduction in the attorney's customary fees by using the ComPsych Network.

HEALTH ADVOCACY SERVICES AND SUPPORT

Health care support services through HealthChampion^{SM 3} are available if you have become disabled from an accident or are diagnosed with a critical illness, offering support like:

- Guidance through your health care options
- Connecting you with the right resources
- Advocating for time and fair resolution of issues

If additional medical support is needed, you have unlimited access to HealthChampionSM specialists who walk you through all aspects of your health care issue, helping to ensure you're fully supported.

LEARN MORE

Want to know more? Call **1-800-411-7239**.
When you need it most, Beneficiary Assist counseling services will be here to help.



(Snap a photo with a mobile device to capture information above.)

Check with your benefits manager for more information on **Beneficiary Assist Counseling**



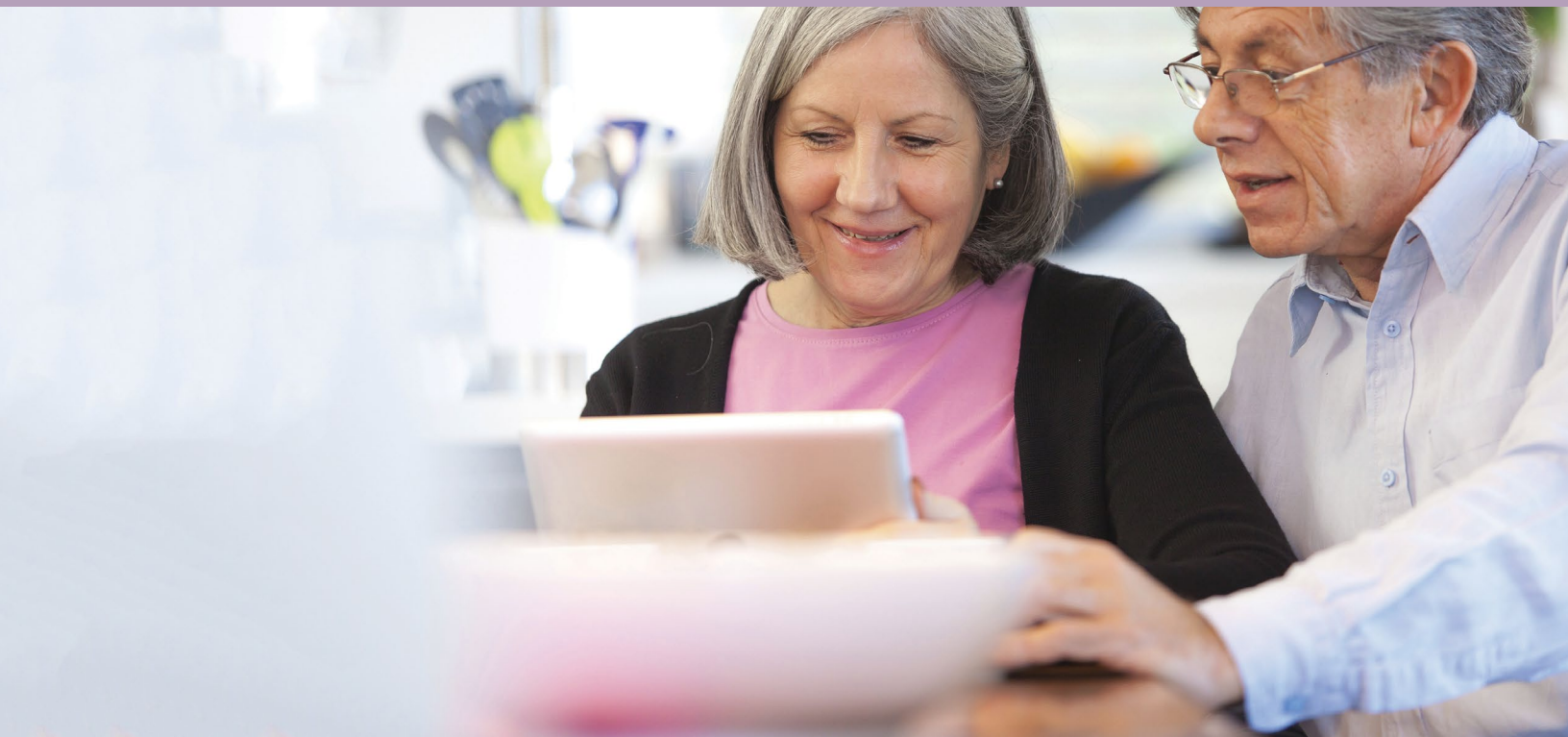
The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home office is Hartford, CT.

¹ Beneficiary Assist® is offered through The Hartford by ComPsych® Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

² This case illustration is fictitious and for illustrative purposes only.

³ HealthChampionSM services are provided through The Hartford by ComPsych®, ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information. HealthChampionSM specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment.

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CREATE A SIMPLE WILL FROM THE CONVENIENCE OF YOUR DESKTOP

Having a will is important no matter the size of your estate. A will ensures that your intentions will be honored in the event of your death, including your wishes about who will inherit your property, serve as guardian of your children, and manage your estate. Without a will, those decisions may be left to others.

AN EASY AND EMPOWERING SOLUTION

As an employee with a Group Life insurance policy from The Hartford, you have access to EstateGuidance® Will Services provided by ComPsych®.¹ This free service helps you create a simple, legally binding will online, saving you the time and expense of a private legal consultation. Other advantages include:

- Online assistance from licensed attorneys should you have questions
- Unlimited revisions at no additional charge
- Additional estate planning services are also available for purchase, including the creating of a living will or a final arrangements document that allows you to specify burial or cremation preferences; funeral or memorial services options

continued



QUICK ANSWERS TO KEY QUESTIONS

Isn't will preparation complicated?

Not with EstateGuidance®. You'll be asked a series of questions online that are used to compose your will. In many states, you need only add your signature to make the will valid.

What if I have questions as I'm creating my will?

The online education center provides answers regarding family law. You can also access fully licensed attorneys who'll respond to you online.

What about my privacy?

All information is kept secure and confidential with the latest encryption technology.²

What happens if I don't create a will?

The state, not you, would decide how your property is distributed. By drafting a will, you can protect your interests and those of your loved ones.

PUT YOUR GOOD INTENTIONS INTO ACTION

Visit www.estateguidance.com

USE THIS CODE: **WILLHLF**

Then follow the easy steps below:

1. Access The Hartford's EstateGuidance® Will Services online.
2. Sign in to the secure site by entering the access code.
3. Follow the instructions and create your will.
4. Download the final will to your computer and print.
5. Obtain signatures and determine if your will should be notarized.

Check with your benefits manager for more information on **EstateGuidance Will Service**



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¹ EstateGuidance® is offered through The Hartford by ComPsych® Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information. A simple will does not cover printing or certain other features. These features are available at an additional cost to you.

² The EstateGuidance® website is secured with a GoDaddy.com Web Server Certificate. Transactions on the site are protected with up to 256-bit Secure Sockets Layer encryption.

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TRAVEL ASSISTANCE & ID THEFT PROTECTION SERVICES

TRAVEL ASSISTANCE

If you are covered by your employer's group policy from The Hartford and you need pre-trip information, emergency medical assistance or personal assistance services while traveling, contact Generali Global Assistance.

Have a serious medical emergency? Please obtain emergency medical services first (contact the local "911"), and then contact Generali Global Assistance to alert them to your situation.

Call: **800-243-6108** | Fax: **202-331-1528**
Collect from other locations: **202-828-5885**

WHAT TO HAVE READY:

- Your employer's name
- Phone number where you can be reached
- Nature of the problem
- Travel Assistance Identification Number: **GLD-09012**
- Your Policy No. # _____
(Policy Number can be obtained through your Human Resources department.)

 Snap a photo with a mobile device to capture information above.

EVEN THE BEST PLANNED TRIPS CAN BE FULL OF SURPRISES

The best laid travel plans can go awry, leaving you vulnerable and, possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance.

If you are covered under a group policy with The Hartford, you and your family may have access to Travel Assistance Services provided by Generali Global Assistance.¹

With a local presence in 200 countries and territories around the world, and numerous 24/7 assistance centers, they are available to help you anytime, anywhere.

GOOD TO GO: MULTILINGUAL ASSISTANCE 24/7

Whether you're traveling for business or pleasure, Travel Assistance services are available when you're more than 100 miles from home for 90 days or less.^{2,3} As long as you contact Generali Global Assistance at the time of need, you could be approved for up to \$1 million in covered services.⁴

SERVICES FROM HERE TO THERE

Travel Assistance begins even before you embark, with pre-trip information, and continues throughout your trip. See the list of services in the chart on the back of this page.

IDENTITY THEFT ASSISTANCE - AT HOME AND WHILE TRAVELING

The 2019 Identity Fraud Study, released by Javelin Strategy & Research, found that 3.3 million identity fraud victims in 2018 were responsible for some of the liability of the fraud committed against them, nearly three times as many as in 2016. Moreover, these victims' out-of-pocket fraud costs more than doubled from 2016 to 2018 to \$1.7 billion.⁵ Generali Global Assistance helps protect you and your family from its consequences 24/7,² at home and when you travel. In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft.

EMERGENCY MEDICAL ASSISTANCE³

- Medical referrals
- Medical monitoring
- Medical evacuation
- Repatriation
- Traveling companion assistance
- Dependent children assistance
- Visit by a family member or friend
- Emergency medical payments
- Return of mortal remains

PRE-TRIP INFORMATION

- Visa and passport requirements
- Inoculation and immunization requirements
- Foreign exchange rates
- Embassy and consular referrals

EMERGENCY PERSONAL SERVICES⁷

- Medication and eyeglass prescription assistance
- Emergency travel arrangements⁶
- Emergency cash⁶
- Locating lost items
- Bail advancement

IDENTITY THEFT ASSISTANCE

- Prevention Services
 - Education
 - Identity Theft Resolution Kit
- Detection Services
 - Fraud alert to three credit bureaus
- Resolution Guidance and Assistance
 - Credit information review
 - ID Theft Affidavit Assistance
 - Card replacement
- Personal Services
 - Translation
 - Emergency cash advance*

* Cash advance available when theft occurs 100 miles or more from your primary residence. Must be secured by a valid credit card.

CASE ILLUSTRATION: HELP A WORLD AWAY⁸

As a Human Resource Professional, Tammy had always been on the coordinating end of travel services helping her company's employees; but when her daughter was hurt while traveling with her school group in Italy, she suddenly found herself in a different position.

Using the travel assistance medical referral, medical monitoring, and repatriation services from Generali Global Assistance, Tammy's daughter was able to receive immediate medical treatment and was evacuated within 48 hours. The Generali Global Assistance Case Manager helped Tammy through some of the most stressful days she's experienced as a mother and provided care for her daughter when she couldn't.

Check with your benefits manager for more information on **Travel Assistance & ID Theft Protection**



THE HARTFORD

Business Insurance
Employee Benefits
Auto
Home

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¹ Travel Assistance and Identity Theft services are provided by Generali Global Assistance (GGA). Generali Global Assistance is not affiliated with The Hartford. Generali Global Assistance may modify or terminate all or any part of the service at any time without prior notice. None of the benefits provided to you by Generali Global Assistance as a part of the Travel Assistance and Identity Theft service are insurance. This brochure, the Travel Assistance and Identity Theft service Terms and Conditions of Use, and the Identity Theft Resolution Kit constitute your benefit materials and contain the terms, conditions, and limitations relating to your benefits. These services may not be used for business or commercial purposes or by any person other than the individual insured under The Hartford's group insurance policy. The Hartford is not responsible and assumes no liability for the goods and services described in these materials and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.TheHartford.com/employee-benefits/value-added-services> for more information.

² Coverage includes spouse (or domestic partner) and dependent children under age 26.

³ Services are available in every country of the world. Depending on the current political situation in the country to which you are traveling, GGA may experience difficulties providing assistance, which may result in delays or even the inability to render certain services. It is your responsibility to inquire, prior to departure, whether assistance service is available in the countries where you are traveling.

⁴ The Combined Single Limit (CSL), or amount of money available to the insured under the Travel Assistance Program, is \$1 million. One service or a combination of the services may exceed the CSL. The insured is responsible for payment of any expenses that exceed the CSL. Note: Certain Accidental Death and Dismemberment programs may offer different CSLs. Please consult with your Human Resources Manager for more details.

⁵ Insurance Information Institute, www.iii.org/fact-statistic/identity-theft-and-cybercrime, viewed on 7/6/2020.

⁶ You must be at least 100 miles from home and have available credit on a designated bank card. Emergency cash is charged as a cash advance, and emergency airline tickets are charged as a purchase to your credit card account and are all subject to that account's finance rates.

⁷ Generali Global Assistance provides the described personal services to you in an emergency, but you are personally responsible for the cost of air fare not approved as medically necessary by the attending physician; food, hotel and car expenses; and attorney fees. Emergency cash advances and bail advancement require your personal satisfactory guarantee of reimbursement provided through a valid credit card.

⁸ This case illustration is fictitious and for illustrative purposes only.

DISCLAIMER: Service Exclusions and Limitations: Generali Global Assistance (GGA) services are eligible for payment or reimbursement by GGA only if GGA was contacted at the time of the services and arranged and/or pre-approved the services. Certain terms, conditions and exclusions apply; for further information refer to the website listed or call GGA at the number provided.

**PAYROLL CALENDAR
MONTHLY PAID EMPLOYEES
2022**

MONTHLY		
YEAR	PR #	CHECK DATE
2022	1	JAN 3 2022 MONDAY
2022	2	FEB 1 2022 TUESDAY
2022	3	MAR 1 2022 TUESDAY
2022	4	APR 1 2022 FRIDAY
2022	5	MAY 2 2022 MONDAY
2022	6	JUNE 1 2022 WEDNESDAY
2022	7	JULY 1 2022 FRIDAY
2022	8	AUG 1 2022 MONDAY
2022	9	SEPT 1 2022 THURSDAY
2022	10	SEPT 30 2022 FRIDAY
2022	11	NOV 1 2022 TUESDAY
2022	12	DEC 1 2022 THURSDAY

**Monthly Leave Reports must be approved by 11:59 pm on the
5th of each month.**

**All changes to the monthly payroll must be delivered to HR prior
to the 20th of the month.**

2022 Payroll and Holiday Calendar Biweekly Staff and Students

Pay Number	Pay Period Begin Date	Pay Period End Date	New Hire Start Date	**Changes Due to HR	Timesheet Deadline @ 12 Noon	Actual Pay Date	Holiday Date
1	19-Dec-21	1-Jan-22	19-Dec-21	23-Dec-21	3-Jan-22	7-Jan-22	*** 12/24/2021 & 12/31/2021
2	2-Jan-22	15-Jan-22	2-Jan-22	6-Jan-22	17-Jan-22	21-Jan-22	
3	16-Jan-22	29-Jan-22	16-Jan-22	20-Jan-22	31-Jan-22	4-Feb-22	1/17/2022
4	30-Jan-22	12-Feb-22	30-Jan-22	3-Feb-22	14-Feb-22	18-Feb-22	
5	13-Feb-22	26-Feb-22	13-Feb-22	17-Feb-22	28-Feb-22	4-Mar-22	
6	27-Feb-22	12-Mar-22	27-Feb-22	3-Mar-22	14-Mar-22	18-Mar-22	
7	13-Mar-22	26-Mar-22	13-Mar-22	17-Mar-22	28-Mar-22	1-Apr-22	
8	27-Mar-22	9-Apr-22	27-Mar-22	31-Mar-22	11-Apr-22	15-Apr-22	
9	10-Apr-22	23-Apr-22	10-Apr-22	14-Apr-22	25-Apr-22	29-Apr-22	
10	24-Apr-22	7-May-22	24-Apr-22	28-Apr-22	9-May-22	13-May-22	
11	8-May-22	21-May-22	8-May-22	12-May-22	23-May-22	27-May-22	
12	22-May-22	4-Jun-22	22-May-22	26-May-22	6-Jun-22	10-Jun-22	5/30/2022 ***
13	5-Jun-22	18-Jun-22	5-Jun-22	9-Jun-22	20-Jun-22	24-Jun-22	
14	19-Jun-22	2-Jul-22	19-Jun-22	23-Jun-22	4-Jul-22	8-Jul-22	
15	3-Jul-22	16-Jul-22	3-Jul-22	7-Jul-22	18-Jul-22	22-Jul-22	7/4/2022
16	17-Jul-22	30-Jul-22	17-Jul-22	21-Jul-22	1-Aug-22	5-Aug-22	
17	31-Jul-22	13-Aug-22	31-Jul-22	4-Aug-22	15-Aug-22	19-Aug-22	
18	14-Aug-22	27-Aug-22	14-Aug-22	18-Aug-22	29-Aug-22	2-Sep-22	
19	28-Aug-22	10-Sep-22	28-Aug-22	1-Sep-22	12-Sep-22	16-Sep-22	9/5/2022
20	11-Sep-22	24-Sep-22	11-Sep-22	15-Sep-22	26-Sep-22	30-Sep-22	
21	25-Sep-22	8-Oct-22	25-Sep-22	29-Sep-22	10-Oct-22	14-Oct-22	
22	9-Oct-22	22-Oct-22	9-Oct-22	13-Oct-22	24-Oct-22	28-Oct-22	
23	23-Oct-22	5-Nov-22	23-Oct-22	27-Oct-22	7-Nov-22	11-Nov-22	
24	6-Nov-22	19-Nov-22	6-Nov-22	10-Nov-22	21-Nov-22	25-Nov-22	
25	20-Nov-22	3-Dec-22	20-Nov-22	24-Nov-22	5-Dec-22	9-Dec-22	11/24/2022
26	4-Dec-22	17-Dec-22	4-Dec-22	8-Dec-22	19-Dec-22	23-Dec-22	***

NOTE: The December 24, 2022 holiday will be on the first payroll for 2023.

** Payroll changes for bi-weekly employees, including deductions, to be effective for the next pay date, all necessary documents must be turned in to Human Resources by noon on the date listed.

Changes for the monthly payroll employees are due to HR by the 20th of each month.

Timesheet approval deadlines may change. Please watch for email notification.

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 January 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
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IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – 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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid

Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

Important Notice from the University of Montevallo About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the UM BCBS Health & Dental Plan 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 University of Montevallo has determined that the prescription drug coverage offered by the UM BCBS Health & Dental 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.

CMS Form 10182-CC

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 UM BCBS Health & Dental Plan coverage will be affected. **Special Rules for Coordination with Medicare** Except where otherwise required by federal law, the plan will pay benefits on a secondary basis to Medicare or will pay no benefits at all for services or supplies that are included within the scope of Medicare's coverage, depending upon, among other things, the size of your group, whether your group is a member of an association, and the type of coordination method used by your group. For example, if this plan is secondary to Medicare under federal law, this plan will pay no benefits for services or supplies that are included within the scope of Medicare's coverage if you fail to enroll in Medicare when eligible.

See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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 UM BCBS Health & Dental Plan 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...

NOTE: You'll get this notice each year. You also may request a copy of this notice at any time.

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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).