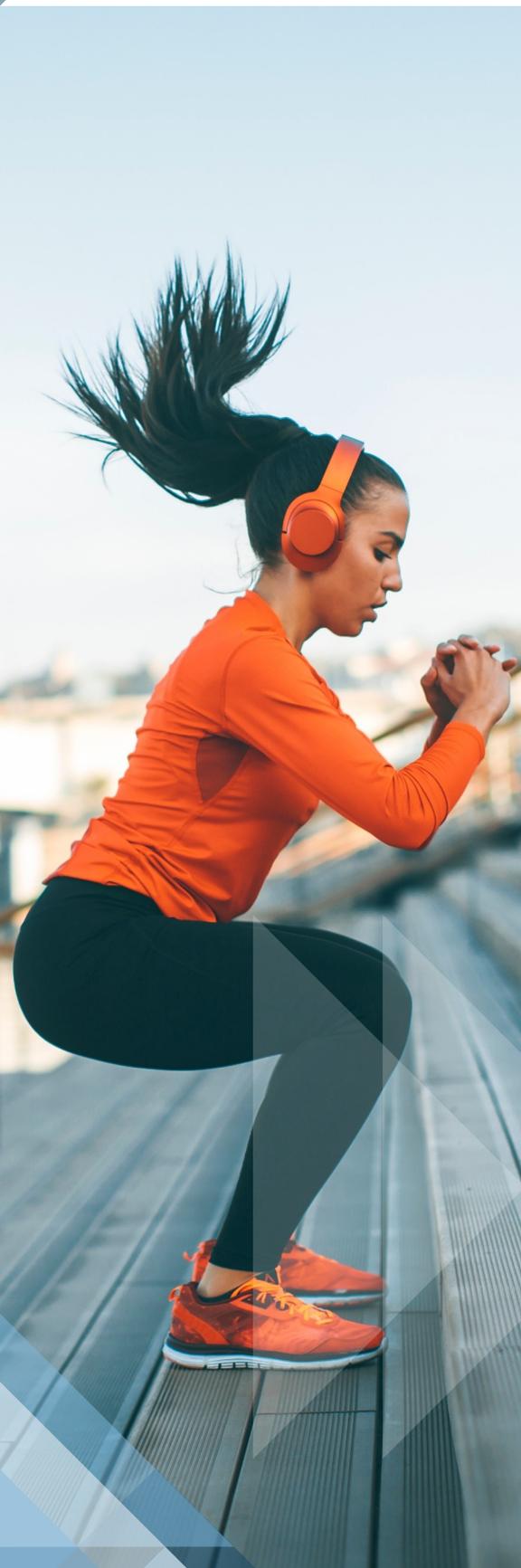


# 2023

## Employee Benefits Guide

EFFECTIVE 1.1.2023 - 12.31.2023





## Important Contacts

Jarvis Christian University Human Resources Department 903.730.4890 Ext. 2903 or <a href="http://www.jarvis.edu/human-resources">www.jarvis.edu/human-resources</a> Hours of Operation: Monday - Friday, 8 a.m. to 5 p.m.			
Coverage	Company	Phone Number	Website
Medical Plan	Blue Cross Blue Shield Policy# 205382	800.521.2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
Dental Plan	Blue Cross Blue Shield Policy# 205382	800.521.2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
Vision Plan	Blue Cross Blue Shield Policy# F025223	877.442.4207	<a href="https://eyemedvisioncare.com/bcbstxvis/public/login.emvc">https:// eyemedvisioncare.com/ bcbstxvis/public/login.emvc</a>
Basic Life/AD&D, Voluntary Life/AD&D Voluntary Accident & Critical Illness and Voluntary STD	Dearborn National Policy# F025223	877.442.4207	n/a
Flexible Spending Account	McGriff Insurance Services	800.930.2441	<a href="http://www.mcgriffinsurance.com">www.mcgriffinsurance.com</a>
Health Savings Account	HSA Bank	800.357.6246	<a href="http://www.hsabank.com">www.hsabank.com</a>
Legal & ID Protection Services	LegalShield	800.654.7757	memberservices@legalshield.com

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# Getting Started

## Helpful Tips and Reminders

- Be sure to choose the right coverage level, such as individual or family and gather the correct information for your dependents such as social security numbers and birth dates.
- Make sure your address and personal information is current.
- Open Enrollment is a good time to ensure the person designated as your beneficiary is correct in regards to your insurance and retirement benefits.
- Visit each vendor's website for additional information. Don't forget to review each plan's provider directory. If your physician/doctors office is not considered in-network, you cannot change or drop plans mid-year without a qualifying life event.
- Several benefit premiums are deducted on a pre-tax basis, which decreases your tax liability.
- Avoid making quick decisions — **enroll early!**

## Things to Consider

Take the following situations into account before you enroll to make sure you have the right coverage.

- Does your spouse or your dependents have benefits coverage available through another employer?
- Did you get married, divorced or have a baby recently? If so, do you need to add or remove any dependent(s) and/or update your beneficiary designation?
- Did any of your covered children reach their 26th birthday this year? If so, they are no longer eligible for benefits unless they meet specific criteria.
- **Don't forget to turn in your enrollment forms by the deadline!**

## Eligibility

### Who is Eligible?

If you are a full-time employee of Jarvis Christian University who is regularly scheduled to work at least 30 hours a week or more, you are eligible to participate the health insurance program. If enrollment is not completed within 30 days, you will have no coverage for the remainder of the plan year for the following plans:

- Medical Plan;
- Dental Plan;
- Vision Plan;
- Voluntary Life and Accidental Death and Dismemberment (AD&D);
- Voluntary Short Term Disability;
- Voluntary Accident Insurance;
- Voluntary Critical Illness Insurance;
- Flexible Spending Account & Health Savings Account.

## Eligible Dependents

Dependents eligible for coverage include:

- Your legal spouse;
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse);
- Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by your Medical Plan to continue coverage past age 26.

**Please keep in mind, you may be required to furnish evidence of dependency during random eligibility audits.**

## New Hire Coverage

All benefit coverages for new hires will begin on the first day of the month following 30 days.

**You are required to enroll no later than 30 days after your first day of regular, full-time or eligible part-time work with Jarvis Christian University.**

# Qualifying Life Events

Due to IRS regulations, once you have made your choices for the 2023 Plan Year, you won't be able to change your benefits until the next enrollment period unless you experience a Qualifying Life Event.

## Personal Life & Status Changes

When one of the following events occurs, you have **30 days** from the date of the event to notify Human Resources and/or request changes to your medical, dental and vision coverages.

- Change in your legal marital status (marriage, divorce, annulment, legal separation, or death)
- Change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- Change in your dependent or spouse's employment status (resulting in a loss or gain of coverage)
- Change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of coverage
- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace
- Your spouse's employer offers benefit plans with a different plan year that affects your coverage

Your change in coverage must be consistent with your change in status. Please direct questions regarding specific life events and your ability to request changes to Human Resources.



## FAQs

### When does coverage begin?

**Open Enrollment:** The elections you make are effective January 1, 2023- December 31, 2023.

**New Hires:** Coverage starts the first day of the month following 30 days.

### If I am already enrolled and not making any changes, do I have to complete the open enrollment process?

Yes.

### If I want to decline coverage, must I still complete the open enrollment process?

Yes. It is important that Human Resources has a record of your decision. Please keep in mind that if you decline coverage, you won't be able to elect coverage during the year unless you have a special qualifying life event such as marriage, divorce, birth or adoption of a child, or loss of other coverage.

### Can I enroll my spouse or dependent on one plan and myself on another?

No. All covered dependents must be on the same plan as the employee.

### Can I Drop or Change Plans During the Plan Year?

No. Changes can only be made if there has been a qualifying life event or personal life change.

### Having existing family coverage DOES NOT automatically enroll the new dependent.

*The change in coverage must be consistent with the change in status.*

They are referred to as life changes, qualifying events, family status changes, IRS changes. Regardless of the terminology, your new election must be consistent with your status change. Consistent means the change must result in the gain or loss of coverage by you, your spouse, or any of your dependents and the new election must reflect that gain or loss. An employee with current coverage may add or delete dependents to or from that coverage.

# Medical Benefits Plan Comparison



	HSA - MTBCP009H		Basic PPO - MTBCB044			PPO Four RX Tier - MMB3		
	In-Network	Out-of-Network	In-Network	Out-of-Network		In-Network	Out-of-Network	
<b>Lifetime Benefit</b>	Unlimited		Unlimited			Unlimited		
<b>Coinsurance</b>	100%	50%	80%	50%		80%	60%	
<b>Individual Deductible</b>	\$6,650	\$13,300	\$6,000	\$10,000		\$3,000	\$6,000	
<b>Family Deductible</b>	\$13,300	\$26,600	\$15,800	\$20,000		\$9,000	\$18,000	
<b>Individual Out of Pocket Max</b>	\$6,650	Unlimited	\$8,150	Unlimited		\$5,000	\$12,000	
<b>Family Out of Pocket Max</b>	\$13,300	Unlimited	\$16,300	Unlimited		\$10,200	\$36,000	
<b>Physician Office</b>	No Charge after Ded.	50% after Ded.	\$40 Copay	50% after Ded.		\$30 Copay	30% after Ded.	
<b>Specialist Office</b>	No Charge after Ded.	50% after Ded.	\$80 Copay	50% after Ded.		\$30 Copay	30% after Ded.	
<b>Preventive Care</b>	Covered at 100%	50% after Ded.	Covered at 100%	50% after Ded.		Covered at 100%	30% after Ded.	
<b>Emergency Room</b>	No Charge after Deductible		\$500 Copay after Deductible + 20% Coinsurance			\$100 Copay after Deductible + 20% Coinsurance		
<b>Urgent Care Copay</b>	No Charge after Ded.	50% after Ded.	\$75 Copay	50% after Ded.		\$55 Copay	30% after Ded.	
<b>Hospital Inpatient / Outpatient</b>	No Charge after Ded.	50% after Ded.	20% after Ded.	50% after Ded.		20% after Ded.	40% after Ded.	
<b>Prescription Drugs</b>	In Network	Out of Network	Retail Preferred	Non Preferred	Out of Network	Non Participating	Retail Participating	Out of Network
<b>Generic</b>	No Charge after Deductible	No Charge after Deductible + 50% additional charge	\$0 Copay	\$10 Copay	50% + \$10 Copay	\$15 Copay	\$10 Copay	20% + \$15 Copay
<b>Non Preferred Generic</b>			\$10 Copay	\$20 Copay	50% + \$20 Copay			
<b>Brand Name</b>			\$50 Copay	\$70 Copay	50% + \$70 Copay	\$50 Copay	\$40 Copay	20% + \$50 Copay
<b>Non Preferred Brand Name</b>			\$100 Copay	\$120 Copay	50% + \$120 Copay	\$70 Copay	\$60 Copay	20% + \$70 Copay
<b>Specialty</b>			\$150 Copay		50% + \$150 Copay	\$10/\$40/\$60 Copay		20% + \$15/\$50/\$70 Copay
<b>Non Preferred Specialty</b>			\$250 Copay		50% + \$250 Copay			
<b>Mail Order</b>	No charge after Deductible (No Specialty Drugs)		\$30/\$150/\$300 Copay (No Specialty Drugs)			\$30/\$120/\$180 Copay (No Specialty Drugs)		
<b>Rx Out of Pocket Max</b>	N/A		N/A			\$1,000 (Individual) / \$3,000 (Family)		

### Under \$40,000 Contributions

	Monthly Employee Contribution	Semi-Monthly Employee Contribution	Employer Contribution	Monthly Employee Contribution	Semi-Monthly Employee Contribution	Employer Contribution	Monthly Employee Contribution	Semi-Monthly Employee Contribution	Employer Contribution
<b>Employee Only</b>	\$197.60	\$98.80	\$578.27	\$365.60	\$182.80	\$578.27	\$499.50	\$249.75	\$578.27
<b>Employee +Spouse</b>	\$1,128.64	\$564.32	\$578.27	\$1,498.26	\$749.13	\$578.27	\$1,792.80	\$896.40	\$578.27
<b>Employee + Child(ren)</b>	\$857.08	\$428.54	\$578.27	\$1,167.91	\$583.96	\$578.27	\$1,415.59	\$707.80	\$578.27
<b>Employee + Family</b>	\$1,749.34	\$874.67	\$578.27	\$2,253.35	\$1,126.68	\$578.27	\$2,655.02	\$1,327.51	\$578.27

### Over \$40,000 Contributions

<b>Employee Only</b>	\$304.00	\$152.00	\$471.87	\$472.00	\$236.00	\$471.87	\$605.90	\$302.95	\$471.87
<b>Employee +Spouse</b>	\$1,235.04	\$617.52	\$471.87	\$1,604.66	\$802.33	\$471.87	\$1,899.20	\$949.60	\$471.87
<b>Employee + Child(ren)</b>	\$963.48	\$481.74	\$471.87	\$1,274.31	\$637.16	\$471.87	\$1,521.99	\$761.00	\$471.87
<b>Employee + Family</b>	\$1,855.74	\$927.87	\$471.87	\$2,359.75	\$1,179.88	\$471.87	\$2,761.42	\$1,380.71	\$471.87

Note: These plan summaries are for comparison purposes. Any discrepancies with the certificate of coverage, then the certificate of coverage will prevail.

# Virtual Visits: Speak with a doctor—anytime, anywhere

Talk Therapy: Speak with a licensed counselor, therapist or psychiatrist for support with virtual visits, available by appointment. You can choose who you want to work with for issues such as anxiety, depression, trauma, loss, or relationship problems.

## With virtual visits, you get:

- 24/7 access to an independently contracted, board-certified doctor
- Access via online video, mobile app, or telephone
- If necessary, e-prescription sent to your local pharmacy
- Virtual visit doctors can treat a variety of health conditions, including:
  - Allergies
  - Asthma
  - Cold/Flu
  - Ear Problems (12yr+)
  - Fever (age 3+)
  - Nausea
  - Pink Eye
  - Rash
  - Sinus Infections

## Activate your account or schedule a virtual visit!

- Go to Blue Access for Members or [MDLIVE.com/bcbstx](https://MDLIVE.com/bcbstx)
- Download the MDLIVE app from Apple's App Store or Google Play
- Call MDLIVE at **888.680.8646**
- Text **BCBSTX** to **635-483**. (MDLIVE's online assistant will help you activate your account).
- To register, you'll need to provide your **BCBSTX member ID number**.

# Blue Access for Members

Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most out of your health care benefits with Blue Access for Members (BAM). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

- Use our Provider Finder tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

## It's Easy to Get Started!

1. Go to [bcbstx.com/member](https://bcbstx.com/member)
2. Click Log Into My Account
3. Use the information on your BCBSTX ID card to sign up or text "**BCBSTXAPP**" to **33633** to get the BCBSTX App that let's you use BAM while you're on the go.

# Where to Go Guide

	Conditions Treated*	Your Cost & Time
<b>Emergency Room</b>		
For the immediate treatment of critical injuries or illness. If a situation seems life-threatening, call 911 or go to the nearest emergency room. Open 24/7.	<ul style="list-style-type: none"> <li>Sudden numbness, weakness</li> <li>Uncontrolled bleeding</li> <li>Seizure or loss of consciousness</li> <li>Shortness of breath; Chest pain</li> <li>Head injury/major trauma</li> <li>Blurry or loss of vision</li> <li>Severe cuts or burns</li> <li>Overdose</li> </ul>	<ul style="list-style-type: none"> <li>Costs are highest</li> <li>No appointment needed</li> <li>Wait times may be long, averaging over 4 hours</li> </ul>
<b>Urgent Care Center</b>		
For conditions that are not life threatening. Staffed by nurses and doctors and usually have extended hours.	<ul style="list-style-type: none"> <li>Minor cuts, sprains, burns, rashes</li> <li>Fever and flu symptoms</li> <li>Headaches</li> <li>Chronic lower back pain</li> <li>Joint pain</li> <li>Minor respiratory symptoms</li> <li>Urinary tract infections</li> </ul>	<ul style="list-style-type: none"> <li>Costs are lower than an ER visit</li> <li>No appointment needed</li> <li>Wait times vary</li> </ul>
<b>Doctor's Office</b>		
The best place to receive routine or preventive care or track medications.	<ul style="list-style-type: none"> <li>General health issues</li> <li>Preventive services</li> <li>Routine checkups</li> <li>Immunizations and screenings</li> </ul>	<ul style="list-style-type: none"> <li>May include coinsurance and/or deductible</li> <li>Appointment usually needed</li> <li>May have little wait time</li> </ul>
<b>Convenience Care Clinic</b>		
Staffed by nurse practitioners and physician assistants. Treat minor medical concerns that are not life threatening. Located in retail stores and pharmacies, they're often open nights and weekends.	<ul style="list-style-type: none"> <li>Common cold/flu</li> <li>Rashes or skin conditions</li> <li>Sore throat, earache, sinus pain</li> <li>Minor cuts or burns</li> <li>Pregnancy testing</li> <li>Vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>Costs are same or lower than office visit</li> <li>No appointment needed</li> <li>Wait times typically 15 minutes or less</li> </ul>
<b>Virtual Medicine</b>		
Virtual visits with a doctor anytime 24/7/365 via computer with webcam capability or smart phone mobile app.	<ul style="list-style-type: none"> <li>Cold and flu symptoms such as a cough, fever and headaches</li> <li>Allergies; Sinus infections</li> <li>Family health questions</li> </ul>	<ul style="list-style-type: none"> <li>Cost is the same as an office visit on PPO MMB3 (\$30 copay) and PPO MTBCB044 (\$40 copay). Roughly \$30- \$100 towards your deductible on HSA MTBCP009H.</li> <li>No appointment needed. immediate, private, and secure visits</li> </ul>



**Need to locate a network physician or hospital?**  
 Log onto [www.bcbstx.com](http://www.bcbstx.com) or call customer service at 1.800.521.2227  
 Access your personal benefit details through [www.bcbstx.com](http://www.bcbstx.com) and select the Blue Access for members icon.

# Health Savings Account (HSA)



- Employees can contribute funds through pre-tax payroll deduction from 24 pay periods. **See *maximum contributions chart***.
- Unused funds stay in your bank account and roll over year to year.
- The plan year runs from January 1, 2023 - December 31, 2023.
- HSAs serve as a pre-tax and pre-FICA fund that can be used to save for the day medical expenses are actually incurred. Funds compound tax free. The account is owned and controlled by you.
- In addition, individuals can use tax-free HSA dollars for qualified medical expenses not covered by the high deductible health plan, along with dental and vision expense. If the HSA funds are not used for qualified medical expenses, then the amount is included as income and a 20% penalty is applied by the IRS.
- Your spouse or dependents do not need to be covered by a high deductible health plan. Funds can only be used on qualified dependents. **See *eligible dependent chart***.
- Members will be responsible for the up front deductible amount, then BCBS coverage pays at 100% once deductible/ out of pocket is met.
- To set up your HSA account go to [hsabank.com](https://hsabank.com). For assistance call 1.800.357.6246.

## IRS Definition of Qualifying Dependent

Qualifying Child - daughter, son, stepchild, sibling, or step-sibling or any descendant of these who:

- Has the same principal place or abode as the covered employee for more than one-half of the taxable year
- Has not provided more than one-half of his or her own support during the taxable year
- If not age 19, (or if a student, not yet 24) at the end of the tax year or is permanently and totally disabled

## 2023 HSA Maximum Contributions

Employee Only	\$3,850
Employee + Family	\$7,750
Catch-Up (55+ Years)	\$1,000



If an HSA Account holder cannot claim a child as a dependent on their tax return, they cannot spend HSA dollars on services provided to that child. This applies to all children, including those mentioned above.

# Flexible Spending Account



## Flexible Spending Account - Medical

- Employees enrolled in **PPO MTBCB044** and **PPO MMB3** are eligible to open a Flexible Spending Account (FSA) each year, which allows tax free payroll deductions for certain types of unreimbursed medical and/or dependent care expenses.
- **A maximum of \$3,050 per calendar year may be contributed to the medical account.**
- Accounts are pre-loaded with the annual election. You have access to all of your funds the first day of the new plan year.
- Employees have from their date of enrollment until December 31 of the plan year to incur medical expenses and use the current plan year contributions.
- Employees have until March 31 of the following year to apply for reimbursement for incurred medical expenses that were incurred during the plan year.
- Up to \$500 of your medical FSA funds may rollover into the following plan year. Use it or lose it is no longer applies.

### 2023 FSA Maximum Contributions

**\$3,050**

#### FSA Eligible Expenses

For a full list of eligible expenses please see IRS Publication 502.

Acupuncture
Chiropractor
Contact Lenses & Solutions*
Co-Payments
Dental Fees*
Medical Supplies
Glasses*
Hearing Devices
Lab Fees
Orthodontic Fees*
Prescriptions
Wheelchairs
X-Rays

\*Also, Limited Care FSA eligible expenses

#### Non-Qualified FSA Expenses

Cosmetic Surgery/Procedures
Teeth Whitening
Marriage/Family Debt Counseling
Weight Loss Programs for General Health/Appearance
General Health Items (vitamins, shampoo, etc.)
Premiums



#### Questions?

Contact McGriff Insurance Services  
800.930.2441

Fax claim forms to:  
252.293.9048 or 252.293.9049

# Flexible Spending Account



## Dependent Care Spending Account

- **A maximum of \$5,000 per calendar year may be contributed to the dependent care account** (\$2,500 if an employee's spouse also participates in a dependent care plan).
- Dependent care funds must be used in the plan year in which they are contributed.
- Money may not be transferred between medical and dependent care accounts.
- Upon enrollment in the plan(s), participants receive a debit card that can be used for medical and/or dependent care expenses up to the amount of their annual election.

### 2023 Dependent Care FSA Maximum Contributions

**\$5,000**

#### Dependent Care Eligible Expenses

Dependent care expenses incurred for services outside your home provided they are:

- incurred for the care of a qualifying person who is under the age of 13 when the care was provided  
or
- incurred for the custodial care of your spouse or dependent who is physically or mentally unable to care for himself or herself. Persons who cannot dress, clean, or feed themselves because of physical or mental problems are considered not able to care for themselves. Also, persons who must have constant attention to prevent them from injuring themselves or others are considered not able to care for themselves.

Nanny expenses, for services provided inside your home are eligible to the extent they are attributable to dependent care expenses and expenses of incidental household services.

Employees (and your spouse if you are married) must have earned income during the year and you must pay for dependent care expenses so you can work or can look for work.

Payments must be made for a child and dependent care to someone you (or your spouse) cannot claim as a dependent. If you make payments to your child, he or she cannot be your dependent and must be age 19 or older by the end of the tax year.

Registration fees to a daycare facility are eligible as long as the fees are allocated to actual care and not described as materials or other fees.

Nursery school expenses are eligible even if the school also furnishes lunch and education services.

Food and incidental expenses (diapers, activities, etc.) may be eligible if part of dependent care charge.

#### Non-Qualified Dependent Care Expenses

Tuition fees for grades K-12

Meals\*

Diapers\*

Activity Fees

Late Fees

Overnight Camps

Summer Camp Supplies

\*Incidental fees are not eligible if broken out and billed separately by your provider.



#### Questions?

Contact McGriff Insurance Services  
800.930.2441

Fax claim forms to:  
252.293.9048 or 252.293.9049

# Dental Benefits

ANNUAL DEDUCTIBLE (BASIC & MAJOR SERVICES)	
Individual	\$50
Family	\$150
ANNUAL MAXIMUM BENEFIT	
Per Person	\$1,500
COVERED SERVICES	
Preventive Services	100%
Basic Services*	80%
Major Services*	50%
Orthodontia	50%
Endodontics/Periodontics	Basic
Waiting Period	None
R&C Percentage	90%
Orthodontia Lifetime Maximum	\$1,500

\*Deductible Applies

Note: Please refer to Summary Plan Description for a full outline of your dental coverage.

	Semi-Monthly Employee Contribution	Monthly Employee Contribution
Employee Only	\$18.42	\$36.84
Employee + Spouse	\$36.85	\$73.70
Employee + Child(ren)	\$48.13	\$96.26
Employee + Family	\$73.40	\$146.80



### Need to locate a network Dentist or Orthodontist?

Log onto [www.bcbstx.com](http://www.bcbstx.com) or call customer service at 1.800.528.7264. Access your personal benefit details through [www.bcbstx.com](http://www.bcbstx.com) and select the Blue Access for members icon.

# Vision Benefits

	In-Network	Out-of-Network
<b>COPAY ONCE EVERY 12 MONTHS</b>		
Examination	\$10 copay	Up to \$30 Allowance
Materials	\$10 copay	See below
Contact Lens Fitting Fee	Up to \$40 for standard, 10% off retail	Not Covered
Laser Vision Correction	15% off standard pricing or 5% off of promotional pricing	Not Available
<b>COVERED MATERIALS</b>		
<b>LENSES ONCE EVERY 12 MONTHS</b>		
Single Vision	\$10 copay	Up to \$25 allowance
Bifocal	\$10 copay	Up to \$40 allowance
Trifocal	\$10 copay	Up to \$55 allowance
<b>FRAMES ONCE EVERY 24 MONTHS</b>		
Retail Frame Equivalent	\$150 allowance + 20% discount	Up to \$75 allowance
<b>CONTACTS ONCE EVERY 12 MONTHS</b>		
Elective Contact Lenses	\$150 allowance + 15% discount	Up to \$120 allowance
Medically Required Contacts	\$25 copay	Up to \$210 allowance

Vision coverage is provided through BCBS utilizing the EyeMed network. The plan pays benefits for annual exams and corrective lenses. You pay a co-payment for exams, and the plan pays benefits for frames and lenses up to certain limits.

Under this plan, you may use in-network or out-of-network vision care providers, but you receive greater benefits when you use in-network providers.

**The plan will pay for a comprehensive exam and lenses once every 12 months and frames once every 24 months.**

	Semi-Monthly Employee Contribution	Monthly Employee Contribution
Employee Only	\$4.52	\$9.04
Employee +Spouse	\$8.60	\$17.19
Employee + Child(ren)	\$9.05	\$18.09
Employee + Family	\$13.30	\$26.60

# Voluntary Critical Illness

**\$50 annual wellness benefit. Must complete: Routine Annual Physical, Immunizations, and Certain Blood Tests. See Certificate for a full listing of opportunities.**

Pre-Existing Condition	12/12
Maximum	
Employee	\$10,000 increments up to \$30,000
Spouse	\$5,000 increments, not to exceed 50% of the Employee amount
Child	\$2,500 increments, not to exceed 50% of the Employee amount
<b>Guarantee Issue</b>	
Employee	\$10,000
Spouse	\$5,000
Child	\$2,500

Benefits	
Invasive Cancer	100% of benefit
Heart Attack	100% of benefit
Coronary Artery Bypass Surgery	25% of benefit
End Stage Renal	100% of benefit
Stroke	100% of benefit
<b>Severe COVID-19 Infection</b>	<b>100% of benefit</b>

### Critical Illness Monthly Rates\* Employee: \$10,000 Spouse: \$5,000

Age Rated	Employee Rate	Spouse Rate	Child Rate
Below 30	\$0.408	\$0.635	\$0.237
30-39	\$0.638	\$0.895	
40-49	\$1.293	\$1.577	
50-59	\$2.596	\$2.897	
60-64	\$4.298	\$4.605	
65+	\$7.274	\$7.807	

\*Rates shown are per \$1,000

Age Reduction: 35% at age 65 and 50% at age 70

Note: If you are interested in enrolling in a \$10,000 benefit, please check your payroll deduction rate in Paycom.

# Voluntary Accident Insurance

Accident insurance helps you protect your finances from the unexpected. Coverage pays you directly for off the job covered injuries, treatments and services.

**\$50 annual wellness benefit. Must complete: Routine Annual Physical, Immunizations, and Certain Blood Tests. See Certificate for a full listing of opportunities.**

Benefits	
<b>Initial Treatment</b>	
ER & Urgent Care	\$150
Primary Care Physician	\$50
<b>Fractures</b>	Up to \$5,000
<b>Dislocations</b>	Up to \$4,000
<b>Burns</b>	Up to \$12,500
<b>Coma</b>	\$12,500
<b>Concussion</b>	\$150
<b>Transportation</b>	\$600
<b>Ambulance</b>	
Air	\$1,500
Ground	\$200
<b>Paralysis</b>	
Quad	\$12,500
Para	\$6,250
<b>Hospital Admission</b>	
Daily Hospital	\$200/day (up to 365 days)
Daily ICU	\$500/day (up to 15 days)
<b>Prosthesis</b>	
One Device	\$750
One + Devices	\$1,500
<b>Dismemberment</b>	
Employee	Up to \$40,000
Spouse	Up to \$40,000
Child	Up to \$12,500
<b>X-Ray</b>	\$50

	Semi-Monthly Employee Contribution	Monthly Employee Contribution
<b>Employee Only</b>	\$5.70	\$11.40
<b>Employee +Spouse</b>	\$9.43	\$18.86
<b>Employee + Child(ren)</b>	\$11.01	\$22.01
<b>Employee + Family</b>	\$17.25	\$34.50

Note: Please refer to Certificate of Coverage for a full outline of your benefits.

# Life Insurance & Voluntary Disability



## Basic Life / AD&D (Jarvis Christian University Provides)

Eligibility	All Full Time Employee, working 30+ hours per week
Life Benefit Amount <sup>2</sup>	\$15,000
AD&D Benefit Amount	Matches Life Benefit

## Employee Supplemental Life / AD&D (Employee Paid)

Eligibility	All Full Time Employee, working 30+ hours per week
Life Benefit Amount <sup>2</sup>	Increments of \$25,000
AD&D Benefit	Matches Life Benefit
Guarantee Issue	\$75,000
Maximum Benefit	\$300,000

## Dependent Supplemental Life / AD&D (Employee Paid)<sup>1</sup>

Spouse Life Benefit Amount <sup>2</sup>	\$5,000 increments, not to exceed 50% of employee election
Spouse Guarantee Issue	\$25,000, not to exceed 50% of employee election
Spouse Maximum Benefit	\$150,000, not to exceed 50% of employee election
Child Life Benefit Amount <sup>3</sup>	\$5,000 increments
Child Guarantee Issue <sup>3</sup>	\$10,000
Child Maximum Benefit <sup>3</sup>	\$10,000

## Voluntary Short Term Disability (Employee Paid)

Weekly Benefit	60%
Maximum Weekly Benefit	\$1,500
Benefit Duration	13 Weeks
Elimination Period	14 Days Sickness & Injury
Pre Existing Limitation	12/12

<sup>1</sup>You must purchase coverage on yourself to purchase it for your family.

<sup>2</sup>Both Basic and Supplemental Life amounts will reduce per the following schedule: 35% at age 65, 50% at age 70.

<sup>3</sup>Birth to 6 months old - \$100, 6 months+ - \$5,000 increments up to \$10,000.



Proof of good health is required if you enroll for coverage over the guarantee issue amount or if you do not enroll within 30 days from your date of eligibility.

At the open enrollment for 2023 benefits, all employees (unless previously denied) can elect Supplemental Life coverage in one time increment up to the Guarantee Issue amount without proof of good health. Any late entrant (employee or dependents) or amounts over the open enrollment rule will require proof of good health if you are increasing your coverage amount.

# Supplemental Life / AD&D Rates



## Employee - Voluntary Life and AD&D

Age Band	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
<b>Monthly Rate</b>						
>29	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00
30-34	\$2.75	\$5.50	\$8.25	\$11.00	\$13.75	\$16.50
35-39	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00
40-44	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00
45-49	\$5.25	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50
50-54	\$7.50	\$15.00	\$22.50	\$30.00	\$37.50	\$45.00
55-59	\$13.75	\$27.50	\$41.25	\$55.00	\$68.75	\$82.50
60-64	\$18.75	\$37.50	\$56.25	\$75.00	\$93.75	\$112.50
65-69	\$31.25	\$62.50	\$93.75	\$125.00	\$156.25	\$187.50
70-74	\$59.00	\$118.00	\$177.00	\$236.00	\$295.00	\$354.00
75+	\$111.00	\$222.00	\$333.00	\$444.00	\$555.00	\$666.00

## Spouse - Voluntary Life and AD&D

Age Band	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
<b>Monthly Rate</b>					
>29	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50
30-34	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75
35-39	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00
40-44	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50
45-49	\$1.05	\$2.10	\$3.15	\$4.20	\$5.25
50-54	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50
55-59	\$2.75	\$5.50	\$8.25	\$11.00	\$13.75
60-64	\$3.75	\$7.50	\$11.25	\$15.00	\$18.75
65-69	\$6.25	\$12.50	\$18.75	\$25.00	\$31.25
70-74	\$11.80	\$23.60	\$35.40	\$47.20	\$59.00
75+	\$22.20	\$44.40	\$66.60	\$88.80	\$111.00

## Voluntary Short Term Disability

Age Band	Rate per \$10
<b>Monthly Rate</b>	
>20	\$0.445
30-24	\$0.447
25-29	\$0.471
30-34	\$0.421
35-39	\$0.384
40-44	\$0.363
45-49	\$0.376
50-54	\$0.452
55-59	\$0.585
60-64	\$0.722
65-69	\$0.738
70+	\$0.834

## Child(ren) - Voluntary Life and AD&D

Up to Age 26	\$5,000	\$10,000
<b>Monthly Rate</b>		
Life	\$1.20	\$2.40

# Legal Shield—ID Shield

## The LegalShield Membership Includes:

- Dedicated LawFirmDirect access, no call center
- Legal Advice/Consultation on unlimited personal or business issues
- Letters/Calls made on your behalf (initial letter or call on an unlimited basis)
- Contracts/Documents Reviewed up to 10 pages per document
- Will Preparation Last Will and Testament (for the named member)
- Moving Traffic Violations (must be on the road legally) 15day waiting period
- IRS Audit Assistance (begins with the tax return due April15th of the year you enroll)
- Trial Defense (if named defendant/respondent in a covered civil action suit)
- 25% Preferred Member Discount (bankruptcy, criminal charges, DUI, and other matters outside of normal coverage.
- 24/7Emergency Access for covered situations

### Family Price Per Month

LegalShield	ID Shield Add On	Combined
\$15.95	\$8.95	\$24.90

## The IDShield Membership Includes:

- Continuous Credit Monitoring: IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- High Risk Application and Transaction Monitoring: We monitor the largest proprietary database of new account application data to detect potentially fraudulent new accounts when an application is submitted.
- Dark Web Monitoring: Monitors your Personally Identifiable Information (PII) across the dark web, where criminals purchase personal data.
- Username/Password (Credential) Monitoring: This powerful feature helps protect against takeovers of your social, financial and other online accounts.
- Identity Threat & Credit Threat Alerts: You'll receive a threat alert if your PII is found.
- \$1MillionProtection Policy: Offers coverage for lost wages, legal defense fees, stolen funds and more.
- Unlimited Consultation On any cyber security issue.
- Full-Service Restoration: Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- 24/7 Emergency Access: We're here in the event of an Identity theft emergency.

## Glossary

**Allowed Amount:** Means the maximum amount determined by the Claims Administrator (BCBSTX) to be eligible for consideration of payment for a particular service, supply or procedure.

**Calendar Year:** January 1 - December 31 of each year.

**COBRA:** Consolidated Omnibus Budget Reconciliation Act of 1985. Requires that continuation of group insurance be offered to covered persons who lose health, dental or vision coverage due to a qualifying life event as defined in the Act.

**Coinsurance:** Percent of eligible charges the plan pays.

**Copay:** The charge you are required to pay for certain covered health services at the time of service. Copays for covered services do not apply to your deductible.

**Deductible:** The amount you must pay for covered health services each calendar year before the plan will begin paying certain benefits.

**Eligibility:** Eligibility for benefits is the first of the month following 30 days of regular full-time employment. The effective date is the date the coverage actually begins.

**Explanation of Benefits (EOB):** A statement sent by your insurance carrier explaining which procedures and services were provided, the cost, the portion of the claim that was paid by the plan, and the portion that is your liability, in addition to how you can appeal the insurer's decision. EOB's are also posted on the carrier's website.

**Health Savings Account (HSA):** A personal health care bank account funded by you and/or your employer's tax-free dollars to pay for qualified health expenses. You must be enrolled in a CDHP / HDHP to open an HSA.

**Initial Enrollment Period:** The first 30 days of fulltime employment or 30 days from a covered life event.

**In-Network:** In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates. If you choose an out-of-network doctor, services will not be provided at a discounted rate.

**Medical Emergency:** A sudden, serious, unexpected and acute onset of an illness or injury where a delay in treatment would cause irreversible deterioration resulting in a threat to the patient's life or body part.

**Out-of-Pocket Maximum:** The maximum amount of co-insurance you pay every year. Once you reach the out-of-pocket maximum, as an individual or family, benefits for those covered health services that apply to the out-of-pocket maximum are paid at a percent of eligible charges during the rest of that year. Deductibles and copays apply to the out-of-pocket maximum.

## Required Notices

**Women’s Health and Cancer Rights Act:** If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Protheses; and treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

**Newborn’s and Mother’s Health Protection Act (NMHPA):** 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**Mental Health Parity Act (1996) (MHPA) and Mental Health Parity and Addiction Equity Act (2008) (MHPAEA):** The Jarvis Christian University medical plan complies with the Mental Health Parity Act of 1996 (“MHPA”). Pursuant to such compliance, the annual and lifetime limits on Mental Health Benefits, if any, will not be less than the annual and lifetime plan limits on other types of medical and surgical services (if any limits apply). The plan does utilize cost containment methods, applicable for Mental Health Benefits, including cost-sharing, limits on the number of visits or days of coverage, and other terms and conditions that relate to the amount, duration and scope of Mental Health Benefits.

**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](http://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](http://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](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272). To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

*U.S. Department of Labor Employee Benefit Security Administration, [www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov), 1-877-267-2323, menu Option 4, Ext. 61565*

**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 Jarvis Christian University 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. **Jarvis Christian University** has determined that the prescription drug coverage offered by the **Jarvis Christian University** Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?** You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?** If you decide to join a Medicare drug plan, your current coverage with Jarvis Christian University will not be affected. You and/or your dependents can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back. **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 Jarvis Christian University and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. **For More Information About This Notice Or Your Current Prescription Drug Coverage.** Contact the person listed below for further information. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Jarvis Christian University changes. You also may request a copy of this notice at any time. **For More Information About Your Options Under Medicare Prescription Drug Coverage.** More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-778).-

**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).**

**Coverage After Termination (COBRA) - Health Coverage:** You're getting this notice because you recently gained coverage under a group health plan (Jarvis Christian University Group Health Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.

**This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator. **You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees. **What is COBRA continuation coverage?** COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events: Your hours of employment are reduced, or Your employment ends for any reason other than your gross misconduct. If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events: Your spouse dies; Your spouse's hours of employment are reduced; Your spouse's employment ends for any reason other than his or her gross misconduct; Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or You become divorced or legally separated from your spouse. *Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:* The parent-employee dies; The parent-employee's hours of employment are reduced; The parent-employee's employment ends for any reason other than his or her gross misconduct; The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both); The parents become divorced or legally separated; or The child stops being eligible for coverage under the Plan as a "dependent child." **When is COBRA continuation coverage available?** The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events: The end of employment or reduction of hours of employment; Death of the employee; Commencement of a proceeding in bankruptcy with respect to the employer; or The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:** Phone: 903-730-4890, Ext. 2901

**How is COBRA continuation coverage provided?** Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended: **Disability extension of 18-month period of COBRA continuation coverage:** If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. **Second qualifying event extension of 18-month period of continuation coverage:** If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. **Are there other coverage options besides COBRA Continuation Coverage?** Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov). **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?** In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of: The month after your employment ends; or The month after group health plan coverage based on current employment ends. If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

**If you have questions:** Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov). **Keep your Plan informed of address changes:** To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan contact information: Jarvis Christian University:** PO Box 1470, Hawkins, TX 75765—903.730.4890, ext. 2901.

**HIPAA) Employee Health Plan Summary Notice of Privacy Practices:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

**Your Rights:** You have the right to: Get a copy of your health and claims records; Correct your health and claims records; Request confidential communication; Ask us to limit the information we share; Get a list of those with whom we've shared your information; Get a copy of this privacy notice; Choose someone to act for you; and File a complaint if you believe your privacy rights have been violated.

**Your Choices:** You have some choices in the way that we use and share information as we: Answer coverage questions from your family and friends; Provide disaster relief; and Market our services and sell your information.

**Our Uses and Disclosures:** We may use and share your information as we: Help manage the health care treatment you receive; Run our organization; Pay for your health services; Administer your health plan; Help with public health and safety issues; Do research; Comply with the law; Respond to organ and tissue donation requests and work with a medical examiner or funeral director; Address workers' compensation, law enforcement, and other government requests; Respond to lawsuits and legal actions

**Your Rights:** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. **Get a copy of health and claims records:** You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. **Ask us to correct health and claims records:** You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days. **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not. **Ask us to limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. **File a complaint if you feel your rights are violated:** You can complain if you feel we have violated your rights by contacting us at 806.441.7122. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**Your Choices:** For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in payment for your care; Share information in a disaster relief situation *if you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.* In these cases we never share your information unless you give us written permission: Marketing purposes or Sale of your information.

**Our Uses and Disclosures: How do we typically use or share your health information?** We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive:** We can use your health information and share it with professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.* **Run our organization:** We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. *Example: We use health information about you to develop better services for you.* **Pay for your health services:** We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.* **Administer your plan:** We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.* **How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). **Help with public health and safety issues:** We can share health information about you for certain situations such as: Preventing disease; Helping with product recalls; Reporting adverse reactions to medications; Reporting suspected abuse, neglect, or domestic violence; Preventing or reducing a serious threat to anyone's health or safety **Do research:** We can use or share your information for health research. **Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. **Respond to organ and tissue donation requests and work with a medical examiner or funeral director:** We can share health information about you with organ procurement organizations; We can share health information with a coroner, medical examiner, or funeral director when an individual dies. **Address workers' compensation, law enforcement, and other government requests:** We can use or share health information about you: For workers' compensation claims; For law enforcement purposes or with a law enforcement official; With health oversight agencies for activities authorized by law; For special government functions such as military, national security, and presidential protective services. **Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities:** We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**For more information see:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticcepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticcepp.html).

**Changes to the Terms of this Notice:** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you. **Effective Date:** 1/1/2023

**Privacy Contact: Jarvis Christian University:** PO Box 1470, Hawkins, TX 75765—903.730.4890, ext, 2901.

**Health Insurance Marketplace Coverage Options and Your Health Coverage PART A: General Information:** When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

**What is the Health Insurance Marketplace?** The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2020 for coverage starting as early as January 1, 2023.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?** You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?** Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.\* **Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**How Can I Get More Information?** For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. *An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.*

**PART B: Information About Health Coverage Offered by Your Employer:** This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

**Here is some basic information about health coverage offered by this employer:** Eligible employees are Full time employees who work 30 hours per week and have completed the newly eligible 30 day waiting period. Coverage begins the first day of the month following the first 30 days of employment. Eligible dependents include the employee's spouse and eligible dependent children up to age 26. This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

3. Employer name Jarvis Christian College	4. Employer Identification Number (EIN) 75-099527	
5. Employer address PO Box 1470	6. Employer phone number 903-730-4890 Ext. 2901	
7. City Hawkins	8. State TX	9. ZIP code 75765
10. Who can we contact about employee health coverage at this job? Danielle Delint		
11. Phone number (if different from above)	12. Email address DDelint@Jarvis.edu	

**Special Enrollment Notice:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

**To request special enrollment or obtain more information,** contact the plan administrator listed below: Human Resources: 903-730-4890 Ext. 2901.

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