

2020

Benefits Guide



THE UNIVERSITY OF
CHICAGO

Human
Resources

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If you and/or your dependent(s) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 41 for more details.

Dear University of Chicago Colleagues:

Welcome to the University of Chicago. We are excited that you have chosen to be a part of our team.

We know you have unique needs when it comes to your benefits, which is why we offer a comprehensive benefits program so you can choose what is important to you.

This Benefits Guide contains information about the range of benefits available to you, as well as important information about your rights and responsibilities under the University benefit plans. Please take time to review it carefully and share it with those who help you make benefits decisions.

When you are ready to enroll, log in to Workday at workday.uchicago.edu to make your benefit elections within 31 days following your hire date or the date you become benefits-eligible. You can find more details about this enrollment process on [page 9](#) of this Guide.

If you have any questions or need assistance, call our Benefit Specialists Monday through Friday from 8:30 a.m. to 4:30 p.m. at 773.702.9634, or email benefits@uchicago.edu.

Sincerely,

Elizabeth Walls

Elizabeth Walls
Director of Health, Welfare, and Retirement
Human Resources

Enrollment Considerations

Before making your elections, consider the coverage you will need, your tax-savings opportunities, and your anticipated needs.

How much health care do you think you will need?

Review your annual health care expenses from last year. Consider which of your expenses might continue this year and whether you anticipate needing more care, including dental or vision procedures. The University offers four medical plans, two dental plans, and two vision plans from which to choose.

Are you maximizing your health care and dependent care dollars?

Take advantage of the opportunity to save on your out-of-pocket expenses with the following tax-advantaged accounts:

- **Health Savings Account (HSA)** for eligible medical, dental, and vision expenses for you and your dependents if enrolled in the Maroon Savings Choice Plan.
- **Health Care Flexible Spending Account (FSA)** for eligible medical, dental, and vision expenses for you and your dependents.
- **Dependent Care FSA** for eligible dependent care or elder care expenses so that you can work or go to school full time.

Each account provides the opportunity to save and pay for eligible expenses with tax-free dollars. If you enroll in either FSA, be sure to plan your contributions carefully due to the IRS-required “use it or lose it” rule, which means you forfeit any funds not used by March 15, 2021.

Do you need additional income protection?

No matter your age or your family situation, life, disability, and accident insurance can offer you protection and peace of mind. Think about the possible financial needs of your family. Do you have someone who depends on you for support like mortgage payments, school tuition, or routine living expenses? If so, you may want to consider purchasing Supplemental Life Insurance, Long-Term Disability Insurance, or Personal Accident Insurance to provide financial security for you and your family in the event of a serious accident or death.

Summary of Benefits and Coverage

The Affordable Care Act requires employers that offer group health plans to make available a Summary of Benefits and Coverage (SBC) and uniform glossary. The SBC summarizes important information about each of the medical plans in a standard format to help you compare plans. The glossary includes terms commonly used in health care insurance coverage.

You can review the SBC and glossary online at humanresources.uchicago.edu/benefits/healthwelfare/medical, or you can request a paper copy, free of charge, through the Benefits Office at 773.702.9634 or benefits@uchicago.edu.

Contacts

Plan	Additional Resource	Telephone Number	Website
Medical			
University of Chicago Health Plan (UCHP)	Aetna CVS Caremark (Pharmacy)	855.824.3632 866.873.8632	uchp.uchicago.edu caremark.com
Blue Cross Blue Shield HMO Illinois Plan (HMO Illinois)	Blue Cross Blue Shield of Illinois Prime Therapeutics (Pharmacy)	800.892.2803 800.423.1973	bcbsil.com
Blue Cross Blue Shield PPO Maroon Plan (Maroon PPO)	Blue Cross Blue Shield of Illinois CVS Caremark (Pharmacy)	866.390.7772 866.873.8632	bcbsil.com caremark.com
Blue Cross Blue Shield HDHP Maroon Savings Choice Plan (Maroon Savings Choice)	Blue Cross Blue Shield of Illinois HSA Bank CVS Caremark (Pharmacy)	866.390.7772 800.357.6246 866.873.8632	bcbsil.com hsabank.com caremark.com
Dental			
CoPay and PPO	MetLife	800.942.0854	metlife.com/mybenefits
Vision			
Base and Premier	VSP	800.877.7195	vsp.com
Life/Accident/Disability			
Basic, Supplemental, and Dependent Life	Sun Life	866.230.2278	N/A
Personal Accident Insurance	Sun Life	866.230.2278	N/A
Long-Term Disability Insurance	Sun Life	866.230.2278	N/A
Retirement and Financial			
SRP, CRP, and ERIP	TIAA (Record Keeper)	800.842.2252	tiaa.org/public/tcm/uchicago
ERIP (pension plan), SEPP	Benefits Office	773.702.9634	humanresources.uchicago.edu/benefits
457(b) Deferred Compensation Plan	TIAA	800.842.2252	tiaa.org/public/tcm/uchicago
Other Benefits			
Educational Assistance Program	Benefits Office	773.702.9634	humanresources.uchicago.edu/benefits
Flexible Spending Accounts	WageWorks	877.924.3967	wageworks.com
Commuter Program	WageWorks	877.924.3967	wageworks.com
Child Care Resource and Referral Service	Perspectives	800.456.6327	perspectivesltd.com
Staff and Faculty Assistance Program	Perspectives	800.456.6327	perspectivesltd.com
Elder Care Consultation and Referral Service	Perspectives	800.456.6327	perspectivesltd.com

The Basics

Now is the time to choose the benefits and coverage that are right for you, so be sure to take advantage of this opportunity. Choosing and personalizing your benefits depends on your specific needs, preferences, and budget. Be sure to read the information in this Guide and visit the University of Chicago Benefits website at humanresources.uchicago.edu/benefits for additional plan information and resources.

Keep in mind, for certain benefits, **you must actively enroll within 31 days following your hire date or the date you become benefits-eligible. Elections for these benefit plans are binding through December 31, 2020, unless you experience a qualifying life event.** For other benefits, you can enroll at any time throughout the year:

You must enroll within 31 days* to have coverage in 2020:	You may enroll at any time throughout the year:
<ul style="list-style-type: none"> • Medical coverage • Dental coverage • Vision coverage • Health and Dependent Care Flexible Spending Accounts • Health Savings Account <p>You pay the cost of the benefits listed above through pre-tax payroll deductions.</p> <p>You can enroll in Supplemental Life Insurance for yourself and your spouse/partner (up to initial plan maximums) or Long-Term Disability with no evidence of insurability within 31 days.</p>	<ul style="list-style-type: none"> • Commuter benefits (see enrollment rules on page 37) <p>You pay the full cost of the benefits listed below through after-tax payroll deductions.</p> <ul style="list-style-type: none"> • Personal Accident Insurance for you and your dependents • Supplemental Life Insurance for you** • Supplemental Life Insurance for your same-sex domestic partner (registered with the University of Chicago before December 31, 2016), spouse or civil union partner, and children** • Long-Term Disability**

**If you do not enroll within 31 days of your hire date or the date you become benefits-eligible, you will not be able to enroll until the next Open Enrollment period for benefits effective January 1, 2021.*

***Elections for Supplemental Life Insurance and Long-Term Disability will require evidence of insurability if made after the initial 31-day election period.*

Contributing to Your Plans

You and the University of Chicago share in the cost of your benefits:

<p>The University pays the full cost...</p> <ul style="list-style-type: none"> • Basic Life Insurance • Short-Term Disability • Business travel accident insurance • Staff and Faculty Assistance Plan 	<p>You and the University share the cost...</p> <ul style="list-style-type: none"> • Medical • Health Savings Account • Long-Term Disability 	<p>You pay the full cost...</p> <ul style="list-style-type: none"> • Dental • Vision • Flexible Spending Accounts • Supplemental Life Insurance • Personal Accident Insurance
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Refer to the contribution charts on the University of Chicago Benefits website at humanresources.uchicago.edu/benefits for more information.

Coverage Effective Dates

Coverage under most plans starts on your date of hire or the date you become benefits-eligible when you enroll within 31 days and ends on your last day of employment or the last day you are benefits-eligible. The table below outlines your coverage start and end dates for University benefits.

Benefit	Coverage Start Date		Coverage End Date	
	Hire date/ benefits-eligible date	Once your election is processed	Last day of employment	Last day of the month in which your employment ends
Medical, Dental, Vision	✓			✓
Basic Life Insurance	✓		✓	
Supplemental Life Insurance (employee)*	✓		✓	
Supplemental Life Insurance (spouse/domestic partner/civil union partner)*	✓		✓	
Supplemental Life Insurance (child)**	✓		✓	
Short-Term Disability	✓		✓	
Long-Term Disability***	✓		✓	
Health and Dependent Care Flexible Spending Account	✓		✓	
Health Savings Account	✓			
Commuter Benefit		✓	✓	

*May require evidence of insurability based on your election. Benefits will take effect on the date evidence of insurability is approved by Sun Life.

**For elections outside of your initial enrollment period, benefits will take effect on the date of enrollment. Evidence of insurability is not required.

***If you are a member of Local 743, your participation is mandatory and benefits begin after three months of service, if not already enrolled.

What happens if I do not enroll?

If you do not enroll within 31 days following your hire date or the date you become eligible for benefits, you will not have medical, dental, and/or vision coverage through the University in 2020. Additionally, you will not be able to contribute to the Health Savings Account or either Flexible Spending Account. You will have to wait until the next Open Enrollment or until you experience a qualifying life event.

Who is Eligible

You are eligible to participate if you are a:

- Full-time, benefits-eligible employee of the University of Chicago (“the University”) scheduled to work at least 35 hours per week.
- Part-time, benefits-eligible employee of the University scheduled to work at least 20 hours per week.

Eligible Dependents

Your eligible dependents include your:

- Same- or opposite-gender spouse or civil union partner, or same-gender domestic partner (registered with the University on or before December 31, 2016).
- Children under the age of 26, including natural children, stepchildren, adopted children, or wards, and any child named in a court order for whom you are legally responsible for providing coverage under the terms of a qualified medical child support order; and your domestic partner’s child who depends on you for support and lives with you in a regular parent-child relationship.
- Unmarried children over age 26 if the child is incapable of self-sustaining employment due to a mental or physical disability that occurred before attaining age 26, is dependent on you or your domestic partner for primary support and maintenance, and is covered continuously by the plan prior to and beyond age 26.
- Military veteran dependent children up to age 30 if the child has established residency in Illinois, served in the active or reserve components of the U.S. Armed Forces, and received a release of discharge other than a dishonorable discharge.

University Couples

If both you and your same-sex domestic partner/spouse/civil union partner are University employees:

- You may each select employee only coverage, or
- One of you may choose employee plus spouse/domestic partner/civil union partner coverage (without a child/children), or

- One of you may choose employee plus child/children (without a spouse/partner) coverage, or
- One of you may choose employee plus family coverage (with a spouse/partner and child/children).

You may not elect coverage as an employee and also receive coverage as a dependent. Only one parent may cover eligible dependent children. Both of you cannot choose employee plus spouse/partner, employee plus child/children, or employee plus family coverage.

Qualified Life Events

The elections you make for the benefits listed below are binding through December 31, 2020 unless you experience a qualified life event:

- Medical
- Dental
- Vision
- HSA contribution
- FSA contribution

Based on IRS rules, you may not change elections you make until the next Open Enrollment period unless you experience a qualified life event, such as:

- A marriage or divorce,
- The birth or adoption of a child,
- A change in work status for you or your spouse/partner,
- The death of your spouse/partner or a dependent child, or
- The loss of coverage in another plan.

If you experience a qualified life event, you must make any covered dependent changes **within 31 days** of the qualified life event. Proof of relationship for each dependent you enroll for the first time must be scanned, uploaded and attached at the end of your elections.

Please visit humanresources.uchicago.edu/lifework for information on the steps you may need to take should you experience changes in your life or on the job in 2020.

Enrollment/Family Status Change Process

You have **31 days** following your hire date or the date you become eligible for benefits to enroll. You must actively enroll to have medical, dental, and vision coverage and/or contribute to any tax savings accounts through the University of Chicago in 2020. If you do not enroll within 31 days of your hire date or the date you become benefits-eligible, you will not be able to enroll until the next Open Enrollment period or until you experience a qualifying life event. To get started:

- Attend the University of Chicago Getting to Know UChicago orientation session. Visit <https://staffnewhire.uchicago.edu/> for more information.
- Review the benefits materials you receive at the orientation session, and visit the Benefits website at humanresources.uchicago.edu/benefits for more information and resources.
- View Workday's Quick Reference Guide & Videos for Employees (<https://workday.uchicago.edu/page/managing-your-employee-record>) for guidance on navigating Workday and electing benefits for the first time.

Waiving Coverage

If you have medical, dental, or vision coverage elsewhere, you can choose to waive coverage provided by the University of Chicago.

Proof of Relationship

You must provide proof of relationship for each dependent you enroll for the first time by scanning, uploading, and attaching the required documentation through Workday when you enroll. Your dependent(s) will not have coverage until you submit the required documentation. Failure to do so will result in your dependent(s) not being added to your University of Chicago benefits. Your next opportunity to add your eligible dependent(s) will be within 31 days of a qualifying event or during the next Open Enrollment for coverage effective January 1, 2021.

Proof of relationship may include:

- Same- or opposite-gender spouse or civil union partner, or same-gender domestic partner (registered with the University on or before December 31, 2016): Marriage certificate, certificate of civil union, or University of Chicago statement of domestic partnership approved by the University of Chicago on or before December 31, 2016
- Child: Birth certificate, documentation of adoption, or other appropriate legal documents*
- Military dependent: Certificate of Release or Discharge from Active Duty

Take note: Commuter benefits

You will need to enroll in Commuter benefits outside of Workday:

- Visit wageworks.com or call 877.924.3967.

* Contact the Benefits Office at 773.702.9634 for a list of appropriate legal documents.

Health Care

Medical

The University of Chicago offers four medical insurance plans, including two health maintenance organization (HMO) plans and two preferred provider organization (PPO) plans:

- University of Chicago Health Plan (UCHP)
- Blue Cross Blue Shield HMO Illinois Plan (HMO Illinois)
- Blue Cross Blue Shield PPO Maroon Plan (Maroon PPO)
- Blue Cross Blue Shield HDHP Maroon Savings Choice Plan with Health Savings Account (Maroon Savings Choice)

All four University of Chicago medical plans provide coverage for:

- In-network preventive care
- Prescription drugs
- Emergency care anywhere in the world

See [pages 16-17](#) for a chart that compares the key coverages for all four medical insurance plans.

HMO vs. PPO: Which Plan Structure Is Right for You?

To help you decide which medical plan is right for you, first determine if you prefer the structure of an HMO or PPO.

Here's how an HMO works:

- You must select a primary care physician (PCP) who manages your care using the HMO network's physicians and facilities.
- You will need approval from your PCP before seeing a specialist.
- There is no deductible to meet before the plan begins sharing in the cost of non-preventive care services.
- You pay a fixed copayment for each office visit, emergency room visit, and hospital stay.
- There are no claims to file.
- You must use doctors in your HMO's network unless it is a life-threatening emergency.

Here's how a PPO works:

- You are not required to choose a primary care physician and do not need a referral to see a specialist.
- You must meet an annual deductible before the plan begins covering non-preventive care services.
- Once you have met your deductible, you and the plan share in the cost of covered health expenses through coinsurance.
- If you use in-network providers, there are no claims to file.

If you prefer an HMO, keep in mind these key differences as you consider the two HMO options:

University of Chicago Health Plan (UCHP)	Blue Cross Blue Shield HMO Illinois Plan (HMO Illinois)
<ul style="list-style-type: none"> All treatment covered is provided at University of Chicago Medicine facilities, including the University of Chicago Medical Center (UCMC) and Ingalls Hospital. Services received at non-University of Chicago Medicine facilities or by non-UCHP-designated providers will not be covered unless it is an emergency. 	<ul style="list-style-type: none"> You have access to the Blue Cross Blue Shield HMO Illinois network of contracting doctors and hospitals to choose from when care is needed. Health care is provided within specific geographic areas called service areas. To be a member in HMO Illinois, you must live in its service area and you must use doctors in the network and within your service area unless it is an emergency. Includes vision coverage with EyeMed Vision. You must use an in-network provider to receive benefits. See coverage information in the vision chart on page 21.

If you prefer a PPO, keep in mind these important differences as you consider the two PPO options:

Blue Cross Blue Shield PPO Maroon Plan (Maroon PPO)	Blue Cross Blue Shield HDHP Maroon Savings Choice Plan (Maroon Savings Choice)
<ul style="list-style-type: none"> You will pay less out of pocket when you receive care at the University of Chicago Medical Center (UCMC) facilities. Your deductible and out-of-pocket maximum include in-network and out-of-network expenses combined. That means if you see an in-network doctor and pay \$200 for the service, and later see an out-of-network doctor and pay \$500 for the service, the combined amount of \$700 will apply to your deductible and out-of-pocket maximum. 	<ul style="list-style-type: none"> You are enrolled into a Health Savings Account (HSA). The University contributes to the account, and you can also contribute pre-tax dollars. You are responsible for the full family deductible if you are enrolled with a spouse/partner and/or children. You are responsible for the full cost of non-preventive prescription drugs until you have met your deductible. Once you have met the deductible, copayments will apply until you reach the out-of-pocket maximum.

You can review the Summary of Benefits and Coverage and glossary online at humanresources.uchicago.edu/benefits/healthwelfare/medical, or you can request a paper copy, free of charge, through the Benefits Office at 773.702.9634 or benefits@uchicago.edu.



The Rx Factor: Prescription Drugs

Prescription drug coverage is provided automatically under your medical plan and is administered by either CVS Caremark or Prime Therapeutics, depending on which medical plan you choose.

If you enroll in	The prescription drug administrator is:
UCHP Maroon PPO Plan Maroon Savings Choice Plan	CVS Caremark
HMO Illinois	Prime Therapeutics

The prescription drug plan classifies prescription drugs into four coverage tiers:

- **Generic drugs** are therapeutically equivalent to brand-name drugs in terms of safety, quality, performance, strength, dosage form and intended use, must be approved by the U.S. Food and Drug Administration (FDA) for safety and effectiveness, and cost less than brand-name drugs.
- **Preferred brand drugs** are safe, effective alternatives to non-preferred brands. The administrator may periodically add or remove drugs, make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If any change limits your ability to fill a prescription, you will be notified before the change is made.
- **Non-preferred brand drugs** are brand-name drugs that are not included on the administrator's list of preferred drugs and are typically more expensive than preferred brand drugs, have recently come on the market and are more expensive.
- **Specialty drugs** are used to treat a specific condition and may require member-specific dosing, medical devices to administer the medication, and/or special handling and delivery.

The cost for your prescription will depend on the type of drug (generic, preferred brand, non-preferred brand, or specialty), and whether the prescription is for 30 days (or 34 days for HMO Illinois) or 90 days. Using an in-network pharmacy will save you money. See the comparison chart on [pages 16-17](#) for details on prescription coverage and copays for each medical plan.

Did you know?

The Duchossois Center for Advanced Medicine (DCAM) located at the University Medical Center and Ingalls outpatient pharmacies are considered in-network pharmacies for the CVS retail network.



What you need to know about prescription coverage

- Under the **UCHP, HMO Illinois and Maroon PPO Plan**, prescriptions are not subject to the plan deductible.
- Under the **Maroon Savings Choice Plan**, non-preventive prescription costs are covered like any other expense, so you must meet the plan deductible before the plan pays benefits. However, **certain approved preventive prescriptions require only a copay and are not subject to the deductible.** Preventive prescription drugs help you manage chronic conditions, such as high cholesterol and high blood pressure, and they can help keep you from developing a health condition like heart disease or osteoporosis. You can view the list of approved preventive drugs at [caremark.com](https://www.caremark.com).

Do you take a maintenance medication?

CVS Maintenance Choice Program

If you take a maintenance medication and are covered by the UCHP, Maroon PPO Plan or Maroon Savings Choice Plan, you can order your long-term medications through convenient mail-order service or purchase a 90-day supply at any of the 65,000 pharmacies in the CVS network (including DCAM and Ingalls outpatient pharmacies) at the same mail-order copay and discounts.

Keep in mind that you can fill a 30-day maintenance medication prescription twice at any retail pharmacy; future fills must be completed through a 90-day supply. If you want to continue filling your maintenance medication as a 30-day supply, you can opt out of the Maintenance Choice Program by calling CVS Caremark at 866.873.8632.



Health Savings Account

The University of Chicago's Maroon Savings Choice Plan is a high-deductible medical plan that includes a Health Savings Account (HSA) to help you pay and/or save for health care expenses with tax-free dollars now and in the future — including during your retirement.

When you enroll in the Maroon Savings Choice Plan, the University will automatically open a Health Savings Account (HSA) for you with HSA Bank, a division of Webster Bank, an FDIC-insured institution. You may receive a request from the bank for additional information required to finalize your account set up. You can use this tax-advantaged account to pay for qualified health expenses, including medical, dental, and vision plan deductibles and coinsurance, office visits, and prescriptions.

The HSA offers the following benefits:

- **Long-term savings opportunity:** your balance rolls over from year to year with no “use it or lose it” rule, so you can build tax-free savings for future health care needs.
- **Money is portable:** you take your balance with you if you leave the University. The money is always yours — including the University's contributions — and there is no vesting requirement.

University Contributions

The University makes a contribution to your HSA, depending on your medical coverage level and the date you enroll:

- **On or before June 30:** the University will contribute \$500 for Employee Only coverage or \$1,000 for all other coverage levels.
- **After June 30:** the University will contribute \$250 for Employee Only coverage or \$500 for all other coverage levels.

The University contribution is automatically deposited on the last day of the month following your medical plan election. You must be an active employee to receive the University contribution.

Your Contributions

During your enrollment period, you can elect to make your own pre-tax contributions to your HSA. Your contributions will be deducted from your salary before federal income tax, Social Security, and in most cases, state and local taxes. The IRS limits the amount that can be contributed each year, including both your and the University's contributions. For 2020, you can contribute:

Contributions	Individual (on or before June 30)	Family (on or before June 30)	Individual (on or after July 1)	Family (on or after July 1)
2019 IRS maximum	\$3,550	\$7,100	\$3,550	\$7,100
University contribution	-\$500	-\$1,000	-\$250	-\$500
Your maximum contribution	\$3,050	\$6,100	\$3,300	\$6,600

If you are age 55 or older, you can contribute an additional \$1,000, regardless of your coverage level.

Your HSA pre-tax payroll contribution elections for 2020 must remain in effect through December 31, 2020. You are not allowed to enroll, increase, decrease, or stop your contributions during a plan year unless you have a qualified life event, and the HSA contribution changes you make must be consistent with the type of life event.

Take note

If you are over age 65 and enrolled in Medicare Part A or B, you are not allowed to contribute to a Health Savings Account or receive University contributions.

Triple-Tax Advantage

The HSA offers a triple-tax advantage — saving you money now and later:

1. Money you contribute goes into your account tax-free.
2. Money grows tax-free with interest.
3. Money is withdrawn tax-free when used for qualified health expenses.

That means you will not pay taxes on these funds as long as you use them to pay for qualified health expenses.

How to pay with your HSA

Debit card.

When you enroll for the first time, you will receive a debit card within 10 business days of opening your account. You can use your debit card to pay for eligible expenses with money from your account.

Online.

Pay for eligible expenses out of your pocket, then go to hsabank.com to request reimbursement.

HSA checkbook.

You can pay by check. Go to hsabank.com or call 800.357.6246 to order a checkbook. A service fee will apply.

Eligibility

You are eligible to receive the University funds and contribute to an HSA if you meet all of the following IRS requirements:

- You are covered by the Maroon Savings Choice Plan.
- You are not covered in any other traditional health plan, Health Care Reimbursement Account (HRA), Health Care Flexible Spending Account (FSA), Tricare, and/or VA benefits.
- You are not claimed as a dependent on another person's tax return (excluding your spouse's/partner's).
- You are not enrolled in Medicare.
- You are not receiving Social Security benefits.

You are responsible for notifying HSA Bank if you are not eligible.

Protect your assets. Protect your loved ones.

You may designate a beneficiary to receive your HSA assets in the event of your death. A beneficiary can be one or more individuals such as your spouse, children, other relatives, or friends, or organizations such as a trust or charity. To designate a beneficiary or update your current beneficiary with HSA Bank, log on to HSA Bank at www.hsabank.com/hsabank/homepage:

- Once you are logged into your account, click on the Profile tab.
- Then click on "Add Beneficiary."
- You will be asked to provide information about your beneficiary, including his/her Social Security Number and his/her birth date. Once you complete the form, click "Submit."

Compare the Plans

Here is a side-by-side comparison of the key elements under each medical plan.

	University of Chicago Health Plan (UCHP)	Blue Cross Blue Shield HMO Illinois Plan (HMO Illinois)
Deductible (Individual/Family)	None	None
Out-of-pocket maximum (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000
Physician office visits (non-preventive)	\$25 copayment for PCP ¹ visit, \$45 copayment for specialist visit	\$25 copayment for PCP ¹ visit, \$45 copayment for specialist visit
Maternity prenatal visits (for maternity hospital charges, see Hospital inpatient)	You pay nothing or a minimal copayment, then Plan pays 100%	You pay nothing or a minimal copayment, then Plan pays 100%
Knee/hip replacement (outpatient)	You pay nothing or a minimal copayment, then Plan pays 100%	You pay nothing or a minimal copayment, then Plan pays 100%
Hospital inpatient	\$350 copayment per admission	\$350 copayment per admission
Hospital outpatient	100% covered	100% covered
Emergency room	\$125 copayment; waived if admitted	\$125 copayment; waived if admitted
Ongoing therapy, occupational and physical therapy	Limit of 60 combined treatments per calendar year	Limit of 60 combined treatments per calendar year; \$25 copayment per visit
Mental health outpatient	\$25 copayment per visit	\$25 copayment per visit
Hearing	Exam provided in full; no coverage for hearing aids	\$25 PCP ¹ /\$45 specialist; no coverage for hearing aids
Prescription drugs (Generic/Preferred brand/Non-preferred brand/Specialty ⁶)	<ul style="list-style-type: none"> Retail (30-day supply): \$10/\$30/\$50/\$75 copayment; 50% copayment for maintenance medications after second refill (not applicable if filled by DCAM⁴ Pharmacy) Retail at DCAM⁴ and Ingalls⁵ pharmacies: \$5/\$15/\$30/\$75 copayment Mail service at DCAM⁴ and Ingalls⁵ pharmacies (90-day supply): \$10/\$30/\$60 copayment Mail service (90-day supply) with CVS Caremark: \$20/\$60/\$100 copayment Administered by CVS Caremark 	<ul style="list-style-type: none"> Retail (34-day supply): \$10/\$30/\$50/\$75 copayment Mail service (90-day supply): \$20/\$60/\$100 copayment \$50 copayment for self-injectables Administered by Prime Therapeutics

¹PCP = Primary care physician.

²You are also responsible for 100% of the charges in excess of the prevailing fee schedule.

³100% applies to the surgery only; doctor visits subject to applicable coinsurance.

⁴DCAM = Duchossois Center for Advanced Medicine at the University of Chicago Medicine.

⁵Ingalls = Ingalls outpatient pharmacies

⁶Specialty prescription drugs are not available through mail service.

Blue Cross Blue Shield PPO Maroon Plan (Maroon Plan)			Blue Cross Blue Shield HDHP Maroon Savings Choice Plan (Maroon Savings Choice)	
University of Chicago Medical Center (UCMC)	In-network	Out-of-network	In-network	Out-of-network
\$300/\$600	\$500/\$1,000	\$500/\$1,000 (additional \$200 per hospital admission)	\$2,000/\$4,000	\$4,000/\$8,000 (additional \$200 per hospital admission)
\$1,750/\$3,500	\$2,500/\$5,000 (combined in- and out-of-network)		\$3,000/\$6,000	\$6,000/\$12,000
You pay 10%	You pay 20%	You pay 35% ²	You pay 20%	You pay 35% ²
You pay 10% (No charge for facility services)	You pay 20%	You pay 35% ²	You pay 20%	You pay 35% ²
100% after deductible ³	You pay 20%	You pay 35% ²	You pay 20%	You pay 35% ²
You pay 10%	You pay 20%	You pay 35% ² (after \$200 deductible)	You pay 20%	You pay 35% ² (after \$200 deductible)
You pay 10%	You pay 20%	You pay 35% ²	You pay 20%	You pay 35% ²
You pay 10%	You pay 20%	You pay 20% ²	You pay 20%	You pay 20% ²
20 visits maximum per condition, after the deductible			20 visits maximum per condition, after the deductible	
You pay 10%	You pay 20%	You pay 35% ²	You pay 20%	You pay 35% ²
Not covered			Not covered	
<ul style="list-style-type: none"> Retail (30-day supply): \$10/\$30/\$50/\$75 copayment Mail service (90-day supply): \$20/\$60/\$100 copayment Separate out-of-pocket maximum for Rx: \$2,000 individual/\$4,000 family Administered by CVS Caremark			<ul style="list-style-type: none"> Retail (30-day supply): \$10/\$30/\$50/\$75 copayment after deductible Mail service (90-day supply): \$20/\$60/\$100 copayment after deductible You are responsible for the full cost of non-preventive drugs until the plan deductible has been met, afterwards the copayments apply Administered by CVS Caremark	

Medical Plan Rates

You and the University of Chicago share the monthly cost for medical coverage, with the University paying the majority of the costs. Your cost is based on the plan and coverage level you choose, your annual salary, and whether you are a full-time or part-time employee, as shown in the following charts.

Monthly Medical Rates for Full-time Employees

If your salary is:	Under \$47,500	\$47,500 - \$74,999	\$75,000 - \$99,999	\$100,000 - \$174,999	\$175,000 or more
UCHP					
Employee Only	\$59	\$87	\$130	\$146	\$150
Employee + Spouse/ Partner	\$125	\$197	\$273	\$322	\$343
Employee + Child(ren)	\$109	\$172	\$256	\$284	\$296
Employee + Family	\$157	\$237	\$327	\$405	\$422
HMO Illinois					
Employee Only	\$52	\$77	\$106	\$125	\$135
Employee + Spouse/ Partner	\$118	\$171	\$227	\$304	\$319
Employee + Child(ren)	\$101	\$154	\$217	\$243	\$262
Employee + Family	\$146	\$214	\$315	\$379	\$390
Maroon Plan					
Employee Only	\$138	\$183	\$207	\$324	\$342
Employee + Spouse/ Partner	\$258	\$336	\$420	\$513	\$531
Employee + Child(ren)	\$229	\$320	\$378	\$419	\$477
Employee + Family	\$328	\$427	\$526	\$651	\$666
Maroon Savings Choice					
Employee Only	\$64	\$82	\$101	\$118	\$137
Employee + Spouse/ Partner	\$144	\$178	\$216	\$254	\$287
Employee + Child(ren)	\$115	\$148	\$181	\$214	\$246
Employee + Family	\$191	\$246	\$301	\$355	\$411

Monthly Medical Rates for Part-time Employees

If your salary is:	Under \$47,500	\$47,500 - \$74,999	\$75,000 - \$99,999	\$100,000 - \$174,999	\$175,000 or more
UCHP					
Employee Only	\$87	\$131	\$196	\$219	\$226
Employee + Spouse/ Partner	\$186	\$294	\$409	\$486	\$516
Employee + Child(ren)	\$165	\$256	\$387	\$425	\$445
Employee + Family	\$237	\$354	\$490	\$608	\$633
HMO Illinois					
Employee Only	\$80	\$117	\$162	\$188	\$205
Employee + Spouse/ Partner	\$178	\$256	\$343	\$455	\$477
Employee + Child(ren)	\$151	\$233	\$325	\$364	\$395
Employee + Family	\$219	\$320	\$471	\$568	\$586
Maroon Plan					
Employee Only	\$209	\$275	\$309	\$488	\$513
Employee + Spouse/ Partner	\$389	\$505	\$631	\$771	\$796
Employee + Child(ren)	\$345	\$480	\$566	\$629	\$717
Employee + Family	\$494	\$639	\$788	\$976	\$999
Maroon Savings Choice					
Employee Only	\$96	\$122	\$151	\$179	\$207
Employee + Spouse/ Partner	\$216	\$264	\$324	\$382	\$431
Employee + Child(ren)	\$174	\$222	\$272	\$321	\$368
Employee + Family	\$288	\$368	\$451	\$533	\$617

Dental

Regular visits to the dentist may do more than just brighten your smile: they can be important to your overall health since many diseases produce oral signs and symptoms. The University of Chicago offers two dental plans: MetLife Dental CoPay Plan and MetLife Dental PPO Plan.

Both dental plans:

- Provide coverage for preventive care, basic care, major care, and orthodontia.
- Offer a large network of contracting providers to choose from when dental care is needed.

To find a preferred provider, visit metlife.com or call 800.942.0854. Reference the “PDP Plus” network. At your appointment, tell your provider you have MetLife; no ID card is necessary.

Is your provider part of the network?

While you can choose any dental or vision provider you want, you will save money when you use an in-network provider because those providers have agreed to charge reduced fees. So, your coinsurance amount is based on a lower fee than if you used an out-of-network provider.

Compare the Plans

Below you will find the monthly rates for each plan, as well as an overview of the two dental plans.

	MetLife Dental CoPay Plan	MetLife Dental PPO Plan
Employee Only	\$31.09	\$47.68
Employee + Spouse/Partner	\$51.50	\$85.42
Employee + Child(ren)	\$59.56	\$107.26
Employee + Family	\$82.24	\$169.09

	MetLife Dental CoPay Plan		MetLife Dental PPO Plan	
	In-network	Out-of-network	In-network	Out-of-network
Deductible*	None	Per Individual: \$75 Per Family: up to \$225	Per Individual: \$60	Per Individual: \$60
Annual Maximum	Per Individual: \$5,000	Per Individual: \$1,000	Per Individual: \$1,500 Per Family: \$3,000	Per Individual: \$1,500 Per Family: \$3,000
Preventive Care	You pay 10%**	You pay 30%**	Covered in full	Covered in full
	One visit in a six-month period		Two visits per calendar year	
Basic Care	You pay 30%**	You pay 60%**	You pay 20%**	You pay 20%**
Major Care	You pay 50%**	You pay 70%**	You pay 50%**	You pay 50%**
Orthodontia (adult and child)	You pay 50%**	You pay 60%**	You pay 50%**	You pay 50%***
	Lifetime maximum per Individual: \$1,500	Lifetime maximum per Individual: \$500	Lifetime maximum per Individual: \$1,000	

* Deductible waived for CoPay Plan's orthodontia care and PPO Plan's preventive and orthodontia care.

** Payment for percentage of negotiated fees as determined by MetLife, subject to cost sharing, deductible, and benefit maximums.

*** Payment for percentage of reasonable and customary charges as determined by MetLife. You are responsible for 100% of any charges in excess of the reasonable and customary charge.

Vision

Eye exams are an important part of your overall health. The University of Chicago's Vision Service Plan offers two options: Base and Premier. *Note: If you elect UCHP or HMO Illinois for your medical coverage, some vision benefits are provided as part of those plans; check with the plan for more information.*

Both vision plans provide:

- Comprehensive coverage, including eye exams and discounts on eyewear.
- A large network of contracting providers to choose from when vision care is needed.

To find a VSP provider, visit vsp.com or call **800.877.7195** and reference the "Choice" network. At your appointment, tell your provider you have VSP; no ID card is necessary. If you would like a card, you can visit vsp.com to print a personalized member vision card.

Compare the Plans

Below you will find the monthly rates for each plan, as well as an overview of the two vision plans.

	Base Plan	Premier Plan
Employee Only	\$7.49	\$14.48
Employee + Spouse/Partner	\$14.98	\$28.94
Employee + Child(ren)	\$16.44	\$31.76
Employee + Family	\$26.27	\$50.74

Your coverage using VSP providers is shown below. Coverage levels may be different with a participating retail chain and will vary if you use an out-of-network provider. Visit vsp.com for details.

	Base Plan	Premier Plan	BCBSIL HMO Illinois*
Exam	Every calendar year	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year	Every OTHER calendar year
Frame	Every OTHER calendar year	Every calendar year	Every OTHER calendar year
Contacts (instead of glasses)	Every calendar year	Every calendar year	Every OTHER calendar year
Copayments			
Exam	\$0	\$0	\$0
Prescription Glasses	\$25	\$25	\$0
Contact Lens Exam (fitting and evaluation)	15% discount (up to \$60 copayment)	15% discount (up to \$60 copayment)	10% Discount (Up to \$40 allowance)
Allowances			
Retail Frame	\$170	\$250	\$125
Wholesale Frame	\$65	\$96	N/A
Contact Lenses	\$170	\$250	\$75
Lens Enhancements			
Anti-Reflective Coating	Discounted	\$25 copayment	Up to \$68
UV Protection	Discounted	Covered in full	Up to \$15

*EyeMed Vision is included as part of the BCBSIL HMO Illinois Plan.

Shop for eyewear online — and save.

You can use your VSP insurance benefit with Eyeconic. With Eyeconic, you can "try on" frames with the Virtual Try-On tool to ensure you get the right look. Plus, you will enjoy free shipping and returns. Eyeconic verifies your prescription and performs a 25-point inspection. Each qualifying purchase includes a complimentary frame adjustment or contact lens consultation from an eye care professional. Visit eyeconic.com to find out more.

Flexible Spending Accounts

The Flexible Spending Accounts (FSAs) — Health Care and Dependent Care — let you set aside pre-tax money to pay for eligible expenses during the year.

When you contribute to an FSA:

- You decide how much to contribute — when you enroll, you elect an annual contribution, which will be deducted from your paychecks in equal amounts.
- You save on taxes since your contributions are deducted from your pay before federal income tax, Social Security, and in most cases, state and local taxes. And, you are not taxed on the money you use from your account for eligible expenses.
- Use your FSA funds for eligible expenses incurred between your benefits-effective date and March 15, 2021.
- You cannot change your elections after your enrollment period unless you experience a qualifying life event, and the FSA contribution changes must be consistent with the type of life event.

Maroon Savings Choice and the FSA

If you are enrolled in the Maroon Savings Choice Plan, the IRS does not allow you to use a Health Care FSA in combination with your HSA.

Health Care FSA

The Health Care FSA lets you set aside between \$250 and \$2,750 in pre-tax money to pay for eligible out-of-pocket health care expenses, including medical, prescription drug, dental, and vision expenses. For a complete list of eligible expenses, see IRS Publication 502 at [irs.gov](https://www.irs.gov) or [wageworks.com](https://www.wageworks.com).

Using Your Health Care FSA Funds

With the Health Care FSA, your contributions are deducted from your paychecks evenly throughout the year. However, your full election amount is available the last day of the following month after your election, so it is there when you need it for eligible health care expenses.

Debit Card

To use your FSA funds, you will receive a debit card from WageWorks. You can use the debit card to pay for eligible expenses at the time that you incur them — which means that you do not have to pay out of your pocket and then submit a claim form for reimbursement.

WageWorks requires itemized receipts to verify debit card purchases within 90 days of the transaction date or your debit card will be deactivated. Log in at [wageworks.com](https://www.wageworks.com), click the “SUBMIT A CARD RECEIPT” quick link, and follow the steps to upload your documentation.

Submit a Claim

If you do not want to use the debit card, you can pay for your expenses out of pocket and submit your claims for reimbursement. Complete, sign, and return the Request for Reimbursement Form to WageWorks on [wageworks.com](https://www.wageworks.com).

- By fax: 877.353.9236
- By mail: P.O. Box 14053, Lexington, KY 40512

You can choose to have eligible health reimbursements either deposited directly into your bank account or mailed to your home address in the form of a check. When you register at [wageworks.com](https://www.wageworks.com), you'll be able to choose your reimbursement method.

FSA claims deadlines

- You have until March 15, 2021 to use your 2020 FSA balance.
- Any balance remaining after March 15, 2021 will be forfeited.
- All claims for 2020 must be submitted by June 30, 2021.

Dependent Care FSA

A Dependent Care FSA lets you save pre-tax money to reimburse yourself for eligible dependent care or elder care expenses so that you can go to work. The Dependent Care FSA is **not** for payment of your dependents' eligible health care expenses; those expenses can be paid for with your Health Care FSA.

For 2020:

- If you are a non-highly compensated employee, you can contribute up to \$5,000*.
- If you are a highly compensated employee (defined by the IRS as annual compensation of more than \$125,000), you can contribute up to \$1,900.

Your Dependent Care FSA can be used to cover eligible expenses for your:

- Children under the age of 13 who can be claimed as exemptions on your federal income tax return, and
- Dependents of any age (including parents) who are physically or mentally incapable of self-care and who depend on you for at least 50% of their support (other requirements apply — see IRS Publication 503 for details).

Examples of eligible expenses include day care centers, nursery schools, preschools, and custodial care at home. For a complete list of eligible dependent day care expenses, see IRS Publication 503 at [irs.gov](https://www.irs.gov) for details.

Important tax rules apply to the Dependent Care FSA. The amount you contribute to the Dependent Care FSA will reduce — dollar for dollar — the total amount of expenses you can use toward the federal tax credit. Consult with your tax advisor to determine whether enrolling in a Dependent Care FSA or taking the tax credit is better for you.

** If you and your spouse both have a Dependent Care FSA, you can each contribute, however the total per household must not exceed \$5,000 (\$2,500 each if married and filing separately) in accordance with IRS rules.*

How to Reimburse Yourself

Unlike the Health Care FSA, funds are deposited into your account as they are deducted from your paycheck. You can only be reimbursed up to the amount that has been deposited into your Dependent Care FSA at the time you request reimbursement.

To reimburse yourself from your Dependent Care FSA, pay for the care and then submit a Reimbursement Claim Form along with appropriate supporting documentation. All reimbursement requests must include a completed and signed provider certification.

If you do not have provider certification, complete the Request for Reimbursement Form and submit an itemized statement from the provider that includes:

- Start and end dates of service,
- Dependent's name and date of birth,
- Itemization of charges, and
- Provider's name, address, and tax ID or Social Security Number.

You can find these forms when you log in at [wageworks.com](https://www.wageworks.com).

Save your receipts

Supporting documentation of the expense and payment will be required for each reimbursement and debit card transaction:

- Explanation of Benefits
 - Itemized receipt or bill from the provider
 - For prescriptions, receipt from your pharmacy
- Credit card statements and canceled checks do not meet the requirements for acceptable documentation.

Use it or lose it

Unlike the Health Savings Account, Health Care and Dependent Care FSAs have an IRS-required "use it or lose it" rule, which means you forfeit any funds not used by March 15, 2021. So, you will want to plan your savings carefully and use all the money you set aside by March 15, 2021. All claims must be submitted by June 30, 2021.

Insurances

The University of Chicago offers Basic and Supplemental Life Insurance, Long-Term Disability, Short-Term Disability, and Personal Accident Insurance.

Basic Life Insurance

The University of Chicago offers group life insurance plans that provide financial security for you and your family in the event of a death. The University pays the full cost of Basic Life Insurance coverage equal to one times your salary, to a maximum of \$50,000. You are automatically enrolled on your date of hire or benefits-eligible date.

Supplemental Life Insurance

You have the opportunity to purchase additional life insurance protection for yourself. You pay the full cost of this coverage through after-tax payroll deductions. When you reach age 65, coverage is only available at a reduced percentage of your elected coverage amount.

- During your initial 31-day enrollment period, you may purchase coverage equal to a multiple of your annual base salary up to \$750,000 without providing evidence of insurability. Your combined basic and supplemental coverage cannot exceed \$1,500,000.
- If you enroll outside of your initial 31-day enrollment period, you may purchase coverage equal to a multiple of your annual base salary, up to \$1,500,000 (basic and supplemental combined) with evidence of insurability.

Dependent Life Insurance

You also have the opportunity to purchase life insurance protection for your same-sex domestic partner (registered with the University on or before December 31, 2016), spouse, or civil union partner, and dependent children (up to age 26).

- For your spouse, same-gender domestic partner (registered with the University on or before December 31, 2016), or civil union partner: You may purchase coverage in \$10,000 increments up to \$150,000 (not to exceed 100% of your basic and supplemental life amount).
 - » During your initial 31-day enrollment period, you may purchase coverage up to \$20,000 without evidence of insurability.
 - » Evidence of insurability is required for election amounts greater than \$20,000 made during your initial enrollment period, and for all elections made outside of your initial enrollment period.
- For your eligible children: You may purchase coverage in \$2,000 increments up to \$10,000 per child. You will only pay a premium based on one level of coverage, regardless of the number of children you cover. Evidence of insurability is not required for children.

You pay the full cost of Dependent Life Insurance coverage through after-tax payroll deductions. When your spouse/partner reaches age 65, coverage is available at a reduced percentage of the elected coverage amount.

Evidence of insurability

If evidence of insurability is required, you will be contacted directly by Sun Life through U.S. mail. Any coverage requiring evidence of insurability **will not become effective until approved by Sun Life**. You have 90 days to provide the required information; after that, your request will be closed.

Monthly Rates

The monthly cost for Supplemental Life Insurance is based on age and the coverage amounts you elect.

For you, your spouse, same-gender domestic partner*, or civil union partner:

Age	Monthly cost per \$1,000 of coverage
Under 35	\$0.027
35 - 39	\$0.034
40 - 44	\$0.061
45 - 49	\$0.103
50 - 54	\$0.158
55 - 59	\$0.293
60 - 64	\$0.444
65 - 69**	\$0.820
70 - 74**	\$1.506
75 and over**	\$1.506

*Your domestic partner must have been registered with the University on or before December 31, 2016.

**Reduction in coverage applies.

For your child or children:

Age	Monthly cost per \$2,000 of coverage
All eligible children	\$0.200

Your monthly cost for coverage is the same, no matter how many children you cover.



Long-Term Disability Insurance

The University of Chicago offers Long-Term Disability Insurance (LTD) to help protect you financially in case of illness or injury. LTD replaces a portion of your income while you are totally disabled and are unable to work for more than three months. Participation is voluntary and you can choose from the Basic Plan, the Optional Plan, or waive coverage.

Basic Plan	Optional Plan
<p>Provides:</p> <ul style="list-style-type: none"> 60% of your eligible monthly salary, up to \$10,000 monthly*. <p>Disability is defined as:</p> <ul style="list-style-type: none"> During the first 24 months: Being unable to perform the material and substantial duties of your regular occupation or having a 20% or more loss in your monthly earnings, and being under the regular care of a doctor. After 24 months: Being unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training, or experience, and being under the regular care of a doctor. 	<p>Provides:</p> <ul style="list-style-type: none"> 60% of your eligible monthly salary, up to \$20,000 monthly*. Provides an annual 5% cost of living adjustments, which means your benefit automatically increases 5% each year to compensate for the rising cost of inflation. <p>Disability is defined as:</p> <ul style="list-style-type: none"> Being unable to perform the material and substantial duties of your regular occupation or having a 20% or more loss in your monthly earnings, and being under the regular care of a doctor.

**Less any benefits you receive from other sources, such as Social Security.*

During your initial 31-day enrollment period, you will be defaulted into the Basic LTD coverage. You may maintain the Basic LTD coverage, elect the Optional LTD coverage (in lieu of the Basic LTD coverage), or waive all LTD coverage. No evidence of insurability is required for the Basic or Optional LTD coverage if elected during this 31-day period.

If you apply for coverage under the Basic or Optional LTD Plan **after the 31-day period**, you must complete Sun Life Financial's (Sun Life) evidence of insurability process. Coverage is not automatic — Sun Life must approve your application for coverage. If approved, the coverage goes into effect as of the date stated by Sun Life in its approval letter.

In both cases, you must be actively working on the date coverage begins. If you are not, coverage will begin once you are actively working as determined by Sun Life.

If you are a benefits-eligible member of Local 743 or are otherwise classified as a confidential clerical employee, and do not elect coverage under the Basic or Optional LTD Plan; you will automatically be covered under the Basic LTD Plan as of the date you have completed 90 days of continuous employment.

How to calculate your monthly LTD rate

Step 1: Subtract the amount of coverage that the University pays (\$14,000 for full-time employees and \$7,000 for part-time employees) from your annual salary.

Step 2: Multiply that amount by the appropriate factor:

- 0.00232 if you elect coverage under the Basic Plan.
- 0.00371 if you elect coverage under the Optional Plan.

Step 3: Divide the result by 12. This gives you your monthly LTD contribution rate.

An example:

Joe is a full-time employee with an annual salary of \$50,000. Here is how he calculates his contributions under the two plans:

Basic Plan

$$\begin{aligned} \$50,000 - \$14,000 &= \$36,000 \\ \$36,000 \times 0.00232 &= \$83.52 \\ \$83.52/12 &= \$6.96 \end{aligned}$$

Optional Plan

$$\begin{aligned} \$50,000 - \$14,000 &= \$36,000 \\ \$36,000 \times 0.00371 &= \$133.56 \\ \$133.56/12 &= \$11.13 \end{aligned}$$

Short-Term Disability Insurance

The University of Chicago provides Short-Term Disability Insurance (STD) to benefits-eligible staff employees who have completed their three-month probationary period. The STD insurance provides income replacement if you have a non-work-related illness or injury that makes you unable to work for more than two work weeks. The University pays the full cost for this benefit, and you are automatically enrolled once you are eligible.

- After two consecutive work weeks, called the waiting period, STD pays 60% of your regular salary minus all regular deductions for insurance, union dues, and retirement for up to 13 weeks from the date of disability.
- You must use all accrued sick leave before STD benefits begin or satisfy the two-week waiting period, whichever is longer.
- Pregnancy is a covered disability. STD provides benefits for the balance of six weeks from the date of birth for a regular delivery or the balance of eight weeks for a Cesarean delivery.
- STD runs concurrent to a leave under the Family and Medical Leave Act (FMLA).

Personal Accident Insurance (Accidental Death and Dismemberment)

The University of Chicago offers Personal Accident Insurance to help protect you and your family from financial hardship if you or a covered family member dies or suffers a serious injury in an accident.

You can purchase up to \$1,000,000 (but no more than a maximum of 10 times your annual salary) of Personal Accident Insurance for you and your dependents. Evidence of insurability is not required. When you reach age 70, coverage is only available at a reduced percentage of your elected coverage amount.

If family coverage is elected, the spouse/partner is provided coverage for 50% of the employee's amount of Personal Accident Insurance in force, subject to a Maximum benefit of \$50,000, and the child is provided coverage for 15% of the employee's amount of Personal Accident Insurance in force, subject to a maximum benefit of \$50,000.

You pay the full cost of this coverage through payroll deductions. The cost is based on the coverage amount you elect. If you elect family coverage, you must select the dependents to be covered in Workday. The example below shows how you can calculate your monthly rate for Personal Accident Insurance.

How to calculate your monthly Personal Accident Insurance (Accidental Death and Dismemberment) rate

Step 1: Choose the amount of coverage you want.

Step 2: Divide the amount of your total coverage (your principal amount) by \$10,000.

Step 3: Multiple that by the appropriate rate:

- \$0.14 if you cover yourself only.
- \$0.23 if you choose to cover yourself and your family.

An example:

Sue compares the cost of \$80,000 coverage for herself only and for herself and family per month:

$$\begin{aligned} \$80,000/\$10,000 &= 8 \\ \text{Herself only: } 8 \times \$0.14 &= \$1.12 \\ \text{Herself + family: } 8 \times \$0.23 &= \$1.84 \end{aligned}$$

Retirement Program

The University of Chicago is committed to helping you build financial security for retirement, which is why we offer our retirement program. The retirement program is made up of several plans, including the Employee Retirement Income Plan, Contributory Retirement Plan, Supplemental Retirement Plan, and 457(b) Deferred Compensation Plan.

Retirement Income Plan for Employees (ERIP)

The Retirement Income Plan for Employees (ERIP) is a 403(b) defined contribution plan that provides benefits through a retirement savings account. You are eligible (and required) to participate in the ERIP if you are a regular non-academic employee of the University who is not otherwise excluded and you:

- Have completed one year of service (1,000 hours) with the University, and
- Are age 21 or older.

Under the ERIP, the University establishes an account into which both you and the University contribute a percentage of your pay each pay period:

- **Mandatory contributions.** After one year of eligible service, you are required to contribute 3% of your pay to the ERIP, and the University will contribute an amount equal to 4% of your pay.
- **Voluntary contributions.** You also have the option to make additional voluntary contributions to the ERIP, up to 2% of your pay.
- **University matching contributions.** When you make voluntary contributions to this plan, the University will match your contributions at 200%, up to 4% of pay.

The IRS sets limits on how much you can voluntarily contribute to a 403(b) account each calendar year, including additional catch-up contributions if you are age 50 or older. Your voluntary contributions to the ERIP (and the Supplemental Retirement Plan (SRP), if you participate) cannot exceed these limits. **Neither your 3% mandatory contribution, the University contributions, nor any rollover amounts count toward this IRS limit.** Visit [irs.gov](https://www.irs.gov) for more information on the annual deferral limits.

You may start or stop your additional voluntary contributions at any time during the year. If you have any questions or need assistance, contact a Benefit Specialist at 773.702.9634 or benefits@uchicago.edu.

You choose how to invest your contributions among the investment options from the tiered investment lineup below:

- » Tier 1: Target-Date Funds
- » Tier 2: Index Funds
- » Tier 3: Actively Managed Investments
- » Tier 4: Brokerage Account

You may invest your contributions in one fund or spread them among several funds. Visit [tiaa.org/public/tcm/uchicago](https://www.tiaa.org/public/tcm/uchicago) to review the investment fund lineup or call TIAA at 800.842.2252.

By taking advantage of the voluntary contributions, you can more than double your contributions each pay period with the **additional University matching contributions**:



Supplemental Retirement Plan (SRP)

The SRP is a 403(b) plan that offers a flexible and convenient way to save for retirement. You are eligible to participate in the SRP as of your hire date. Key features of the SRP include:

- **Tax savings.** Contributing pre-tax money to the SRP lowers your taxable income for the year since your contributions are deducted from your pay before federal and state income taxes are withheld.
- **Control over your investment elections.** You have the opportunity to choose how to invest your contributions through a variety of investment options.
- **Investment growth.** Your account grows through compound interest and potential investment earnings on a tax-deferred basis until you withdraw it.
- **Flexibility.** Once you open an account and elect a contribution amount, your election will remain the same from year to year unless you make a change. You can start, stop or change your elections at any time during the year.
- **Portable.** The money you contribute to the SRP is always yours, even if you leave or retire from the University. If you do leave, you can keep your account invested in the Plan, elect to receive a distribution, roll it into a new employer's plan, or open an Individual Retirement Account (IRA).

To get started, log into Workday to elect the dollar amount or percentage you want to contribute to the plan or the percentage you would like to invest.

If you are a bi-weekly paid employee: The amount you designate for SRP will be deducted from each paycheck — please ignore the monthly indicator.

You can elect to set aside pre-tax dollars, up to the IRS maximum (indexed each year). The maximum contribution for 2020 is \$19,500. If you will be age 50 or older, you may make additional catch-up contributions — up to \$6,500 in 2020 — to the SRP. Once you reach this limit, Workday will automatically stop your contributions for the remainder of the year.

You choose how to invest your contributions among the investment options from the tiered investment lineup below:

- » Tier 1: Target-Date Funds
- » Tier 2: Index Funds
- » Tier 3: Actively Managed Investments
- » Tier 4: Brokerage Account

You may invest your contributions in one fund or spread them among several funds. Visit tiaa.org/public/tcm/uchicago to review the investment fund lineup, or call TIAA at 800.842.2252.

Rolling over another retirement plan

If you have a qualified retirement plan from a previous employer, you can roll the funds over into the SRP. Contact TIAA at 800.842.2252 for more information.

Don't miss out on matching ERIP contributions

The University wants to ensure that you take full advantage of the retirement plans that make up the retirement program, which includes getting **matching contributions through ERIP after one a year of service.**

When you become eligible for ERIP, you can make voluntary contributions in addition to the mandatory contribution — and when you do, the University matches them: if you make a **2% voluntary contribution**, the University **matches your contribution with 4%** of your pay.

If you are currently contributing to the SRP, you may need to adjust your SRP contributions so that the total of your voluntary ERIP and SRP contributions remain within the IRS maximum.

To make your voluntary ERIP elections and/or make any changes to your SRP contribution, visit Workday at workday.uchicago.edu. To assist you, Quick Reference Guides can be accessed at [http://humanresources.uchicago.edu/benefits/redesign](https://humanresources.uchicago.edu/benefits/redesign).

Contributory Retirement Plan (CRP)

The Contributory Retirement Plan (CRP) is a 403(b) defined contribution plan that provides benefits through a retirement savings account.

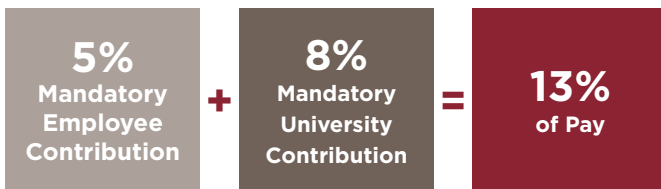
You are eligible (and required) to participate in the CRP on the first day of your appointment with the University if you are a benefits-eligible employee and you are a full-time:

- Faculty or other Academic Appointee,
- Officer of the University,
- Librarian, or
- Staff employee whose compensation is at or above the annual salary level as specified by the University.

You are eligible (and required) to participate in the CRP after you complete a Year of Service if you are a benefits-eligible employee and you are:

- Faculty, other Academic Appointee, Officer, or Librarian appointed to half-time service (or more) but less than full-time service, or
- Laboratory School Teacher.

Under the CRP, the University establishes an account into which both you and the University contribute a percentage of your pay each pay period. You are required to contribute 5% of your pay to the CRP and the University will contribute an amount equal to 8% of your pay. With the University's contributions, you receive an amount equal to 13% of your eligible pay, which will stop when your year-to-date earnings reach the 2020 annual compensation limit of \$285,000. Your CRP contributions will begin automatically again each January 1.



Please note: If you were a Staff employee who participated in the ERIP before becoming eligible to participate in the CRP, you still have a separate ERIP account that grows with interest and investment earnings (or losses). Your ERIP balance cannot be rolled over into your CRP account while you are employed by the University or one of its affiliates.

Federal tax laws limit the amount you and the University can contribute to your retirement savings account under the CRP each year. The sum of the following cannot exceed the lesser of 100% of your annual compensation or the IRS 415(c) limit:

- The University's contributions to your CRP account,
- Your contributions to your CRP account, and
- Any voluntary contributions to the Supplemental Retirement Plan (SRP), excluding the additional catch-up contributions you may be eligible to make under the special catch-up provision if you are age 50 or older.

Once you reach this limit, Workday will automatically stop your contributions for the remainder of the year.

You choose how to invest your contributions among the investment options from the tiered investment lineup below:

- » Tier 1: Target-Date Funds
- » Tier 2: Index Funds
- » Tier 3: Actively Managed Investments
- » Tier 4: Brokerage Account

You may invest your contributions in one fund or spread them among several funds. Visit tiaa.org/public/tcm/uchicago to review the investment fund lineup or call TIAA at 800.842.2252.



457(b) Deferred Compensation Plan

The 457(b) Deferred Compensation Plan is a non-qualified plan that offers eligible employees the opportunity to defer additional compensation each year.

You are eligible to participate in the 457(b) Plan if you are a benefits-eligible employee of the University and you:

- Have a benefit base salary equal to or greater than 175% of the Social Security taxable wage base, **and**
- Are contributing the maximum amount allowed by the IRS, including your voluntary contributions to the SRP — including catch-up contributions if you are age 50 or older.

When you participate:

- You defer a portion of your eligible compensation, up to IRS limits for the 457(b) Plan, on a pre-tax basis.
- Your contributions and any investment earnings are not taxed until you take a distribution from the 457(b) Plan. Distribution rules for the 457(b) Plan are different than for other University 403(b) Retirement Plans — Retirement Income Plan for Employees (ERIP), Contributory Retirement Plan (CRP), and Supplemental Retirement Plan (SRP).
- The University does not contribute to the 457(b) Plan.

You must enroll each year.

If you want to participate:

- For January 1 entry: In Workday during Open Enrollment, select the dollar amount you want to contribute, up to the IRS maximum.
- For July 1 entry: Complete and return a Salary Reduction Agreement.
- Establish an account with a 457(b) investment manager.

**Your benefit base salary does not include clinical bonuses, extra service pay, or compensation while you are out of residence.*

Contributions are deducted automatically from each paycheck before federal income taxes are calculated. Your contributions and any earnings on your contributions are not taxed until you take a distribution from the plan.

You may increase or decrease your deferral amount only once each year by notifying the Benefits Office.

You may stop your participation at any time during the year by notifying the Benefits Office in writing.

You choose how to invest your contributions among the investment options from the tiered investment lineup below:

- Tier 1: Target-Date Funds
- Tier 2: Index Funds
- Tier 3: Actively Managed Investments
- Tier 4: Brokerage Account

You may invest your contributions in one fund or spread them among several funds. Visit tiaa.org/public/tcm/uchicago to review the investment fund lineup or call TIAA at 800.842.2252.

Name your beneficiary: Contact TIAA

You must contact TIAA to name a beneficiary(ies) for each of your retirement plans (ERIP, CRP, SRP, and/or 457(b) Deferred Compensation Plan). Your beneficiary is the person (or persons) who will receive any remaining benefits in the event of your death. To designate a beneficiary, log into your account at tiaa.org/public/tcm/uchicago or call TIAA at 800.842.2252.

Retirement Plans: Staff Employees

Features	Supplemental Retirement Program (SRP)	Staff Employee Retirement Income Plan (ERIP)
Eligibility	All employees	Mandatory for all staff employees who have attained age 21; completed one year of service (i.e., 1,000 hours of service during the 12-consecutive-month period beginning on the employee's hire date and each anniversary thereafter); and whose compensation is less than \$130,000 at the time of hire
Enrollment	New enrollments may be made at any time throughout the year by logging in to Workday	Automatic enrollment as soon as eligibility requirements are satisfied
Ongoing Participation	Your participation will automatically continue from one year to the next unless you discontinue participation	Your participation will automatically continue from one year to the next
Mandatory University Contributions	None	4% of compensation (including salary, extra service pay, and overtime pay)
Mandatory Employee Contributions	None	3% of compensation (by payroll deduction)
Voluntary Employee Contributions	Participation is voluntary; combined voluntary contributions cannot exceed IRS limits for the calendar year (for 2020, \$19,500 or \$26,000 if you are age 50 or older)	An additional 1% or 2% of compensation (by payroll deduction); participation is voluntary; combined voluntary contributions to ERIP and SRP, if you participate, cannot exceed IRS limits for the calendar year (for 2020, \$19,500 or \$26,000 if you are age 50 or older)
University Match on Voluntary Employee Contributions	None	If you contribute an additional 1%, the University will contribute 2% or if you contribute an additional 2%, the University will contribute 4% of compensation (including salary, extra service pay, and overtime pay)
Vesting Requirement	You are always 100% vested in your SRP account	You are always 100% vested in your payroll deduction contributions; you are 100% vested in the University's contributions upon completing three years of service
Account Ownership	Participant	Participant
Loans	Available through TIAA	Available through TIAA
Hardship Withdrawals	Available to satisfy "immediate and heavy financial need"; includes tuition and purchase of primary residence; only available through TIAA	Not available
In-Service Withdrawals	Available for hardship and disability, and for any reason after age 59½; hardship withdrawals only available through TIAA	Available in limited circumstances beginning at age 59½
Payments Following Employment Termination	Benefits must commence the April following the year when the participant attains age 70½ unless earlier payment is requested	Benefits must commence the April following the year when the participant attains age 70½ unless earlier payment is requested
Rollovers from this Plan after University Employment Ends	May be made to IRA or new employer's Section 401(a), 401(k), or 403(b) plan (if it accepts rollovers)	May be made to IRA or new employer's Section 401(a), 401(k), or 403(b) plan (if it accepts rollovers)

Important Differences Between the Section 457(b) and Other Retirement Plans

Features	Contributory Retirement Plan (CRP)	Supplemental Retirement Program (SRP)	457(b) Deferred Compensation Plan
Eligibility	Mandatory upon appointment for full-time, benefits-eligible Faculty or Other Academic Appointees, Officers of the University, Librarians, or Staff employees whose compensation is at or above \$130,000 at the time of hire. Mandatory upon completion of one year of service for part-time benefits-eligible Academic Appointees, Officers of the University, Librarians appointed to half-time service or Laboratory School Teachers.	All employees	All benefits-eligible employees having a benefit base salary equal to or greater than \$232,575 who are also contributing the maximum allowed by the IRS to SRP (for 2020, \$19,500 or \$26,000 if you are age 50 or older)
Enrollment	Automatic enrollment as soon as eligibility requirements are satisfied	New enrollments may be made at any time throughout the year by logging in to Workday	Must be renewed annually either during Open Enrollment via Workday (for January 1) or on paper (for July 1)
Ongoing Participation	Your participation will automatically continue from one year to the next	Your participation will automatically continue from one year to the next unless you discontinue participation	Must be renewed annually either during Open Enrollment (for January 1) or on paper (for July 1)
University Contributions	8% of compensation (excludes certain extra service pay)	None	None
Employee Contributions	5% of compensation (by payroll deduction)	Participation is voluntary; contributions cannot exceed IRS limits for the calendar year (for 2020, \$19,500 or \$26,000 if you are age 50 or older)	Participation is voluntary; contributions cannot exceed IRS limits for the calendar year (for 2020, \$19,500)
Vesting Requirement	You are always 100% vested in your payroll deduction contributions; you are 100% vested in the University's contributions upon completing three years of service	You are always 100% vested in your SRP account	You are always 100% vested in your Section 457(b) deferral account
Account Ownership	Participant	Participant	University
Rollovers from Prior Employer's Plan	Not accepted	Accepted	Not accepted
Loans	Available through TIAA	Available through TIAA	Not available
Hardship Withdrawals	Not available	Available to satisfy "immediate and heavy financial need"; includes tuition and purchase of primary residence; only available through TIAA	Not available
In-Service Withdrawals	Available in limited circumstances beginning at age 59½	Available for hardship and disability, and for any reason after age 59½; hardship withdrawals only available through TIAA	For small account balances less than \$5,000
Payments Following Employment Termination	Benefits must commence the April following the year when the participant attains age 70½ unless earlier payment is requested	Benefits must commence the April following the year when the participant attains age 70½ unless earlier payment is requested	Entire benefit must be paid in immediate lump sum unless participant affirmatively elects to defer payment within 180 days following employment termination. All payments must commence the April following the year when the participant attains age 70½
Rollovers from this Plan after University Employment Ends	May be made to IRA or to new employer's Section 401(a), 401(k), or 403(b) plan (if plan accepts rollovers)	May be made to IRA or to new employer's Section 401(a), 401(k), or 403(b) plan (if plan accepts rollovers)	No rollovers are permitted

University Programs

Your employment with the University of Chicago provides you with access to a variety of programs and benefits that are associated with working for one of the world's top universities. For more information on these benefits, please visit humanresources.uchicago.edu.

Adoption Assistance Program

Benefits-eligible employees can participate in the Adoption Assistance Program, which covers up to \$5,000 per adoption (\$10,000 per lifetime) for qualified adoption expenses, including the medical, legal, and administrative costs associated with adopting a child.

In order to receive your reimbursement, you must submit a Notice of Intent, 90 days prior to placement/adoption of an eligible child. Within 90 days following the placement/adoption of an eligible child, you must submit the Adoption Assistance Program application, along with a copy of itemized bills and paperwork that demonstrates a legal adoption has been finalized. Find additional information at humanresources.uchicago.edu/benefits/adoption.

Child Care Program

The University of Chicago's Child Development Center, managed by Bright Horizons, provides child care for children ages six weeks to five years old of faculty members, other academic appointees, and staff. This center is designed to meet the child care and educational needs of young children, while maximizing learning and ensuring safety. The Bright Horizons experience encourages children to be confident, successful, lifelong learners. In each classroom, teachers provide a stimulating environment for learning and development.

You can find additional information, including Enrollment Interest Forms, at child-care-preschool.brighthorizons.com/IL/Chicago/uchicagodrexel or child-care-preschool.brighthorizons.com/IL/Chicago/uchicagostonyisland.

Educational Assistance Plan

The University of Chicago Educational Assistance Plan gives you and your dependent children several educational assistance options depending on your position and, in some instances, your years of consecutive employment in an eligible position at the University.

Benefits for staff employees include:

- Tuition assistance for classes at the University.
- Tuition assistance at the University and the Laboratory Schools for your dependent children.

Benefits for faculty and other academic appointees include tuition assistance for your dependents at the University and the Laboratory Schools. Additional information can be found at humanresources.uchicago.edu/benefits/tuition.

Elder and Child Care Consultation Program

The University offers a resource service through Perspectives Ltd. to provide assistance in evaluating your elder and/or child care needs. Call Perspectives Ltd. at 800.456.6327 to speak with a trained specialist who can provide you with information related to:

- Pre-screened child care providers
- Summer camps
- Adoption
- Elder care facilities
- Day/nursing/respice/hospice care
- Home health/homemaker
- Caregiver support

Elder/child care consultation is available at no charge to you; however, you are responsible for the costs associated with the elder or child care services you choose.

Facilities

Faculty and staff are eligible to take advantage of the many available facilities at the University of Chicago, including:

- **Libraries.** You may use your UChicago Card to borrow books and other materials from the University of Chicago Library, one of the largest academic research libraries in the United States. Find additional information and view the University of Chicago Library borrowing policies for faculty and staff at lib.uchicago.edu/borrow/access-privileges/uchicago-faculty-students-and-staff.
- **Health facilities.** Take advantage of the Ratner Athletics Center and Henry Crown Field House before and after work, as well as during lunch time. Payroll deduction is available for employees who purchase a one-year membership. Visit athletics.uchicago.edu/facilities/memberships for additional information.
- **Quadrangle Club.** You are invited to apply for membership with the Quadrangle Club, which offers fine dining and catering services, guest rooms for overnight stays, and top-rated tennis facilities conveniently located in the heart of the University of Chicago campus. Visit quadclub.uchicago.edu for more information.

Financial

As an employee of the University of Chicago, you have access to several financial benefits:

- There are two financial institutions centrally located on campus:
 - » Citibank — visit citi.com for more information.
 - » Maroon Financial Credit Union — visit maroonfinancial.org for more information.
- Residential Properties provides services to faculty and staff seeking assistance in renting or purchasing a residence. The Employer-Assisted Housing Program through Residential Properties offers financial assistance opportunities to homebuyers. For more information, visit humanresources.uchicago.edu/benefits/retirefinancial/eap.shtml.

Transportation

The University of Chicago offers several local transportation options for faculty and staff:

- CTA routes #171 and #172 serve the campus and surrounding neighborhoods. You may show your University-issued IDs to ride these CTA routes free of charge.
- UGo shuttles and evening buses, operated by the University around campus.
- A comprehensive nighttime shuttle service to the entire campus community on a fixed schedule along highly used routes.

Visit safety-security.uchicago.edu/transportation for additional information.

Safety and Security

The University of Chicago Police Department provides a safety escort program. If you are concerned about your safety, you can call 773.702.8181 to request a safety escort. The first available patrol officer will be sent to escort you to your destination. Learn more at safety-security.uchicago.edu/services/umbrella_coverage.



Additional Benefits

Time Off

Having time away to connect with your family, friends and community is important for a well-balanced life, which is why the University of Chicago provides paid holidays, vacation time, and sick days.

Holidays

The University has eight official paid holidays for benefits-eligible staff employees:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the following day
- Christmas Day

When a regular holiday falls on Saturday, the preceding Friday will be considered the University holiday. When the regular holiday falls on Sunday, the following Monday will be considered the University holiday. Please refer to Personnel Policy 510 University Holidays for eligibility, accrual, payment, and usage guidelines. Employees represented by a union are governed by the applicable collective bargaining agreement.

Personal Holidays

Each calendar year, you also accrue five personal holidays to use during the calendar year they are awarded. The personal holidays are awarded as follows:

- Two days on January 1
- One day on April 1
- One day on July 1
- One day on September 1

Personal holidays should be scheduled in advance with your supervisor or department.

Vacation

Each year, eligible employees accrue vacation days as follows:

Years of Service	Weeks of Vacation
1-8 years	3 weeks per year
9-20 years	4 weeks per year
21 or more years	5 weeks per year

Please refer to Personnel Policy 509 Vacation for eligibility, accrual, payment, and usage guidelines. Employees represented by a union are governed by the applicable collective bargaining agreement.

Sick Days

The University depends on your regular attendance at work. However, we recognize that there are instances where you might have to miss work due to illness or injury. The University provides sick days for these situations. Full-time benefits-eligible staff employees receive 10 days of sick leave per year. Sick leave may be used as of your most recent date of benefits eligibility and after three months of employment.

Please refer to Personnel Policy 512 Sick Leave for eligibility, accrual, payment, and usage guidelines. You may use personal sick leave benefits for absences due to an illness, injury, or medical appointment of your child, spouse/partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent, for reasonable periods of time as your attendance may be necessary, on the same terms upon which you are able to use sick leave benefits for your own illness or injury. Employees represented by a union are governed by the applicable collective bargaining agreement.

Women's Health Friends and Family Program

All Maroon Plan, Maroon Savings Choice, and UCHP women participants can receive convenient, quality obstetric and gynecologic care from top specialists in women's health through the University of Chicago's Women's Health Friends and Family Program. Women's health services include:

- Annual exams
- Contraception
- Adolescent gynecology
- Pregnancy care and delivery
- Menopause management
- Minimally invasive surgery
- Treatment for dysplasia, fibroids, and other conditions

Visits will be centrally located at the Duchossois Center for Advanced Medicine (DCAM). To get started, call 773.834.7999 or email ucmfamily@uchospitals.edu.

Business Travel Accident Insurance

The University of Chicago pays the full cost of your business travel accident insurance. This coverage provides financial protection in the event of your serious injury or death in an accident while traveling on University business away from University premises. It does not cover your commute to and from work.

You are automatically enrolled on your first day of work, and coverage begins automatically when you leave your home or office to start a business trip. The amount of coverage is generally five times your annual salary to a maximum of \$500,000. To report a business travel accident, please email risk@uchicago.edu. Find additional information at humanresources.uchicago.edu/benefits/healthwelfare/lifedisability/businessaccident.

Staff and Faculty Assistance Program

The University of Chicago offers a Staff and Faculty Assistance Program (SFAP) through Perspectives Ltd. to help you and your family members manage work and personal life. This confidential program provides support, counseling, referrals, and resources for all life issues — at no cost to you.

Assistance is provided by professional master's-level counselors and specialists. SFAP is available 24 hours a day, 7 days a week, and can be accessed three ways:

- By phone: 800.456.6327.
- In person, by appointment only: call 800.456.6327 to schedule an appointment.
- Online: perspectivesltd.com (user name: UNI500 and password: perspectives).

Commuter Benefit

The Commuter Benefit lets you set aside pre-tax dollars through payroll deductions to pay for qualified work-related transit and parking expenses. For 2020, you can set aside up to \$270 per month for work-related transportation costs and up to \$270 per month for work-related parking costs.

Eligible expenses include:

- Train
- Bus
- Van pool
- Parking at or near work (other than University lots) or parking at a location from which you commute to work

You can sign up, change your election, or stop participating at any time during the year by going online to wageworks.com or calling WageWorks at 877.924.3967.

Interested in commuter benefits?

Sign up through WageWorks. Go online to wageworks.com and log into your account. Once you are logged in, you will be able to select the specific commuter benefit that works for you. Benefit options include: Transit, Vanpool, Parking, and Park and Ride.



Retiree Medical Plan

The Retiree Medical Plan is available to employees who retire from the University and were employed:

- Prior to January 1, 2005, in a continuous benefits-eligible position and are at least age 55 when employment terminates, or
- On or after January 1, 2005, are at least age 55, and have completed at least 10 years of continuous benefits-eligible service when employment terminates.

You may choose to cover your eligible family members, including:

- Same- or opposite-sex spouse or civil union partner, or same-gender domestic partner (registered with the University on or before December 31, 2016).
- Children under the age of 26, including natural children, stepchildren, adopted children, or wards; any child named in a court order for whom you are legally responsible for providing coverage under the terms of a qualified medical child support order; and your domestic partner's child who depends on you for support and lives with you in a regular parent-child relationship.
- Unmarried children over age 26 if the child is incapable of self-sustaining employment due to a mental or physical disability that occurred before attaining age 26, is dependent on you or your domestic partner for primary support and maintenance, and is covered continuously by the plan prior to and beyond age 26.
- Military veteran dependent children up to age 30 if the child has established residency in Illinois, served in the active or reserve components of the U.S. Armed Forces, and received a release of discharge other than a dishonorable discharge.

	Eligible for Medicare	Not Eligible for Medicare
Who's Eligible	<ul style="list-style-type: none"> • Retirees and their eligible dependents age 65 or older • Retirees and their eligible dependents who became disabled before age 65 and are determined to be Medicare-eligible 	<ul style="list-style-type: none"> • Retirees and their eligible dependents younger than age 65 • Retirees living outside of the United States
Medical Plan	<ul style="list-style-type: none"> • Choice of two Retiree Medical Plans administered by Aetna 	<ul style="list-style-type: none"> • Retiree Medical Plan administered by Blue Cross and Blue Shield of Illinois (BCBSIL)
Prescription Plan	<ul style="list-style-type: none"> • You are automatically enrolled in the prescription drug program administered by Express Scripts 	<ul style="list-style-type: none"> • You are automatically enrolled in the prescription drug program administered by Express Scripts

For more information about the Retiree Medical Plan, including coverage details and costs, visit humanresources.uchicago.edu/benefits/healthwelfare/retireemedical or call the University of Chicago Human Resources Benefits Office 773.702.9634.



Notices

If you and/or your dependent have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See the information below.

Medicare Part D Creditable Coverage

Important Notice from the University of Chicago about Your Prescription Drug Coverage and Medicare. Please read this notice carefully and keep it where you can find it. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The University of Chicago has determined that the prescription drug coverage offered by your University of Chicago medical plans is, on average for all plan participants, expected to pay out as much as standard Medicare 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 15 through December 7. 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 University of Chicago prescription drug coverage will be affected.

- If you decide to KEEP your University of Chicago prescription drug coverage and enroll in a Medicare prescription drug plan, your University of Chicago coverage generally will be your primary coverage. You may be required to pay a Medicare Part D premium in addition to your University of Chicago medical plan contributions.
- If you do decide to join a Medicare drug plan and DROP your current University of Chicago prescription drug coverage—by dropping your medical plan, be aware that you and your dependents may not 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 the University of Chicago and do not 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 19 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 November to join.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the Benefits Office at 773.702.9634 for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through the University of Chicago 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 will 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 [medicare.gov](https://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 (800.633.4227). TTY users should call 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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800.772.1213 (TTY 800.325.0778).

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

Newborns' and Mothers' Health Protection Act Notice

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).

If you have questions or would like more information, please contact your medical plan provider. See [page 44](#) for contact information.

Women's Health and Cancer Rights Act Notice

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.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. The amounts are shown on the chart on [pages 16-17](#). If you have questions or would like more information, please contact your medical plan provider. See [page 5](#) for contact information.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The University of Chicago takes the protection of your health information seriously. Federal law requires your health plans to provide a Notice of Privacy Practices, which describes how your health information is safeguarded, the circumstances in which your health information may be used, and your legal rights. For your convenience, you may request a copy by contacting the Benefits Office at 773.702.9634.

HIPAA Notice of Special Enrollment Rights

THIS NOTICE DESCRIBES SPECIAL CIRCUMSTANCES WHICH MAY ALLOW YOU AND YOUR ELIGIBLE DEPENDENTS TO ENROLL IN GROUP HEALTH COVERAGE DURING THE YEAR. PLEASE REVIEW IT CAREFULLY.

The University of Chicago sponsors a group health plan (the “Plan”) to provide coverage for health care services for our employees and their eligible dependents. Our records show that you are eligible to participate, which requires that you complete enrollment in the Plan and pay your portion of the cost of coverage through payroll deductions, or decline coverage. A federal law called HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in the Plan under “special enrollment provisions” described below.

Special Enrollment Provisions

Loss of Other Coverage. If you decline enrollment for yourself or for an eligible dependent because you had other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents in the Plan if you or your dependents lose eligibility for that other coverage or if the other employer stops contributing toward your or your dependents’ other coverage. You must request enrollment within 30 days after your or your dependents’ other coverage ends or after the other employer stops contributing toward the other coverage. Please contact the Benefits Office at 773.702.9634 for details, including the effective date of coverage added under this special enrollment provision.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you gain a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents in the Plan. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. In the event you acquire a new dependent by birth, adoption, or placement for adoption, you may also be able to enroll your spouse in the Plan, if your spouse was not previously covered. Please contact the Benefits Office at 773.702.9634 for details, including the effective date of coverage added under this special enrollment provision.

Enrollment Due to Medicaid/CHIP Events

If you or your eligible dependents are not already enrolled in the Plan, you may be able to enroll yourself and your eligible dependents in the Plan if: (i) you or your dependents lose coverage under a state Medicaid or Children’s Health Insurance Program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment **within 60 days** from the date of the Medicaid/CHIP event. Please contact the Benefits Office at 773.702.9634 for details, including the effective date of coverage added under this special enrollment provision).

Contact Information

If you have any questions about this Notice or about how to enroll in the Plan, please contact the Benefits Office at 773.702.9634 or by writing to:

The University of Chicago
6054 South Drexel Avenue
Chicago, IL 60637

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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 each year for coverage starting as early as January 1st.

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.¹

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 Benefits@uchicago.edu or 773-702-9634.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

See Part B on following page.

¹An 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.

3. Employer Name — The University of Chicago	4. Employer ID Number (EIN) - 36-2177139	
5. Employer Address - 6054 S Drexel Ave	6. Employer Phone Number - 773-702-9634	
7. City - Chicago	8. State - IL	9. Zip - 60637
10. Who can we contact about employee health coverage at this Job? University Benefits Office		
11. Phone Number (if different from above)	12. Email Address - benefits@uchicago.edu	

Here is some basic information about health coverage offered by The University of Chicago. As your employer, we offer a health plan to:

Employees	Regular Full-Time and Part-Time employees working more than 20 hours per week.
Dependent Spouse	Same- or opposite-gender spouse or civil union partner, or same-gender domestic partner (registered with the University on or before December 31, 2016)
Dependent Child(ren)	<ul style="list-style-type: none"> • Children under the age of 26, including natural children, stepchildren, adopted children, or wards, and any child named in a court order for whom you are legally responsible for providing coverage under the terms of a qualified medical child support order; and your domestic partner's child who depends on you for support and lives with you in a regular parent-child relationship. • Unmarried children over age 26 if the child is incapable of self-sustaining employment due to a mental or physical disability that occurred before attaining age 26, is dependent on you or your domestic partner for primary support and maintenance, and is covered continuously by the plan prior to and beyond age 26. • Military veteran dependent children up to age 30 if the child has established residency in Illinois, served in the active or reserve components of the U.S. Armed Forces, and received a release of discharge other than a dishonorable discharge. If checked, 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.*

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.

The information below corresponds to the Marketplace Employer Coverage Tool

13. If the University employees is eligible for coverage, the coverage is effective on their date of hire.

14. The University health plan **meets** the minimum value standard.

15. The lowest-cost plan employee only monthly premiums are:

	Salary Tier: 1 (Under 47,500)	Salary Tier: 2 (47,500 - 74,999)	Salary Tier: 3 (75,000 - 99,999)	Salary Tier: 4 (100,000 - 174,999)	Salary Tier: 5 (175,000 +)
Employee Only	\$64.00	\$82.00	\$101.00	\$118.00	\$137.00

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 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 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 askebsa.dol.gov or call 1-866-444-EBSA (3272).

Alabama - Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

Alaska - Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

Arkansas - Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

Colorado - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
 1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/
 State Relay 711

Florida - Medicaid

Website: <http://flmedicaidtplrecovery.com/hipp/>
Phone: 1-877-357-3268

Georgia - Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 1-678-564-1162 ext 2131

Indiana - Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <http://www.indianamedicaid.com>
Phone: 1-800-403-0864

Iowa - Medicaid

Website: <http://dhs.iowa.gov/Hawki>
Phone: 1-800-257-8563

Kansas - Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

Kentucky - Medicaid

Website: <https://chfs.ky.gov>
Phone: 1-800-635-2570

Louisiana - Medicaid**Website:**

<http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>

Phone: 1-888-695-2447

Maine - Medicaid**Website:**

<http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003

TTY: Maine relay 711

Massachusetts - Medicaid and CHIP**Website:**

<http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

Minnesota - Medicaid**Website:**

<https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

Missouri - Medicaid**Website:**

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

Montana - Medicaid**Website:**

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Nebraska - Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 1-402-473-7000

Omaha: 1-402-595-1178

Nevada - Medicaid

Medicaid Website: <https://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

New Hampshire - Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 1-603-271-5218

Toll free number for the HIPP program:

1-800-852-3345, ext 5218

New Jersey - Medicaid and CHIP**Medicaid Website:**

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 1-609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

New York - Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

North Carolina - Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 1-919-855-4100

North Dakota - Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

Oklahoma - Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

Oregon - Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

Pennsylvania - Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>

Phone: 1-800-692-7462

Rhode Island - Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347 or 1-401-462-0311

(Direct RIte Share Line)

South Carolina - Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

South Dakota - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

Texas - Medicaid

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

Utah - Medicaid and CHIP**Medicaid Website:** <https://medicaid.utah.gov/>**CHIP Website:** <http://health.utah.gov/chip>**Phone:** 1-877-543-7669**Vermont - Medicaid****Website:** <http://www.greenmountaincare.org/>**Phone:** 1-800-250-8427**Virginia - Medicaid and CHIP****Medicaid Website:**http://www.coverva.org/programs_premium_assistance.cfm**Medicaid Phone:** 1-800-432-5924**CHIP Website:** http://www.coverva.org/programs_premium_assistance.cfm**CHIP Phone:** 1-855-242-8282**Washington - Medicaid****Website:** <https://www.hca.wa.gov/>**Phone:** 1-800-562-3022 ext. 15473**West Virginia - Medicaid****Website:** <http://mywvhipp.com/>**Toll-free phone:** 1-855-MyWVHIPP (1-855-699-8447)**Wisconsin - Medicaid and CHIP****Website:**<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>**Phone:** 1-800-362-3002**Wyoming - Medicaid****Website:** <https://wyequalitycare.acs-inc.com/>**Phone:** 1-307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration

dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

OMB Control Number 1210-0137 (expires 12/31/2020)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

The University of Chicago does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national or ethnic origin, age, status as an individual with a disability, protected veteran status, genetic information, or other protected classes under the law. For more information and resources, visit equalopportunity.uchicago.edu.

This brochure provides an overview of your University of Chicago benefit plans. It is for informational purposes only. It is neither intended to be an agreement for continued employment, nor is it a legal plan document. If there is a discrepancy between this brochure and the plan documents, the plan documents will govern. In addition, the plans described in this brochure are subject to change without notice. Continuation of benefits is at the University's discretion.

