

2023-2024 BENEFITS GUIDEBOOK



Welcome

At Cabrini University, we appreciate your commitment and contributions to our University's success. Each year, we strive to offer benefit plans to our full-time benefit eligible employees that not only reward you for your hard work but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our 2023–2024 benefit offerings to be of excellent value to you and to your dependents.

Cabrini is a member of the PAISBOA Health Benefit Trust, a self-insured consortium of Independent schools, colleges and universities, who group purchase their benefits and are able to achieve better pricing and stability through their collective size. The Trust has over 10,500 employees and covers over 20,000 lives in total. Cabrini is able to provide employees strong benefits at competitive pricing through its participation in the PAISBOA Health Benefit Trust.

In the following pages, you will find a summary of our benefit plans for 2023–2024. Please read this guidebook carefully as you prepare to make your elections to ensure that you select the coverage that is right for you.

ONLINE OPEN ENROLLMENT

PlanSource is a 24/7 resource for employees and their families to make informed benefit decisions. Employees enroll online annually during Open Enrollment for coverage for the new plan year, November 1st to October 31st. To access your account, please follow the instructions on page 23 of this guide.

https://benefits.plansource.com/

Coverage begins for benefit eligible employees the first day of the month following their Date of Hire. For example, if your hire date is March 5th, your benefits are effective April 1st. However, if you begin on the 1st of the month, your benefits are effective immediately. If you have a qualifying life event (such as, a change in marital status, birth or adoption of a child, or change in employment status) during the plan year please notify the HR Department within 30 days of the life event for benefits support.

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This Benefits Guidebook describes the highlights of the Cabrini Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guidebook. If there is any discrepancy between the descriptions of the program elements contained within this Benefits Guidebook and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by Cabrini.

Cabrini University Charter of Core Values

"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, and 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, and 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, we aim at a point of coincidence in which the values that determine what we are become one with what we ought to be.

Medical and Prescriptions

IBC MEDICAL PLANS

Cabrini University will provide you with medical benefits through Independence Blue Cross (IBC) for the November 1, 2023 through October 31, 2024 plan year. Please refer to the chart on the following page for highlights of your medical plan options. For additional information, visit <u>www.ibx.com</u> or call the PAISBOA Health Benefit Trust dedicated line at 833-444-2583.

High Deductible Health Plan (HDHP) w/HSA

The HDHP is a high deductible health plan that pays 100% for in-network services once the deductible is met. You have the choice to access care with any doctor or hospital in or out of the Personal Choice network without a referral or selection of a Primary Care Physician (PCP). Your benefit level will be higher if you visit an in-network provider. If you choose to go out of the network, you may be subject to higher out-of-pocket expenses such as coinsurance and deductibles.

When enrolling in the HDHP, you have the opportunity to establish a Health Savings Account (HSA). You may choose to contribute funds to this account as it is used to pay for qualified health care expenses now, in the future, or after retirement. Please the HSA information on page 10 for more details.

Personal Choice PPO

The Personal Choice Preferred Provider Organization (PPO) plan provides you with direct access to innetwork and out-of-network providers without a referral and you do not need to choose a PCP. You also have the option to use providers outside of the network but your benefits will be reduced and you will have higher out-of-pocket costs.

Please note. For the plan year beginning November 1, 2023, the Personal Choice PPO plan will include a deductible of \$2,000 (individuals) and \$4,000 (families) that will apply to in-patient hospital admissions, out-patient surgical procedures, and Durable Medical Equipment (DME). For more details on the deductible, please refer to your plan summaries.

Keystone HMO

The Keystone Health Maintenance Organization (HMO) plan provides you with direct access to innetwork providers with the requirement of a referral to see a specialist (e.g. dermatologist). When enrolling into this plan, you do need to choose a PCP. You do not have the option to use providers outside of the network.

With an HMO health plan, your PCP has designated providers for certain specialty care services: lab work, radiology, and physical and occupational therapy. You'll need to visit those providers when you need any of these services.

Use the Find a Doctor Tool:

- 1. Log in at ibx.com.
- 2. Select the My Care tab.
- 3. Select Find a Doctor or Hospital.
- 4. Type in the name of your PCP.
- 5. Scroll down to view designated sites under Find affordable services.

Medical and Prescriptions

IBC MEDICAL AND PRESCRIPTION DRUG BENEFITS

Footuro / Somico	High Deducti	ble Health Plan	Personal Choice PPO		Keystone HMO
Feature/Service	IN-NETWORK	OUT-OF NETWORK	IN-NETWORK	OUT-OF NETWORK	IN-NETWORK
Annual Deductible • Individual • Family	\$2,500 \$5,000	\$5,000 \$10,000	<mark>\$2,000*</mark> \$4,000*	\$4,000 \$8,000	\$0 \$0
Referral	No	N/A	No	N/A	Yes
Coinsurance (You Pay)	0%	50%	N/A	50%	N/A
Out-of-Pocket Maximum • Individual • Family	\$6,350 \$12,700	\$10,000 \$20,000	\$6,350 \$12,700	\$10,000 \$30,000	\$6,350 \$12,700
PCP Selection Required	No	N/A	No	N/A	Yes
Office Visit • PrimaryCarePhysician • Specialist	Plan Pays 100% after deductible 100% after deductible	Plan Pays 50% after deductible 50% after deductible	\$20 \$40	Plan Pays 50% afterdeductible 50% afterdeductible	\$30 \$50
Diagnostic Procedures • Routine Radiology • MRI/MRA,CT/CTA,PETScan	Plan Pays 100% after deductible 100% after deductible	Plan Pays 50% after deductible 50% after deductible	\$40 \$80	Plan Pays 50% after deductible 50% after deductible	\$50 \$100
Overall Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Routine GYN Exam	Plan Pays 100% no deductible	Plan Pays 50%no deductible	\$0	Plan Pays 50%no deductible	\$0
Routine Mammogram (1/year-covered females age 40+)	Plan Pays 100% no deductible	Plan Pays 50%no deductible	\$0	Plan Pays 50%no deductible	\$0
Hospital Care • Inpatient • Outpatient Surgery	Plan Pays 100% after deductible 100% after deductible	Plan Pays 50% after deductible 50% after deductible	\$150/day, 5 day maxper admission after deductible \$75 after deductible	Plan Pays 50% after deductible 50% after deductible	\$400/day, 5 day maxper admission \$200
Telemedicine (Doctor On Demand)	100%afterdeductible	N/A	\$10	N/A	\$10
Urgent Care	Plan Pays 100%after deductible	50%afterdeductible	\$50	Plan Pays 50%after deductible	\$50
Emergency Room (Not waived ifadmitted)	Plan Pays 100% after deductible	100% after in-network deductible	\$150	\$150	\$150
Durable Medical Equipment	Plan Pays 100% after deductible	Plan Pays 50%after deductible	50% after deductible	Plan Pays 50%after deductible	50%
Prescription Drug (30-Day Supply) • Generic • Preferred Brand • Non-Preferred Brand	After deductible: \$5 \$20 \$45	Plan Pays 50%after deductible	\$20 \$75 \$100	\$20 \$75 \$100	\$20 \$75 \$100
Mail Order (90-DaySupply) • Generic • Preferred Brand • Non-Preferred Brand	After deductible: \$10 \$40 \$90	Not Covered	\$40 \$150 \$200	Not Covered	\$40 \$150 \$200

*\$2,000/\$4,000 deductible on PPO applies in-patient hospital admissions, outpatient surgical procedures, and Durable Medical Equipment (DME).

Dental

DENTAL PLANS

Cabrini University's dental plans through Delta Dental allow you to have access to one of the largest network of dental providers. Within this plan, you have the option to use a participating dentist (Delta Dental PPO and Delta Dental Premier dentists) or access care with a provider out-of-network. If you choose to seek care from a PPO dentist, you will receive the largest discount. Out of network providers may balance bill you for services— the difference between the retail charge for services and the amount reimbursed for non-participating provider services.

To locate a participating dentist, visit Delta Dental's website at <u>www.deltadentalins.com</u> or call 1-800-932-0783.

We're pleased to announce that the following enhancements have been added to the Delta Dental plan
as of November 1, 2023!
Annual Maximum increases to \$2,000 per person (previously \$1,500 per person)

Orthodontia Lifetime Maximum increases to \$2,500 per person (previously \$1,500 per person)

Orthodontia benefits available to Adult enrollees (previously available to dependent children only)

COVERAGE	PPO Providers	Premier/Out-of-Network	
Individual Annual Deductible	No	ne	
Family Annual Deductible	No	ne	
Annual Maximum/Person	<mark>\$2,0</mark>	000	
Preventive and Diagnostic	100% 100%		
Basic Services	100% 100%		
Major Services & Oral Surgery	50% 50%		
Endodontic & Oral Surgery	100% 100%		
Orthodontia <mark>(Adult & child dependents)</mark>	50% 50%		
Orthodontia Lifetime Max	<mark>\$2,500</mark>		
Bridges, Dentures & Implants	50%	50%	





Visit www.vbaplans.com

VBA#4675

Effective: 11/1/23 - 10/31/24 \$25 Exam/ \$0 Materials Copay Dependent Age: 26 (EOBY)

Frequency Type: Last Date of Service	Employee	Spouse	Children
Vision Exam	12Months	12Months	12Months
Lenses	12Months	12Months	12Months
Frames	24 Months	24 Months	24 Months

Benefits: Employee Can Select Either	VBA Participating Provider Amount Covered/Benefit (After Applicable Copay)*	Out-of-Network Max Reimbursement (Zero Copay)
Vision Exam (Glasses or Contacts)	Covered in Full	\$45
Clear Standard Lenses (Pair):		
Single Vision	Covered in Full	\$40
Bifocal	Covered in Full	\$60
Blended Bifocal	Covered in Full	\$60
Trifocal	Covered in Full	\$80
Progressives	Partially-Covered	\$80
Lenticular	Covered in Full	\$120
Polycarbonate	Covered in Full	N/A
Basic Scratch Coating	Covered in Full	N/A
Photochromic	Covered in Full	N/A
Solid or Gradient Tint	Covered in Full	N/A
Frame (Wholesale Allowance)	\$40 Wholesale Allowance	\$70
	(approx \$100 to \$120 retail)	
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to \$ 100 ^A	\$100
Elective Fitting Fee and Evaluation	15% off UCR	N/A
-OR-		
Medically Necessary Contacts	Covered in Full ^B	\$450
Low Vision Aids (Per 24 Months. No Lifetime	N/A	\$650
Max)		
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$250

Where an "allowance" is shown above, the Member is responsible for paying any charges in excess of the allowance less any applicable copay.

Benefits and participation may vary by location, including, but not limited to, Costco® Optical, Pearle Vision, LensCrafters®, Target Optical® and Boscov's™ Optical.

The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No Α guarantee the allowance will cover the entire cost of services and materials. Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

В

A \$25 copayment is applied to the vision examand a \$0 copayment is applied to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only. Copayments do not apply to the contact materials.

Contributions

2023-2024 CONTRIBUTIONS

Each year Cabrini University reviews the benefit programs and makes revisions and updates to ensure that we continue to offer a competitive, cost-effective benefit program to you and your family. Below is a chart outlining your benefit contributions for the 2023-2024 plan year. The charts are based on bi-weekly payroll deductions over 24 pays per year.

LEVEL OF COVERAGE	MEDICAL IBC		
	High Deductible Health Plan	Personal Choice PPO	Keystone HMO
Employee Only	\$0.00	\$38.08	\$15.04
Employee + Spouse	\$146.93	\$225.58	\$172.62
Employee + Child(ren)	\$139.54	\$147.17	\$106.58
Family	\$104.58	\$331.25	\$263.15

LEVEL OF COVERAGE	DELTA DENTAL
	ENHANCED
Employee Only	\$0.00
Employee + Spouse	\$21.25
Employee + Child(ren)	\$20.99
Family	\$42.10

Opt Out Credit

There is a \$30 per pay credit for benefit eligible employees who opt out of medical coverage and \$7.50 per pay credit for opting out of dental coverage.

Health Savings Account (HSA)

Cabrini University offers a Health Savings Account (HSA) in conjunction with the HDHP. HealthEquity will be the administrator of the HSA accounts. An HSA bank account can help you save money by allowing you to pay for qualified expenses with tax-free dollars. You can use the funds to pay for qualified health care, prescription, dental and vision expenses for you and your eligible dependents—even if they are not covered under the Cabrini HDHP medical plan. HSA's are not front loaded. Your account balance increases per pay based upon the deduction you elected during enrollment. Individuals enrolled in the high deductible (HDHP) do not have to establish an HSA and may choose to fund the deductibles with after-tax dollars.

Qualifications for the HSA:

- Employee 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
- Cannot be enrolled in a Flexible Spending Account (FSA)
 Visit <u>http://healthequity.com</u> for additional information.

Important Note: Participants enrolling in the HDHP with an HSA plan CANNOT enroll in the Health Care FSA, or have any funds remaining in the Health Care FSA account from the prior plan year.

ADVANTAGES OF AN HSA...

- Î You can contribute into your HSA using tax free dollars
- Î You can pay for qualified health care expenses with tax free dollars
- ¹ The account is owned by you and rolls over year to year
- Î Your account is fully portable It goes with you regardless of your employer
- Any interest earned is tax free
- Î You can save the funds for retirement once you reach age 65 you can withdraw the money for non-medical reasons without penalty which will be taxed at your income level

FUNDING THE HSA

The IRS sets annual contribution limits for the HSA. For 2023 an individual can contribute up to \$3,850 and a family can contribute up to \$7,750. Individuals over age 55 may make an additional "catch- up contribution" of \$1,000 per year.



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) through HealthEquity are an easy and convenient way to get more out of your paycheck. They allow you to set aside a predetermined amount of your pre-tax dollars to cover qualified out-of-pocket expenses as they occur throughout the plan year.

For a full list of eligible expenses, visit the IRS website at http://www.irs.gov/publications/p502/.

Health Care Flexible Spending Account

A Health Care FSA can reimburse you for qualified health care expenses, up to the amount you contribute for the plan year. If you enroll in the PPO or HMO plan, you can enroll in the Health Care FSA. Your Health Care Spending Account allows you 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. The money is frontloaded on your card allowing you to debit your Healthcare Flexible Spending account automatically. The maximum amount you can contribute to the Health Care Flexible Spending Account for 2023–2024 plan year is \$3,050.

Dependent Care Flexible Spending Account

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care that allows you and your spouse to work. You can contribute up to \$5,000 (\$2,500 if married and file individual tax return) for the Dependent Care FSA for children under age 13 and for disabled adults in your care. The Tax ID number for the caregiver is required. The IRS determines the guidelines for this account. You can find more information on the IRS website. www.irs.gov. Search dependent care accounts for more information.

For a full list of eligible expenses, visit the IRS website at https://www.irs.gov/publications/p503

Please Note. The upcoming FSA and Dependent Care FSA plan year of November 1, 2023 through October 31, 2024 will be Cabrini University's final plan year.

Due to this being the final plan year, it's important to remember the following:

- There will be no \$500 rollover following the FSA plan year ending October 31, 2024.
- There will be no Grace Period to submit claims after October 31, 2024.
- All reimbursement requests must be submitted by the earlier of 90 days following your termination date or October 31, 2024, or any unused FSA or Dependent Care FSA funds will be forfeited. (Please note. You can only submit for claims that were incurred while you were enrolled as an active employee.)







Accessing mental health care shouldn't be difficult.

Caring for your mental health can feel overwhelming, especially the first time you recognize the need for support. That's why we're making it easier than ever to get expert care from licensed therapists and psychiatrists.

How can we help

Some examples of how our providers and therapists can help:

- Anxiety
- Depression
- 🖕 Stress & burnout
- Isolation

- Grief & loss
- Relationship issues
- PTSD
- + Postpartum depression

What it costs

Doctor On Demand video visits cost far less than a trip to the emergency room or urgent care. The cost of your visit is provided up front, so you won't have any surprises after your visit. There are no setup or monthly fees.

For more information, visit:

Enter PAISBOA as your employer



Get Started

Join Doctor On Demand in 3 easy steps.



Sign up and create an account

Add your coverage

PM09357.A PM08370.A PM02279.A

GET

STARTED

2021 © Livongo, All Rights Reserved.

Blood Pressure Management

One-on-one coaching

Connected monitor

Real-time tips & more

or

You have access to this program at no cost through your Independence Blue Cross (Independence) health plan.

You can also join by visiting

Solamente el programa Livongo para Diabetes esta disponible en Español Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al (800) 945-4355 o visite bienvenido.livongo.com/HBT

Once you enroll in Livongo Diabetes, you are entitled to automatically participate for a minimum of four (4) months. During your participation in the program, you will receive an ion of Benefits (EOB) even if you do not access services.

Text "GO HBT" to 85240 to learn more & join

call (800) 945-4355 and use registration code: HBT

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with

Program includes trends and support on your secure Livongo account and mobile app but does not include a tablet or phone.

The Simpler Way **To a Healthier You**

An advanced blood glucose meter and blood monitor, plus the support you need, pressure 100% paid for by your employer.

COST-FREE PROGRAMS

ADVANCED TECHNOLOGY

ENCOURAGING COACHING

Diabetes Management

Unlimited strips & lancets

Connected blood sugar meter

Personalized insights & more







Hear better at any age with TruHearing®

Better hearing improves your overall health

Hearing well is essential to your overall health and well-being. If you think you may be experiencing hearing loss, you don't have to wait to get quality care.

As an Independence Blue Cross (Independence) member, you have access to TruHearing for an easy and affordable way to help you hear better. With TruHearing, you and your family members are covered for exams and discounts on hearing aids and hardware.

TruHearing features

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Excellent service

TruHearing consultants will help you schedule an exam, fitting, and follow-up care with a licensed provider near you.



Improved quality of life¹

You have access to smartphone apps to adjust your hearing aids and stream your favorite music and shows with Bluetooth^{*}.

State-of-the-art technology²



Experience clarity in a crowed room with the newest technology that lifts voices from background noise and redefines your ability to have conversations. Rechargeable batteries that last all day are also available.

Independence 💀



Call TruHearing today

Your dedicated Hearing Consultant can answer your questions, explain your coverage, and schedule an appointment with a TruHearing provider near you.

Call 1-888-933-7861 (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m.

Get complete hearingcare

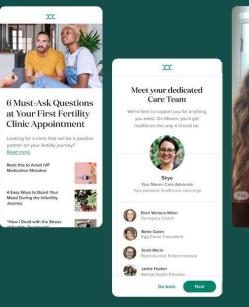
- Access to a large provider network
- Risk-free 60-day trial period
- One year of follow-up visits
- 80 free batteries per non-rechargeable hearing aid
- Full three-year manufacturer warranty



C MAVEN Fertility & family building just got easier

with financial assistance and virtual support

PAISBOA Health Benefit Trust enrolled members get access to \$10,000 on eligible expenses for eggs/sperm freezing, IVF, adoption, and surrogacy through Maven Wallet.





Coming soon on 11/1/23

WITH MAVEN, YOU GET ACCESS TO:



Financial support with Maven Wallet to help manage family-building expenses and pay for treatments.



Video chat and message with providers and coaches across 35+ specialties.



A personal Care Advocate who serves as a trusted guide through every step of your journey.



Provider-led virtual classes and vetted articles—tailored to your journey.

Personalized support for every path to parenthood

Preconception	Whether you're considering starting a family or actively trying, get the support you need
Egg Freezing	Learn about your options and speak to experts to plan your tailored reproductive journey
Fertility & Partner Fertility	Get fertility clinical referrals, treatment guidance, and emotional support for both parties
Adoption & Surrogacy	Get agency referrals, guidance, and emotional support for families pursuing adoption or surrogacy

NEW BENEFIT effective 11/1/2023



Life and Disability

BASIC LIFE AND AD&D INSURANCE AND DISABILITY

Basic Life and AD&D Insurance

Cabrini provides you with Basic Life and Accidental Death and Dismemberment (AD&D) insurance coverage at no cost to you through Unum. All eligible employees will receive this benefit. This benefit will be paid to your beneficiary at one times your base annual earnings, up to a maximum benefit of \$250,000.

Also included is AD&D coverage which provides an additional level of protection due to an accidental death or dismemberment. This benefit is equal to your life insurance amount.

Short-Term and Long-Term Disability (STD and LTD)

Disability insurance protects you and your family against financial catastrophe by helping you meet daily expenses—bills, mortgages and other expenses—and maintain your standard of living. Cabrini University offers you short- and long-term disability insurance at no cost to you.

The STD program begins immediately for an accident and after 15 calendar days for an illness. Once this benefit is approved by Unum, you will receive 70% of your income each week for a maximum of 11 weeks provided medical documentation is received. If you remain disabled after 11 weeks, you will be eligible to apply for long-term disability.

The LTD plan provides income during an extended period of disability if you are disabled and unable to return to work after 90 consecutive days. The plan pays a monthly benefit of 60% of your monthly pre-disability earnings to a maximum monthly benefit amount. You may receive monthly LTD benefits as long as you are deemed disabled by the insurance carrier.



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Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home.



IF YOU EXPERIENCED A MEDICAL EMERGENCY WHILE TRAVELING, WOULD YOU KNOW WHOM TO CALL?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Add the number to your cell phone contacts, so it's always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours aday.

USE YOUR TRAVEL ASSISTANCE PHONE NUMBER TO ACCESS:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

WHETHER TRAVELING FOR BUSINESS OR PLEASURE, ONE PHONE CALL CONNECTS YOUTO:

- Multi-lingual, medically certified crisis management professionals.
- A state-of-the-art global response operations center.
- Qualified medical providers around the world.

With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.



Download and activate the app today from the Apple App Store or Google Play.

Reference Number: 01-AA-UN-762490

Additional Benefits



Your will, your way Will preparation with help from Unum





You can also use the work-life balance EAP website to get more information about these important end-of-life topics:

- Estate planning to arrange for the transfer of your personal assets to your beneficiaries.
- Advance directive or living will

 to choose in advance which lifeprolonging treatments you would want under certain conditions.
- Power of attorney to authorize a person you choose to act on your behalf if you are not able. This can be written to apply to finances or health.
- Final arrangements memorandum

 to let loved ones know
 your wishes regarding funeral,
 cremation or burial, and other
 end-of-life matters.

Thinking about end-of-life issues is not easy. But planning ahead means your final wishes will be carried out the way you prefer. It also means you'll receive only the medical care you want, even if you can't speak for yourself — and that can be a big relief to your loved ones.

Your Unum benefits include access to a work-life balance employee assistance program that can help you with these issues and guide you through the process of creating a will.

Why do I need a will?

If you die without a will, the state will distribute your assets according to its own rules — and that may be far from what you would choose. If you have children, the state can decide who will raise them.

How do I get started?

You can access expert help in creating a will by Internet or telephone.

Go online to www.lifebalance.net and use *lifebalance* as your ID and password.

- Look for "Quick Links" at the bottom of the home page.
- 2. Select "Legal Resources."
- Scroll down and click on "Access Work-life Balance Online Legal Resources."

- 4. Select "Online Wills."
- Click on "Register Now" to create your personalized user ID and password, so your private documents remain secure.
 - Or call: 1-800-854-1446 (English) 1-877-858-2147 (Spanish) 1-800-999-3004 (TTY/TDD)

A legal consultant will gather some basic information from you and discuss your options.

You will either be directed to the online service to create a will or you can ask the consultant to send you a will questionnaire to complete and return.

One last step

Once you have created or updated any of these documents, we recommend that you have a licensed attorney review them. This follow-up will help ensure you have the necessary language for your unique situation and the correct forms for your state.

Work-life balance employee assistance program services are provided by Ceridian Corporation These services are available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

MK-1964 (4-12) FOR EMPLOYEES

Ceridian is not engaged in rendering legal advice. Users should consult with a licensed attorney. Services provided with insurance coverage offered by subsidiaries of Unum Group. unum.com

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Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance close as your phone or computer.



Available to member schools offering Unum life and disability benefits.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

 Stress, depression, anxiety

divorce

- Job stress, work conflicts
- anxiety• Family and parenting• Relationship issues,problems
 - And more
- Anger, grief and loss

WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Identity theft Legal questions
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver[™] helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: <u>unum.com/lifebalance</u>

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

Better benefits at work.™

FIRST CALL

Employee assistance services

Counseling Services

- Three short-term counseling sessions with a licensed counselor, via telephone, video, or face to face (when available)
- Coverage for household members and dependents
- 24-hour live telephone coverage
- Referrals to specialists, treatment programs, support groups, community resources
- In the moment support
- Comprehensive website with a wealth of materials to assist you with everyday stressors

WorkLife Services

- Childcare and eldercare consultation and searches
- Monthly webinars
- Consultation on adoption, college, travel, pet care, relocation, etc.
- Self-Assessment tools and Live Well wellness program
- Live chat with a WorkLife Specialist Go to Firstcalleap.org and click on the briefcase that says Member Portal Login: cabrini Password: firstcall

For more information:

24/7 Helpline 800.382.2377 | firstcalleap.org



Legal & Financial Services

- Free 30-minute consultations with an attorney or financial counselor
- Attorney fees discounted 25% for more extensive legal needs
- Simple wills drawn up free of charge
- Free review of up to 6 pages of legal documents
- Financial counselor fees discounted 15% if additional retainer is needed
- Employee parents and parent-in-laws eligible

Health Care Advocacy

- Consultation on health care matters
- Insurance claims questions or concerns
- Locating health care professionals
- Research on treatments
- Transfer of medical records
- Prescription options
- Centers of excellence

Help protect your future from life's uncertainties



Your Group Long Term Care Insurance Program

Cabrini Voluntary benefits include group long term care insurance. Under this Voluntary Program, long term care insurance may be more affordable than you think.

The need

Long term care insurance enhances your benefit offerings by meeting a largely unrecognized need many of us may have. It helps pay covered expenses for long term care services whether they are received at home, in the community or in a nursing facility. Here are a few points to consider:

- These expenses aren't typically covered by either disability or health insurance.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of savings.

The cost

Today, a private room in a Pennsylvania nursing facility is about \$133,882 a year and costs are rising.¹Since the average long term care claim lasting longer than a year is 4.1 years, a long term care situation could cost almost \$548,916.²

Newly hired employees

As a newly hired employee, you have the opportunity to get coverage, with streamlined underwriting* depending on your age, during the first 30 days after becoming benefiteligible.

*Reduced underwriting offered to eligible employees only.
Genworth Cost of Care Survey 2021, conducted by CareScout, November 2021. CareScout* is a Genworth Company.
2Genworth Life Insurance Company, business operations information, 12/1974 through 12/2021.

Group Long Term Care Insurance underwritten by Genworth Life Insurance Company

338701PA 02/27/20

Cabrini Updated 08/29/22 Rev. 08/26/21

For more information or to apply:

Go to:

genworth.com/cabrini or Call: **800 416.3624** to speak with a programspecialist.



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 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 to this plan.

Contributions can be made on a pretax basis and federal income taxes are deferred until withdrawn. Contributions can alse be made after-tax with ROTH option. When employees withdraw funds, they won't pay taxes on any earnings as long as the employee is at least 59 1/2 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 assert 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 TIAA's website or call 800-842-2273.

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 library.
- Campus Store: 10% discount on gift purchases made at the Campus Store, located in the Widener Building.
- **Dixon Athletic Center:** Free membership for full-time employees and family which includes fitness center, indoor pool, running track.

Credit Union

Cabrini takes advantage of **Freedom Credit Union** and members have access to Free Interest-Bearing checking accounts with no minimum balance, free mobile banking, higher deposit rates on CD's IRA's and Savings and lower lending rates for loans.

Online Open Enrollment

The PAISBOA Health Benefit Trust is utilizing the PlanSource platform for Open Enrollment this year. Below is a link to access the platform along with instructions for logging in.

LOGGING IN TO PLANSOURCE

Before you can begin Open Enrollment through PlanSource, you must first log in with your username and password.

- Type or paste this link into your web browser's search bar: https://benefits.plansource.com/
- 2. On the login page, type your username and password.

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Username		t×	
Password Password			
	Login	Θ	
	Forgot your password?		

USERNAME

Your username consists of:

- First initial of your first name
- First six characters of your last name
- Last four (4) digits of your SSN

Example: John Employee, whose SSN is 000-00-1234, would have a login of JEMPLOY1234.

Note: If your username combination is already in use, PlanSource will add"_2" to ensure everyone's username is unique. Your HR admin will be able to confirm if this applies to your username.

PASSWORD

Your initial password is your birthdate in the formatYYYYMMDD.

You will be prompted to create a new password which will be used throughout this plan year. **Example:** A birthdate of February 7,1975 would look like 19750207.

Note: Every year during Open Enrollment your password will reset back to your birthdate in the YYYYMMDD format.

Member Support

PAISBOA HEALTH BENEFIT TRUST

PAISBOA Health Benefit Trust Helpline – 1-888-984-1186

INDEPENDENCE BLUE CROSS

PAISBOA Health Benefit Trust Dedicated Customer Service Team – <u>I-833-444-BLUE</u> PAISBOA Health Benefit Trust microsite – <u>www.ibx.com/paisboa</u> IBX member portal – <u>www.ibxpress.com</u>

DOCTOR ON DEMAND

Customer Support – <u>1-800-997-6196</u> Member portal – <u>www.doctorondemand.com</u>

DELTA DENTAL

Customer Support – <u>1-800-932-0783</u> Delta Dental member portal – <u>www.deltadentalins.com</u>

VISION BENEFITS OFAMERICA

Customer Support – <u>1-800-432-4966</u> VBA member portal – <u>www.vbaplans.com</u>

UNUM

Customer Support – <u>1-800-275-8686</u> Unum member portal – <u>www.unum.com</u>

PLANSOURCE Member Portal – <u>benefits.plansource.com</u>

GENWORTH LONG TERM CARE

Customer Support – <u>1-800-416-3624</u>

HEALTH EQUITY FSA/DCA/HSA

Customer Support – <u>1-866-346-5800</u>

Member Portal – <u>my.healthequity.com</u>

Notices

HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your Human Resources Department.

SPECIAL ENROLLMENT RIGHTS

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

MEDICAID & 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 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 I-877-KIDS NOW or <u>www.insurekidsnow.gov</u> 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 <u>www.askebsa.dol.gov</u> or call I-866-444-EBSA (3272).

Model Notice in English: <u>https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf</u> Model Notice in Spanish: <u>https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice-spanish.doc</u>

MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued if written certification from a treating physician is received:

- One year from the start of the medically necessary leave of absence, or
- The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act requires that all medical plans cover breast reconstruction following a mastectomy. Under this law, if an individual who has had a mastectomy elects to have breast reconstruction, the medical plan must provide the following coverage as determined in consultation with the attending physician and the patient:

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

Benefits received for the above coverage will be subject to any deductibles and coinsurance amounts required under the medical plan for similar services. The Act prohibits any group health plan from denying a participant or a eligible beneficiary to enroll or renew coverage under the plan in order to avoid the requirements of the Act.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual. GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.

NEWBORNS' ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 (or 96) hours.