



November 1, 2021 to October 31, 2022
Employee Benefit Guide

Cabrini University Charter of Core Values

“the education of the heart...”

Preamble

Our core values emanate from the life of St. Frances Xavier Cabrini, the charism of the Missionary Sisters of the Sacred Heart and the Catholic education tradition. In response to Frances Cabrini’s desire to provide an “education of the heart”, a Catholic, Cabrinian education centered in Christ and ever mindful of the dignity and contribution of such person, the members of the university community through a collaborative process, have enunciated these values, which exist as a standard for our activities and as a hallmark for future development. Education of the Heart is achieved through the core values of:

Respect

We strive for a reverence of self and others manifested in trust and appreciation. Respect calls for care and compassion in regard to: diversity, our environment, social justice, civility in resolving conflict. The university strives to promote the integrity of each person, thus serving the vital and vibrant good of all.

Vision

Inspired by the indomitable spirit of St. Francis Xavier Cabrini, we strive to promote and foster innovation and creativity. Vision calls for a spiritually-based outlook when seeking solutions, courage, a pro-active stewardship of all present and future resources. We accept the challenge to live our lives according to the Cabrinian vision and values.

Community

We strive to strengthen community by uniting diverse individuals and their aspirations in a shared endeavor. Community calls for a common mission, ethical responsibility, a sense of belonging, dialogue in decision making, enthusiasm for the enterprise, participation in the celebration of our values and tradition. The Cabrini University community seeks to maintain an environment of receptivity and hospitality for all and create union while nurturing individual gifts and talents.

Dedication of Excellence

To maximize the potential of the individual and community, we strive for the education for the whole person – intellectual, emotional, physical and spiritual. Dedication to excellence calls for a positive attitude, commitment to lifelong learning, personal and professional growth, pride in accomplishment, and fulfillment of common goals. At the heart of our dedication to excellence is the desire to be our best in the service of our students and all others.

Since we are an institution of process and constant development, what we are must always progress toward and what we ought to be.

It is our hope that in our constant effort to evaluate our growth that we aim at a point of coincidence in which the values that determine what we are become one with what we ought to be.

Employee Benefits Overview

- Plan Source - Employee Benefits Website Portal
 - Enrollment
 - New Hire
 - Annual Open Enrollment
 - Life Event Changes
- Medical: Choice of three medical plans including prescription drug and vision
- Dental
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSAs)
 - Healthcare Flexible Spending Account
 - Dependent Care Flexible Spending Account
- Short-Term Disability
- Long-Term Disability
- Life Insurance and Accidental Death/Dismemberment
- Additional Voluntary Term Life Insurance
 - Employee
 - Spouse
 - Child
- 403b Retirement Plan
- Tuition
- Employee Assistance Program
- Travel Assistance Services
- Additional Benefits
 - Long Term Care Insurance
 - Automobile and Homeowners Insurance
- Credit Union
- Use of Cabrini Facilities

Employee Benefits Website

<p><i>What is it?</i></p>	<p>Cabrini University has a customized employee benefits website, PlanSource. This website is a 24/7 resource for employees and their families. Through this portal you have access to benefits, human resources, carrier links and health news. Use this website to make informed benefit decisions for you and your family.</p>
<p><i>How do I access this website?</i></p>	<p>You can access our website from the internet at:</p> <p>URL: https://benefits.plansource.com</p> <p><u>Username</u>: First initial first name, last name first 6 letters, last 4 digits of SS#</p> <p><u>Password</u>: YYYYMMDD</p> <p>The user name will always remain the same, after you log in the first time you are asked to reset your password to something you will remember.</p>
<p><i>How can this website help me?</i></p>	<p>This website can help you learn more about all the employee benefits that are available to you as a Cabrini University employee. Learn about your benefits through plan summaries and plan comparisons.</p>
<p><i>What information is available?</i></p>	<p>You can look up benefit plan information/summaries. Find resources for your family, financial calculators and health care reform updates.</p>
<p><i>Enrollment</i></p>	<p>Online enrollment for benefits is through the benefits website. New employees are eligible for coverage in the insurance plans and flexible spending accounts beginning the first day of the month coincident with or next following their first day of employment and have 30 days to enroll. You may enroll in health insurance for yourself, your spouse and dependent children to the end of the calendar year in which they turn 26. Thereafter, you may make changes through the website, if you have a life event during the year. Examples of a life event are change in marital status, birth or adoption of a child, employment status, etc. Changes must be made within 30 days of the life event and necessary or appropriate as a result of the change in status. Each year, employees enroll online during Open Enrollment for coverage for the plan year, November 1 to October 31.</p>
<p><i>What should you do?</i></p>	<p>Please visit the Cabrini University employee benefits website and share the access information above to all dependents.</p>

Independence Blue Cross HBT PPO 20/40

		<i>Plan Provisions</i>	In-Network	Out-of-Network
Semi-monthly employee cost per pay		<i>Preventive Health Services</i>	100%	50% NO ded.
		<i>Primary Office Visit</i>	\$20 copay	50% after ded.
		<i>Specialty Visit</i>	\$40 copay	50% after ded.
Employee	\$86.68	<i>Outpatient Surgery – Hospital or Freestanding Facility</i>	\$75 copay	50% after ded.
Employee	\$243.12	<i>Inpatient Hospital</i>	\$150/day, max of 5 copays/admission	50% after ded.
+ Child(ren)		<i>Diagnostic X-Ray</i> <i>Diagnostic Complex Imaging</i>	\$40 copay \$80 copay	50% after ded..
Employee	\$352.45	<i>Diagnostic Laboratory</i>	100%	50% after ded.
+ Spouse		<i>ER</i>	\$150 (copay waived if admitted)	
		<i>Urgent Care Center</i>	\$50 copay	50% after ded.
Family	\$500.70	<i>Durable Medical Equipment</i>	50%	50% after ded.
		<i>Spinal Manipulations</i>	\$40 copay (20 visits per plan year)	50% after ded.
Semi-monthly employer cost per pay		<i>Therapy (Occupational, physical and speech therapy)</i>	\$40 copay (Physical and Occupational 30 visits per plan year combined, Speech 20 visits per plan year)	50% after ded.
Employee	\$240.40	<i>Maternity</i>	Pre-Natal Maternity is covered 100%. Inpatient admission covered with a \$150 copay/per day max of 5 copays per admission	50% after ded.
Employee	\$336.16	<i>Outpatient Mental Health</i>	\$40 copay	50% after ded.
+ Child(ren)		<i>Inpatient Mental Health</i>	\$150/day, max of 5 copays/admission	50% after ded.
		<i>Outpatient Substance Abuse</i>	\$40 copay	50% after ded.
		<i>Inpatient Substance Abuse</i>	\$150/day, max of 5 copays/admission	50% after ded.
Employee	\$398.48	<i>Deductible Single/ Family</i>	None	\$1,500/\$4,500
+ Spouse		<i>Annual Out of Pocket Maximum Single/Family</i>	\$6,350/\$12,700	\$10,000/\$30,000
Family	\$465.21	<i>Lifetime Maximum</i>	Unlimited	Unlimited
Opt Out	\$ 30 credit	<i>RX (includes oral contraceptives)</i>	\$20 generic/\$75 brand name/ \$100 non-formulary 2x copay for 90 day supply- mail order	National network: www.vbaplans.com N/A
		<i>VBA Vision</i>	Copay: \$25 for eye exam every 12 months Reimbursement: \$100 for lenses every 12 months \$100 for frames every 24 months	Amount Reimbursed: \$45 for eye exam Lenses vary Frames \$70
		<i>Out of Network</i>	Out of network benefits are based on the contracted rate that would have been paid to a network provider and may be significantly lower than the provider's actual charges. Out of network providers may bill the difference.	

Some services require Pre-Authorization
To search for an Independence Blue Cross provider go to www.ibx.com, click on "Find a Doctor"
VBA National Network www.vbaplans.com



Independence Blue Cross

HBT High Deductible Health Plan 2500 5000

		<i>Plan Provisions</i>	In-Network	Out-of-Network
Semi-monthly employee cost per pay		<i>Deductible Single/ Family</i>	\$2,500/5,000	\$5,000/\$10,000
		<i>Annual Out of Pocket Maximum Single/Family</i>	\$6,350/\$12,700	\$10,000/\$20,000
		<i>Lifetime Maximum</i>	Unlimited	Unlimited
		<i>Preventive Health Services</i>	100%, No ded.	50% NO ded.
Employee	\$33.58	<i>Primary Office Visit</i>	100% after ded.	50% after ded.
Employee + Child(ren)	\$235.42	<i>Specialty Visit</i>	100% after ded.	50% after ded.
		<i>Outpatient Surgery</i>	100% after ded.	50% after ded.
		<i>Inpatient Hospital</i>	100% after ded.	50% after ded.
		<i>X-Ray</i>	100% after ded.	50% after ded.
Employee + Spouse	\$273.00	<i>Laboratory</i>	100% after ded.	50% after ded.
		<i>ER</i>	100% after ded. (not waived if admitted)	
		<i>Urgent Care Center</i>	100% after ded.	50% after ded.
		<i>Durable Medical Equipment</i>	100% after ded.	50% after ded.
Family	\$271.74	<i>Spinal Manipulations</i>	100% after ded. 20 visits per plan year	50% after ded.
Semi-monthly employer cost per pay		<i>Therapy (Occupational, physical and speech therapy)</i>	100% after ded. (Physical & Occupational 60 visits/plan year combined. Speech 60 visits/plan year)	50% after ded.
		<i>Maternity- Prenatal Inpatient Services</i>	100% , No ded. 100% after ded.	50% after ded.
		<i>Outpatient Mental Health</i>	100% after ded.	50% after ded.
		<i>Inpatient Mental Health</i>	100% after ded.	50% after ded.
Employee	\$240.40	<i>Outpatient Substance Abuse</i>	100% after ded.	50% after ded.
Employee + Child(ren)	\$336.16	<i>Inpatient Substance Abuse</i>	100% after ded.	50% after ded.
		<i>RX (includes oral contraceptives)</i>	\$5 generic/\$20 brand name/ \$45 non-formulary after ded. 2x copay for 90 day supply- mail order	N/A
Employee + Spouse	\$398.48	<i>VBA Vision</i>	Copay: \$25 for eye exam every 12 months Reimbursement: \$100 for lenses every 12 months \$100 for frames every 24 months	Amount Reimbursed: \$45 for eye exam Lenses vary Frames \$70
Family	\$465.21			
Opt Out	\$ 30 credit	<i>Out of Network</i>	<i>Out of network benefits are based on the contracted rate that would have been paid to a network provider and may be significantly lower than the provider's actual charges. Out of network providers may bill the difference.</i>	
<p><i>Some services require Pre-Authorization</i></p> <p>To search for an Independence Blue Cross provider go to www.ibx.com , click on "Find a Doctor" VBA National Network www.vbaplans.com</p>				

Independence Blue Cross HBT HMO Health Plan 1500 3000

		<i>Plan Provisions</i>	In-Network	Out-of-Network
Semi-monthly employee cost per pay		<i>Deductible Single/ Family</i>	\$1,500/\$3,000	Not covered
		<i>Annual Out of Pocket Maximum Single/Family</i>	\$6,350/\$12,700	Not covered
		<i>Coinsurance</i>	0%	Not covered
Employee	\$13.50	<i>Preventive Health Services</i>	No charge, no deductible	Not covered
Employee + Child(ren)	\$113.69	<i>Primary Care Physician (PCP) Office Visit</i>	\$30 no ded.	Not covered
		<i>Specialty Visit</i>	\$50 no ded.	Not covered
		<i>Outpatient Surgery Free Standing</i>	\$200 after ded.	Not covered
		<i>Hospital Based</i>	\$200 after ded.	Not covered
Employee + Spouse	\$184.35	<i>Retail Health Clinic Visit</i>	\$30 no ded	Not covered
		<i>Telemedicine</i>	Not covered	Not covered
		<i>Urgent Care Visit</i>	\$50 no ded.	Not covered
Family	\$284.51	<i>Durable Medical Equipment</i>	\$50 after ded.	Not covered
		<i>Spinal Manipulations</i>	\$50 no ded	Not covered
Semi-monthly employer cost per pay		<i>Therapy (Occupational, physical and speech therapy)</i>	Physical & Occupational 30 visits/plan year Speech 20 visits/plan year)	Not covered
		<i>Maternity- Hospital Services</i>	\$400/Day; max of 5 copays per admission after ded	Not covered
Employee	\$240.40	<i>Outpatient Mental Health</i>	\$50 no ded.	Not covered
Employee + Child(ren)	\$336.16	<i>Inpatient Mental Health</i>	\$400/Day; max of 5 copays per admission after ded	Not covered
		<i>RX (includes oral contraceptives)</i>	20 generic/\$75 brand name/ \$100 non-formulary 2x copay for 90 day supply- mail order	Not covered
Employee + Spouse	\$398.48	<i>VBA Vision</i>	Copay: \$25 for eye exam every 12 months Reimbursement: \$100 for lenses every 12 months \$100 for frames every 24 months	Amount Reimbursed: \$45 for eye exam Lenses vary Frames \$70
Family	\$465.21			
Opt Out	\$ 30 credit	<i>Out of Network</i>	<i>Out of network benefits are based on the contracted rate that would have been paid to a network provider and may be significantly lower than the provider's actual charges. Out of network providers may bill the difference.</i>	
<p><i>Some services require Pre-Authorization</i></p> <p>To search for an Independence Blue Cross provider go to www.ibx.com , click on "Find a Doctor" VBA National Network www.vbaplans.com</p>				



HBT High Deductible Health Plan and Health Savings Account (HSA)

The HBT High Deductible Health Plan

The HBT High Deductible Health Plan has a front-end deductible. The in-network deductible is \$2500 for individual coverage and \$5,000 for family. All covered benefits, except preventive care, apply to the deductible, including prescription drugs. After the deductible is met, the plan pays 100% for medical services in-network. Prescription drugs require a copay. The High Deductible Health Plan uses the Independence Blue Cross network of physicians and hospitals and allows direct access to medical care. There are no referrals to providers in the network.

Health Savings Account

The University offers a Health Savings Account (HSA) through **HealthEquity** for employees who enroll in the HBT High Deductible Health Plan.

A Health Savings Account is a tax-advantaged personal savings or investment account that allows individuals to save and pay for qualified medical expenses. Funds can be used to pay for qualified medical expenses until the deductible is met and for other medical expenses not covered by your healthcare plan including vision and dental, copays, co-insurance and out of network charges. Funds remaining in your HSA roll over from year to year.

To qualify for an HSA, individuals: must first be enrolled in a qualified High Deductible Health Plan and cannot be covered by another insurance plan unless it is another HSA-qualified High Deductible Health Plan; cannot be enrolled in Medicare or Medicaid; cannot be claimed as a dependent on another person's tax return; and, cannot be enrolled in a Flexible Spending Account (FSA).

The Health Savings Account is an account owned by the individual and is separate from the High Deductible Health Plan. There are fees associated with the administration of the HealthEquity Savings Account. Individuals enrolled in a High Deductible Health Plan do not have to establish an HSA and may choose to fund the deductible with after-tax dollars.

Annual Contribution Limits:

<u>Tax Year</u>	<u>Individual Coverage</u>	<u>Family Coverage</u>
2021	\$3,600	\$7,200

At age 55, an additional \$1,000 contribution is allowed annually.

Visit <http://healthequity.com> for additional information



Dental Insurance – Delta Dental

Semi-monthly employee cost per pay		Benefits and Covered Services	Delta Dental PPO Dentists	Non- PPO Dentists (Premier and Non-Delta Dentists)
Employee	\$0	Diagnostic & Preventive <ul style="list-style-type: none"> • Oral Exams • Cleanings • X-rays • Sealants 	100%	100%
Employee + Child(ren)	\$21.25			
Employee + Spouse	\$20.99			
Family	\$42.10	Basic Services <ul style="list-style-type: none"> • Fillings (includes posterior composites) • Repair of Dentures • Endodontics (root canals) • Oral Surgery 	100%	100%
Semi-monthly employer cost per pay		Major Services <ul style="list-style-type: none"> • Crowns, Inlays, Onlays and cast restorations • Periodontics (gum treatment) Prostodontics <ul style="list-style-type: none"> • Bridges and dentures, implants 	50%	50%
Employee	\$18.78			
Employee + Child(ren)	\$18.78			
Employee + Spouse	\$18.78	Child Orthodontics <i>To the end of the calendar year that dependent turns 19</i>	50%	50%
Family	\$18.78	Calendar Year Maximum Per Insured	\$1,500 (Lifetime)	\$1,500 (Lifetime)
Opt Out	\$7.50 credit	Dependent Age Limit	\$1,500	\$1,500
			To the end of the calendar year that the dependent turns 26	
<p>Delta has two networks: Premier and PPO. Dentists on the PPO network accept a lower allowance and seeing these dentists allows the annual plan maximum to go further. Non-Delta Dental PPO Dentists are paid Premier contracted fees and may balance bill members. To find a participating provider go to deltadentalins.com</p>				

Flexible Spending Accounts – HealthEquity (Plan year from 11/1/21 - 10/31/22)

Healthcare Flexible Spending Account -	
<i>How this works</i>	Employee’s can set aside pre-tax dollars to pay for out of pocket eligible health care expenses incurred by the employee and/or dependents that would typically be paid with after tax dollars. The IRS determines the guidelines for this account. For your convenience, members will receive a “benny” card. With this card you can debit your Healthcare Flexible Spending account automatically.
<i>Contribution</i>	2020 Annual Maximum \$2,750
<i>Examples of Eligible Expenses</i>	<ul style="list-style-type: none"> • Unreimbursed expenses must be medically necessary • Medical, dental, vision plan co-pays or coinsurance • Medical, dental, vision expenses not covered under the plans • Hearing aid expenses not covered under the plan • Over the counter medical supplies
<i>Examples of Non-eligible Expenses</i>	<ul style="list-style-type: none"> • Cosmetic related unreimbursed healthcare expense • Vitamins for general well being • Teeth whitening
<i>"use it or lose it" Rule</i>	You are able to roll over up to \$500 of unused money in your Health Care FSA to the following year. You will forfeit any remaining plan year balance over \$500.
Dependent Care Flexible Spending Account	
<i>How this works</i>	Employee’s can set aside pre-tax dollars to pay for out of pocket “dependent care” expenses incurred by the employee that would typically be paid with after tax dollars. The Tax ID number for the caregiver is required. The IRS determines the guidelines for this account. A grace period of 75 days provides an additional time period after the end of the plan year to incur expenses. After the grace period, you will forfeit any remaining balance. You can find more information on the IRS website. www.irs.gov . Search dependent care accounts for more information.
<i>Contribution</i>	Single or married filing a joint return, maximum \$5,000 Annually Married filing a separate return, maximum \$2,500 Annually
<i>Examples of Eligible Expenses</i>	<ul style="list-style-type: none"> • For any dependent less than age 13 or Disabled child (any age) • Elderly dependent care • Services provided in or outside the home
Visit http://healthequity.com for additional information	

Short and Long Term Disability Income Replacement Insurance

Short Term Salary Continuation	
Benefit Details	UNUM
<i>Weekly Benefit</i>	70%
<i>Maximum Weekly Benefit</i>	\$3,500
<i>Schedule (when benefit starts)</i> -Accident -Sickness	15th calendar day 15th calendar day
<i>Duration (maximum length of benefit payment)</i>	11 weeks Employee is eligible for STD on the 15th calendar day or the end of any accumulated sick leave days, whichever is greater.
<i>Maternity</i>	Same as Any Disability
Long Term Disability	
Benefit Details	UNUM
<i>Elimination Period</i>	90 days
<i>Monthly Benefit</i>	60% of Earnings
<i>Maximum Monthly Benefit</i>	\$8,000 All Employee's \$15,000 VP and above
<i>Duration of Benefit</i>	Normal Social Security Retirement Age – All Employee's ADEA I – VP and above
<i>Definition of Disability</i>	Your Own Occupation
<i>Pre-Existing Condition Exclusion</i>	Included
<i>Social Security Integration</i>	Family Integration
<i>Monthly Retirement Income Protection</i>	4% to \$1,500
<i>Cost of Living Additional</i>	3% to 10 years

UNUM Life Insurance

Life Insurance and Accidental Death & Dismemberment Coverage (AD&D)

Basic and Voluntary Life Insurance	
<i>Basic Life/AD&D</i>	One times earnings to \$250,000
<i>Definition of Earnings</i>	Regular Base Salary
<i>Voluntary Employee Life and AD&D Options</i>	<p>1,2,3 or 4 times earnings to a maximum of \$400,000 (rounded to the next higher \$1,000). Minimum Coverage Amount is \$10,000</p> <p>Newly eligible employees have 31 days to enroll from the day they are <u>first</u> eligible, in order to elect additional life insurance without evidence of insurability up to the guarantee issue limit. Guarantee issue when an employee is first eligible is \$150,000. Any amount elected over \$150,000 requires evidence of insurability.</p>
<i>Voluntary Spouse Life Options</i>	<p style="text-align: center;"><i>Employee must elect Voluntary Life Insurance to elect Spouse Voluntary Life Insurance</i></p> <p>Spouse can enroll in up to 50% of employee's benefit (may not exceed \$200,000). Minimum Coverage Amount is \$5,000 Guarantee issue for spouse when an employee is first eligible is \$30,000. Any amount elected over \$30,000 requires evidence of insurability.</p>
<i>Voluntary Child Life Options</i>	<p style="text-align: center;"><i>Employee must elect Voluntary Life to elect Child Voluntary Life coverage</i></p> <p style="text-align: center;">Under six months - \$250 Age six months to 26 years old - \$10,000</p>
<i>Other</i>	<p>During Open Enrollment, an employee who never enrolled in Voluntary Life Insurance will be subject to Evidence of Insurability.</p> <p>If an employee has not increased their benefit amount within the last 12 months he/she can increase the benefit up to \$50,000 without EOI.</p> <p>Employee benefit reduces 35% at age 70 and an additional 15% of the original amount at age 75. Spouse coverage reduces when the employee's coverage reduces. Dependent child coverage terminates on the day the dependent turns 26.</p> <p>Additional Benefits: Portability, Conversion, Accelerated Death Benefit (terminally ill) and Premium Waiver</p>
<i>Rates/Costs</i>	Please refer to the Plansource Online Enrollment System

403 (b) Retirement Plan

Cabrini University Defined Contribution Retirement Plan

Cabrini University contributes 4% of an employee's base annual salary to a 403(b) Defined Contribution Retirement Plan administered through TIAA. The University will also contribute up to a 3% matching contribution if the employee contributes his/her own monies to the plan.

Cabrini University Tax-Deferred Annuity (TDA) Plan

An employee can contribute an amount in excess of 3% ,within the limitations of the Internal Revenue Code, to the TDA Plan. This plan allows only employee contributions. Cabrini University does not make matching contributions in this plan.

Contributions can be made on a pretax basis and federal income taxes are deferred until withdrawn. Contributions can also be made after-tax with the **ROTH** option. When employees withdraw funds, they won't pay taxes on any earnings as long as the employee is at least age 59 ½ or disabled and the withdrawal is made at least five years after the employee makes the first Roth contribution.

To contribute, an employee must complete a Salary Reduction Agreement Form (available on the Human Resources website under Benefits) and return it to the Human Resources Office. Contributions will be applicable to compensation earned after the effective date of the agreement.

Contributions will be 100% vested immediately and are defaulted into the T. Rowe Price Retirement Fund closest to the year of retirement. Employees may change where their funds are invested and may choose from a variety of investment choices from an array of asset classes. Please refer to the investments offered at www.TIAA-CREF.org/cabrini

To name a beneficiary and for additional information on the plans, please visit TIA's website at www.TIAA-CREF.org/cabrini You may also call 800-TIAA-CREF or 800-842-2273.

Tuition

Tuition Remission and Tuition Discount Policy

Full-time faculty and staff, their spouses and dependents are eligible for Cabrini's Tuition Remission benefit which includes undergraduate and graduate tuition.

In limited cases, full-time employees may be eligible for a 50% discount for the doctoral programs.

The Tuition Remission and Tuition Discount Policy is available at www.cabrini.edu/HR.

Tuition Exchange

The University participates in the Tuition Exchange and Council of Independent Colleges Tuition Exchange programs for employees whose child wishes to attend another college or university. Separate eligibility requirements apply and scholarships are not guaranteed.

The Tuition Exchange Policy is available at www.cabrini.edu/HR.

Employee Assistance Program and Travel Assistance

First Call Employee Assistance Program	
<i>How this works?</i>	First Call Employee Assistance Program (EAP) provides comprehensive information and services to make your life easier. A work/life resource is designed to help employees and their families with everyday issues.
<i>How do I contact them?</i>	<p align="center">FirstCall EAP 800-382-2377 www.firstcalleep.org ID: cabrini; Password: firstcall</p>
<i>How can they help me?</i>	<ul style="list-style-type: none"> • Short-Term Counseling (3 sessions) • Legal and Financial • Adult and Child Care • Savings Center
Unum Travel Assistance	
<i>How this works?</i>	Whenever you travel 100 miles or more from home, you have worldwide emergency travel assistance. Unum's travel assistance is provided by Assist America, Inc., a leading provider of global emergency assistance services.
<i>How do I contact them?</i>	<p align="center">Within the U.S. 1-800-872-1414 Outside the U.S. (U.S. access code)+609-986-1234 Via email: medservices@assistamerica.com Download and activate the app from the Apple App Store or Google Play Reference Number: 01-AA-UN-762490 Wallet cards available in the Human Resources Office</p>
<i>How can they help me?</i>	<ul style="list-style-type: none"> • 24/7 Services Worldwide • Hospital admission assistance • Emergency Medical evacuation • Prescription replacement assistance • Legal and interpreter referrals • Passport replacement assistance

Additional Benefits

Voluntary Benefits

Long Term Care Insurance through **Genworth** pays for covered expenses for services at home in the community or in a nursing facility. Newly hired employees have the opportunity to get coverage with streamlined medical underwriting depending on age and the plan chosen during the first 30 days of eligibility. Participation in this benefit is voluntary. For more information or to enroll:

Go to: www.genworth.com/groupltc

Use Group ID: **Cabrini**

and Access Code: **groupltc**

or call: **1-800-416-3624** to speak to a Program Expert

Liberty Mutual provides *the opportunity to save on automobile and home owners insurance. Liberty Mutual offers a 10% discount off their regular rates.*

Credit Union

Freedom Credit Union

Members may take advantage of the following:

- FREE Interest-Bearing Checking Account, with no minimum balance
- FREE Mobile Banking, Online Banking and Bill Payer
- Higher Deposit Rates on CDs, IRAS and Savings
- Lower Lending Rates for Personal Loans, Auto Loans, Home Equity Loans/Lines of Credit
- Surcharge-free access to nearly 30,000 ATMs nationwide

Use of Cabrini Facilities

Cabrini offers the use of its facilities to employees. Presentation of your ID card is required.

- **Library:** Open to all staff and faculty. Borrowers are asked to follow the standard rules governing the use of the library.
- **Campus Store:** 10% discount on gift purchases made at the Campus Store, located on the lower level of the Widener Building.
- **Dixon Athletic Center:** Free membership for full-time employees and family which includes use of fitness center, indoor pool, running track, and squash courts.