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. Please see page 38 for more details.
Dear University of Chicago Colleagues:

Benefits Open Enrollment is your once-a-year opportunity to review your benefit options and select the coverage that is right for you and your family for the following year. This year, the **Benefits Open Enrollment period takes place Friday, November 1 through Friday, November 15, 2019**, and your coverage is effective January 1, 2020.

We encourage you to take a few minutes to review the benefits and coverages available to you. That starts with reviewing the information in this Open Enrollment Guide. This Guide also contains important information about your rights and responsibilities under the University benefit plans.

In addition, we recommend you attend the Benefits and Health Fair where you can learn more about your benefit options and ask questions of the benefits staff and benefit plan representatives — plus get a **free flu shot**!

    Thursday, November 7, 2019
    9 a.m. - 4 p.m.
    Ida Noyes Hall

When you are ready to enroll, log in to Workday at [workday.uchicago.edu](http://workday.uchicago.edu) to make your benefit elections by November 15, 2019. For details on how to complete your enrollment, look on page 6 of this Open Enrollment Guide.

Sincerely,

Elizabeth Walls

Elizabeth Walls
Director of Health, Welfare, and Retirement
Human Resources
New for 2020

There are few changes to your benefits for 2020. In this section, we have also included a summary of things to consider for 2020 to assist you in electing the right plan options for you and your family.

Changes to HMO Illinois Network

Effective January 1, 2020, the University of Chicago Medical Center (UCMC) Primary Care Providers (PCP) will no longer participate in the BCBS HMO Illinois network. If your PCP is part of UCMC, you will need to change your PCP or you can change to one of the other University plans. The UCMC hospital and specialists will remain part of the HMO network. This change does not impact the BCBS PPO plans or the UCHP plan.

Health Savings Account (HSA): Increased Contribution Limits

If you enroll in the Maroon Savings Choice Plan, you will be able to save more pre-tax money to pay for eligible health care expenses in 2020. The IRS has increased the maximum amount you can contribute to the HSA for 2020: $3,550 for employee only coverage and $7,100 for all other coverage categories.

Mark your calendar for Thursday, November 7

Get information and learn more about your benefits by attending these event:

Benefits and Health Fair
Information and resources that can enhance your well-being: 9:00 a.m. - 4:00 p.m. at Ida Noyes Hall, 1212 E. 59th Street.

Information Sessions

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Digital Journey with TIAA</td>
<td>10:00 a.m. - 10:45 a.m. 3:00 p.m. - 3:45 p.m.</td>
</tr>
<tr>
<td>Retiree Medical Plan Overview</td>
<td>9:00 a.m. - 9:45 a.m. 2:00 p.m. - 2:45 p.m.</td>
</tr>
<tr>
<td>BCBS HDHP Maroon Savings Choice Plan &amp; HSA</td>
<td>11:00 a.m. - 12:00 p.m. 1:00 p.m. - 2:00 p.m.</td>
</tr>
<tr>
<td>Making Healthy Food Choices (Perspectives)</td>
<td>Noon - 1:00 p.m.</td>
</tr>
</tbody>
</table>

Open Enrollment Information Sessions

Learn more about your 2020 benefits; all Information Sessions will be at noon and held at 6054 S. Drexel in room 144, followed by lab sessions in room 146:

Tuesday, November 5  Tuesday, November 12  Thursday, November 14

Do your part to be flu smart!

Get your FREE flu vaccination

Where: Benefits and Health Fair Ida Noyes Hall 1212 E. 59th Street

When: Thursday, November 7, 2019 9 a.m. - 4 p.m.
Things to Consider

DCAM Pharmacy Is In-network
Effective July 1, 2019, the Duchossois Center for Advanced Medicine (DCAM) pharmacy is considered an in-network pharmacy for CVS. That means if you are covered under either the Maroon PPO or Maroon Savings Choice Plans, you can fill your 30 or 90-day prescriptions at DCAM and pay the same copay as at any other in-network CVS retail pharmacy. Please note that specialty medications must be filled through CVS’s Specialty Pharmacy.

Maintenance Choice Program — with Opt Out
If you’re enrolled in the Maroon PPO or Maroon Savings Choice Plans, prescriptions for maintenance medications — long-term medicines taken regularly to manage a chronic condition such as high blood pressure, diabetes, etc. — must be filled as a 90-day supply through any of the in-network CVS retail pharmacies (including DCAM) or through the CVS Caremark mail service. You can fill a 30-day maintenance medication prescription twice at any retail pharmacy; future fills must be completed as a 90-day supply.

You can choose to opt out of this maintenance medication program. If you opt out, you can continue to fill your maintenance drug prescription at any retail pharmacy. To opt out, call CVS Caremark at 866.873.8632.

Keep in mind that in addition to the convenience of having a 90-day supply, copays for a 90-day supply are typically lower than for a 30-day supply.

ScriptCenter: Pick Up Your Prescriptions 24/7
You can now take advantage of a new benefit: You can pick up your prescriptions when it is convenient for you and without waiting in line with ScriptCenter, a secure and private self-service center.

- ScriptCenter can be used by all University of Chicago
- Most medications can be picked up from ScriptCenter except for refrigerated or medications needing pharmacy staff attention.
- ScriptCenter is located on DCAM lower level in an alcove near the public elevators.

To use ScriptCenter:
- Register to use ScriptCenter by calling 773.834.7002.
- Notify the DCAM pharmacy that you want to use ScriptCenter when you order your prescriptions.
- When your prescription is ready, you will be sent a Claim Check via text or email.
- Use the Claim Check along with your birth date to pick up and pay for your prescriptions anytime.

2019 Dependent Eligibility Audit
The University of Chicago conducted a comprehensive dependent eligibility verification audit from March 1 through June 30, 2019. The purpose of the audit was to ensure that only eligible dependents were being covered under the University’s medical, dental, vision, life, and tuition plans. The Benefits Office is pleased to announce that there was 100% participation. Thank you for your cooperation.
The Basics

2020 Benefits Open Enrollment runs from Friday, November 1 through Friday, November 15, 2019.

The University of Chicago encourages you to participate in Open Enrollment to make sure you have the benefits that meet your needs during the 2020 calendar year. You can view your current benefit elections, dependents, and beneficiaries in Workday at workday.uchicago.edu.

<table>
<thead>
<tr>
<th>You must take action if you want to...</th>
<th>If you do not make changes to your current elections...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enroll for the first time or make changes to your current medical, dental, vision, supplemental or dependent life insurance coverage, personal accident, long-term disability*, commuter benefit*, and supplemental retirement elections.</td>
<td>• Your current medical, dental, vision, supplemental life, dependent life, personal accident, long-term disability, commuter benefits, and supplemental retirement elections will automatically continue for the 2020 calendar year.</td>
</tr>
<tr>
<td>• Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA).</td>
<td>• You will not be able to contribute to an FSA or HSA.</td>
</tr>
<tr>
<td>• Contribute to a Health Savings Account (HSA).</td>
<td>• You will not be able to participate in the 457(b) Deferred Compensation Plan (if eligible) until the next enrollment window beginning May 2020 for a July 1, 2020 effective date.</td>
</tr>
<tr>
<td>• Participate in the 457(b) Deferred Compensation Plan (if eligible).</td>
<td></td>
</tr>
</tbody>
</table>

* Note: Enrolling in or making changes to your long-term disability or commuter benefit coverage can be done at any time throughout the year as follows:
  » Commuter benefit: Go to wageworks.com or call 877.924.3967.

Qualified Life Events

Based on IRS rules, you may not change elections you make until the next Open Enrollment period unless you experience a qualified life event in 2020 such as:

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

If you experience a qualified life event in 2020, you must make any election changes within 31 days of the qualified life event. To make changes, visit workday.uchicago.edu. Documentation will be required and must be uploaded within 31 days to Workday when you add or remove a dependent.

Changes you make during Open Enrollment to your medical, dental, FSA and HSA will be in effect on January 1, 2020 and are binding through December 31, 2020 unless you experience a qualified life event (see above).
University Couples

If both you and your spouse/domestic partner/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.

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; 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.

Adding new dependents for 2020?

If you are adding new dependents during Open Enrollment, you must provide appropriate documentation through the Open Enrollment process in Workday by November 15, 2019, for their coverage to be effective January 1, 2020. **Dependents without documentation will not have coverage.**

You must scan, upload and attach the following documentation for each dependent:
• Spouse (same or opposite gender): Marriage certificate
• Child/Children (to age 26): Birth certificate, adoption documents, other appropriate legal document
• Civil union (same or opposite gender): Certificate of Civil Union
Enrolling

Follow these steps to enroll. Have this with you when you log in to Workday:

**Step 1: Get started**

To begin the 2020 enrollment process:
- Access Workday at [workday.uchicago.edu](http://workday.uchicago.edu) from any computer.
- Click the “LOG IN TO WORKDAY” link on the upper-left side of the screen and enter your CNet ID and password.
- Go to your Workday inbox to access the Open Enrollment task.

**Step 2: Elect medical, dental, and vision plans**

To elect or make changes to your medical, dental, and vision plans:
- Click “ELECT” for the plan(s) you want and select the coverage level.
- Select the dependent(s) you want to enroll under each plan.
- To add a new dependent:
  - Use the icon under the enrolled dependents. Select “YES” to include the new dependent as a beneficiary.
  - Enter the dependent’s first and last name and select the relationship type.
  - Enter the date of birth and select the gender; check the disabled box if applicable.
  - Enter the full address.
  - When you have completed the information, select “OK.”
- Click “CONTINUE” to continue the enrollment process.

**Step 3: Enter contribution to the Health Savings Account**

You must make an election if you want to contribute to the Health Savings Account (HSA) in 2020. **Current contribution elections will not automatically carry over.**
- Click “ELECT” and enter the annual amount to contribute. You can contribute an annual maximum of $3,050 (the University contributes $500) for individual coverage or $6,100 (the University contributes $1,000) for family coverage (spouse and/or children).
- If you are age 55 or older, you can contribute an additional $1,000.
- Click “CONTINUE” to continue the enrollment process.

*The HSA is available only if you enroll in the Maroon Savings Choice medical plan.*

**Take note**

If you have dependents currently in Workday without a Social Security Number, you will be prompted to enter this information. To make changes after you have saved the information, contact the Benefits Office at [benefits@uchicago.edu](mailto:benefits@uchicago.edu).
To enroll in the Health Care or Dependent Care FSA for 2020, you must make an election. **Current contribution elections will not automatically carry over.**

- Click “ELECT” and enter the annual amount to contribute:
  - Between $250 and $2,700 for the Health Care FSA, and/or
  - Up to $5,000 in the Dependent Care FSA ($1,900 if you are a highly compensated employee).
- Click “CONTINUE” to continue the enrollment process.

**Supplemental Life Insurance**
For Supplemental Life Insurance for yourself:
- Click “ELECT” and select the coverage level.
- Click “CONTINUE” to continue the enrollment process.

**Spouse Life Insurance**
For Life Insurance for your spouse, same-gender domestic partner (registered with the University on or before December 31, 2016), or civil union partner:
- Click “ELECT” and select the coverage level.
- Select “COVERED DEPENDENT.”

*Note: The coverage amount you elect for a spouse or same-gender domestic partner or civil union partner cannot exceed your combined Basic and Supplemental Life amount.*

**Child Life Insurance**
For Life Insurance for your child:
- Click “ELECT” and select the coverage level.
- Select “COVERED DEPENDENT.”

**Personal Accident Insurance**
For insurance for you and/or your family:
- Click “ELECT” and select the desired plan and coverage level.
- If you are electing the Family Plan, select “COVERED DEPENDENT.”
- Click “CONTINUE” to continue the enrollment process.

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**Take note**
If evidence of insurability is required for any elections, Sun Life will mail information to your home. Coverage will not become effective until approved by Sun Life.

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**Turn the page for Steps 6 – 9**
Supplemental Retirement Plan (SRP)
If you are currently enrolled in SRP and make no changes, your current contribution amount will automatically continue for 2020.

To enroll or make changes:
• Complete the Employee Contribution Percent or the Employee Contribution Amount (Monthly) field. Biweekly employees: The amount you enter will be deducted every pay period; ignore the monthly indicator.

Supplemental Retirement Plan Catch-Up
If you are currently enrolled and make no changes, your current contribution amount will automatically continue for 2020.

If you are age 50 or older and contributing the IRS maximum amount to the SRP, you are eligible for the SRP Catch-Up contribution. To enroll:
• Complete the Employee Contribution Percent or the Employee Contribution Amount (Monthly) field. Biweekly employees: The amount you enter will be deducted every pay period; ignore the monthly indicator.

Click “CONTINUE” to continue the enrollment process.

457(b) Deferred Compensation Plan
If you are eligible and want to enroll:
• Complete the Employee Contribution Amount (Monthly) field.
• Click “CONTINUE” to continue the enrollment process.

Note: Your 2019 election to the 457(b) Deferred Compensation Plan will NOT carry over. You must make a new election each year to participate. In order to contribute, you must be contributing the IRS maximum amount to SRP, including catch-up contributions if you are age 50 or older.

Step 7:
Designate or update beneficiaries

Review your beneficiaries, including those you added in Step 2. You will select beneficiaries for your Basic Life Insurance and, if elected, Supplemental Life and Personal Accident Insurance.

Select your primary and contingent beneficiaries and designate the percentage amount.
• Your designations may be, but do not have to be, the same for your insurance plans.
• While your allocations may be different for each beneficiary, they must add up to 100%.

To designate beneficiaries:
• Click on the add row icon (+).
• Click on the prompt in the Beneficiary column.
• Select “BENEFICIARY PERSONS”, then click on the individual you want to designate.
• To add multiple beneficiaries, click on the add row icon (+) again.

To add a new beneficiary, click on the prompt in the Beneficiary column.
• Select “CREATE”, then “ADD BENEFICIARY,” then “RELATIONSHIP.”
• Add first and last name.
• Click on “CONTACT INFORMATION.”
• Select “ADD” under Address and complete the address information, then click “OK.”
• Enter the percentage allocation for each beneficiary in the Primary Percentage/Contingent Percentage column.
• Click “CONTINUE” to continue the enrollment process.

Take note
These beneficiary designations apply to Life Insurance and Personal Accident Insurance. To elect or change beneficiaries for the retirement programs, contact TIAA at 800.842.2252 or visit tiaa.org/public/tcm/uchicago.
Step 8: Provide proof for new dependents

Proof of relationship for each dependent you enroll for the first time during Open Enrollment must be scanned, uploaded, and attached at the end of your elections. Acceptable documentation includes:

- A marriage certificate, certificate of civil union, or a University of Chicago statement of domestic partnership approved by the University on or before December 31, 2016.
- A birth certificate or documentation of adoption.
- For military veteran dependents, the Certificate of Release or Discharge from Active Duty document is also required.

To attach dependent documentation, click on “Select Files” under the attachments section to locate and attach your documentation.

**If you do not submit the required information by the Open Enrollment deadline, your dependent will be considered ineligible and his/her coverage will not be processed.**

Step 9: Submit elections

- Once you have completed your benefit elections for 2020, click “I AGREE” to provide your electronic signature and certify that:
  
  » You authorize the University of Chicago to deduct from your earnings the required contributions, if any, toward the cost of the plan(s); and
  
  » You cannot change any of your elections for medical, dental, vision, health care and/or dependent care flexible spending accounts, or health savings accounts until the next Open Enrollment period unless you have a qualified life event. You must submit proof of the qualified life event within 31 days of the effective date of the event.
  
- You must click the “SUBMIT” button on the page to complete your enrollment. Remember:
  
  » All new benefit elections will become effective January 1, 2020.
  
  » Any life insurance elections that require evidence of insurability (EOI), will be pended until you have completed the EOI process and Sun Life has approved your election(s).

- Use the print button to print a copy of your confirmation statement or save it as a PDF for your records once you have verified your elections.

If you want to make changes after you have submitted your elections, you may do so before November 15, 2019, through the Benefits icon on the Workday home page by selecting “CHANGE OPEN ENROLLMENT.”

Take note

Long-Term Disability (LTD) and Commuter Benefits are not part of Open Enrollment and will not be on your Confirmation Statement. Your current LTD and Commuter Benefits elections continue into 2020. To view your current elections or make changes any time during the year, follow the instructions found on page 4.

DID YOU CLICK SUBMIT?

After you have made your elections, make sure you click “SUBMIT” for your elections to take effect January 1, 2020. Print your confirmation statement for your records.
Medical
The University of Chicago offers four medical insurance plans, including two health maintenance organization (HMO) plans and two preferred provider organization plans (PPO):
- 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:

<table>
<thead>
<tr>
<th>University of Chicago Health Plan (UCHP)</th>
<th>Blue Cross Blue Shield HMO Illinois (HMO Illinois)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All treatment covered is provided at University of Chicago Medicine facilities, including the University of Chicago Medical Center (UMCN), and by UCHP PCPs and UCHP Specialists.</td>
<td>• You have access to the Blue Cross Blue Shield HMO Illinois network of contracting doctors and hospitals to choose from when care is needed.</td>
</tr>
<tr>
<td>• Services received at non-University of Chicago Medicine facilities or by non-UCHP-designated providers will not be covered unless it is an emergency.</td>
<td>• 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.</td>
</tr>
<tr>
<td>• Includes vision coverage for children only; contact the Plan at 855.824.3632 for benefit information.</td>
<td>• Includes vision coverage; contact the Plan at 800.892.2803 for benefit information.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Blue Cross Blue Shield PPO Maroon Plan (Maroon PPO)</th>
<th>Blue Cross Blue Shield HDHP Maroon Savings Choice Plan (Maroon Savings Choice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You will pay less out of pocket when you receive care at the University of Chicago Medical Center (UMCN).</td>
<td>• You have access to a Health Savings Account (HSA). The University contributes to the account, and you can also contribute pre-tax dollars.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• You are responsible for the full family deductible if you are enrolled with a spouse and/or children.</td>
</tr>
<tr>
<td>• Includes vision coverage for children only; contact the Plan at 855.824.3632 for benefit information.</td>
<td>• 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.</td>
</tr>
</tbody>
</table>

Find Your Summary of Benefits and Coverage Online

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 2020 SBC and glossary online at humanresources.uchicago.edu/benefits, 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.

<table>
<thead>
<tr>
<th>If you enroll in</th>
<th>The prescription drug administrator is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCHP Maroon PPO Plan</td>
<td>CVS Caremark</td>
</tr>
<tr>
<td>Maroon Savings Choice Plan</td>
<td></td>
</tr>
<tr>
<td>HMO Illinois</td>
<td>Prime Therapeutics</td>
</tr>
</tbody>
</table>

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 is considered an in-network pharmacy for the CVS retail network.
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) 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.

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.
The 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 into 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 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 several 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

When you enroll during Open Enrollment, the University makes a contribution to your HSA, depending on your coverage level:

- **Employee only coverage:** $500
- **All other coverage levels:** $1,000

The University contribution is automatically deposited on January 2, so it is there when you need it.

### Your Contributions

During Open Enrollment, 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. **Please note:** If you are currently contributing to the HSA, your elections will not automatically carry over; you must make an election if you want to contribute to the account in calendar year 2020.

The IRS limits the amount that can be contributed each year, including both your and the University’s contributions. For 2020, you can contribute:

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 IRS maximum</td>
<td>$3,550</td>
<td>$7,100</td>
</tr>
<tr>
<td>University contribution</td>
<td>-$500</td>
<td>-$1,000</td>
</tr>
<tr>
<td><strong>Your maximum contribution</strong></td>
<td><strong>$3,050</strong></td>
<td><strong>$6,100</strong></td>
</tr>
</tbody>
</table>

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.

To learn more about the Maroon Savings Choice Plan and how a Health Savings Account works, stop by the Benefits and Health Fair on Thursday, November 7, 2019 in Ida Noyes Hall (1212 E 59th Street):

- Maroon Savings Choice Plan and HSA Information meetings
  - 11:00 a.m. - Noon
  - 1:00 p.m. - 2:00 p.m.

⚠️ 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.

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

1. You are covered by the Maroon Savings Choice Plan.
2. 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.
3. You are not claimed as a dependent on another person’s tax return (excluding your spouse’s).
4. You are not enrolled in Medicare.
5. You are not receiving Social Security benefits.

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

How to pay with your HSA

<table>
<thead>
<tr>
<th>Debit card.</th>
<th>Online.</th>
<th>HSA checkbook.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Pay for eligible expenses out of your pocket, then go to hsabank.com to request reimbursement.</td>
<td>You can pay by check. Go to hsabank.com or call 800.357.6246 to order a checkbook. A service fee will apply.</td>
</tr>
</tbody>
</table>

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.

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).
- 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.

<table>
<thead>
<tr>
<th></th>
<th>University of Chicago Health Plan (UCHP)</th>
<th>Blue Cross Blue Shield HMO Illinois Plan (HMO Illinois)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible (Individual/Family)</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum (Individual/Family)</strong></td>
<td>$1,500/$3,000</td>
<td>$1,500/$3,000</td>
</tr>
<tr>
<td><strong>Physician office visits (non-preventive)</strong></td>
<td>$25 copayment for PCP(^1) visit, $45 copayment for specialist visit</td>
<td>$25 copayment for PCP(^1) visit, $45 copayment for specialist visit</td>
</tr>
<tr>
<td><strong>Maternity (prenatal visits)</strong></td>
<td>You pay nothing or a minimal copayment, then Plan pays 100%</td>
<td>You pay nothing or a minimal copayment, then Plan pays 100%</td>
</tr>
<tr>
<td><strong>Knee/hip replacement (outpatient)</strong></td>
<td>You pay nothing or a minimal copayment, then Plan pays 100%</td>
<td>You pay nothing or a minimal copayment, then Plan pays 100%</td>
</tr>
<tr>
<td><strong>Hospital inpatient</strong></td>
<td>$350 copayment per admission</td>
<td>$350 copayment per admission</td>
</tr>
<tr>
<td><strong>Hospital outpatient</strong></td>
<td>100% covered</td>
<td>100% covered</td>
</tr>
<tr>
<td><strong>Emergency room</strong></td>
<td>$125 copayment; waived if admitted</td>
<td>$125 copayment; waived if admitted</td>
</tr>
<tr>
<td><strong>Ongoing therapy, occupational and physical therapy</strong></td>
<td>Limit of 60 combined treatments per calendar year</td>
<td>Limit of 60 combined treatments per calendar year; $25 copayment per visit</td>
</tr>
<tr>
<td><strong>Mental health outpatient</strong></td>
<td>$25 copayment per visit</td>
<td>$25 copayment per visit</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td>Exam provided in full; no coverage for hearing aids</td>
<td>$25 PCP/$45 specialist; no coverage for hearing aids</td>
</tr>
</tbody>
</table>
| **Prescription drugs (Generic/Preferred brand/Non-preferred brand/Specialty\(^5\))** | • Retail (30-day supply): $10/$30/$50/$75 copayment; 50% copayment for maintenance medications after second refill  
• Mail service at DCAM\(^4\) Pharmacy (90-day supply): $10/$30/$60 copayment  
• Mail service (90-day supply) with CVS Caremark: $20/$60/$100 copayment  
Administered by CVS Caremark | • 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 |

---

\(^1\)PCP = Primary care physician.  
\(^2\)You are also responsible for 100% of the charges in excess of the prevailing fee schedule.  
\(^3\)100% applies to the surgery only; doctor visits subject to applicable coinsurance.  
\(^4\)DCAM = Duchossois Center for Advanced Medicine at the University of Chicago Medicine.  
\(^5\)Specialty prescription drugs are not available through mail service.
## University of Chicago Medical Center (UCMC)

<table>
<thead>
<tr>
<th>Plan</th>
<th>In-network</th>
<th>Out-of-network</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blue Cross Blue Shield PPO Maroon Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maroon PPO)</td>
<td>$300/$600</td>
<td>$500/$1,000</td>
<td>$2,000/$4,000</td>
<td>$4,000/$8,000</td>
</tr>
<tr>
<td></td>
<td>$1,750/$3,500</td>
<td>$2,500/$5,000 (combined in- and out-of-network)</td>
<td>$3,000/$6,000</td>
<td>$6,000/$12,000</td>
</tr>
<tr>
<td>You pay 10%</td>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td>You pay 20%</td>
<td>You pay 35%²</td>
</tr>
<tr>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td>You pay 35%²</td>
<td>You pay 20%</td>
<td>You pay 35%²</td>
</tr>
<tr>
<td>100% after deductible³</td>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td>You pay 10%</td>
<td>You pay 35%²</td>
</tr>
<tr>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td>You pay 35%²</td>
<td>You pay 20%</td>
<td>You pay 35%²</td>
</tr>
<tr>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td>You pay 20%²</td>
<td>You pay 20%</td>
<td>You pay 20%²</td>
</tr>
</tbody>
</table>

**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   

---

**Blue Cross Blue Shield HDHP Maroon Savings Choice Plan**

(Maroon Savings Choice)

<table>
<thead>
<tr>
<th>Plan</th>
<th>In-network</th>
<th>Out-of-network</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$500/$1,000</td>
<td>$2,000/$4,000</td>
<td>$4,000/$8,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,750/$3,500</td>
<td>$2,500/$5,000 (additional $200 per hospital admission)</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>You pay 10%</td>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td>You pay 20%</td>
<td>You pay 35%²</td>
</tr>
<tr>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td>You pay 35%²</td>
<td>You pay 20%</td>
<td>You pay 35%²</td>
</tr>
<tr>
<td>100% after deductible³</td>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td>You pay 10%</td>
<td>You pay 35%²</td>
</tr>
<tr>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td>You pay 35%²</td>
<td>You pay 20%</td>
<td>You pay 35%²</td>
</tr>
<tr>
<td>You pay 10%</td>
<td>You pay 20%</td>
<td>You pay 20%²</td>
<td>You pay 20%</td>
<td>You pay 20%²</td>
</tr>
</tbody>
</table>

**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**

- Retail (30-day supply): $10/$30/$50/$75 copayment
- Mail Service (90-day supply): $20/$60/$100 copayment

Administered by CVS Caremark

---

**Not covered**

- 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, thereafter 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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>MetLife Dental CoPay Plan</th>
<th>MetLife Dental PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$31.09</td>
<td>$47.68</td>
</tr>
<tr>
<td>Employee + Spouse/Partner</td>
<td>$51.50</td>
<td>$85.42</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$59.56</td>
<td>$107.26</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$82.24</td>
<td>$169.09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>MetLife Dental CoPay Plan</th>
<th>MetLife Dental PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible*</td>
<td>None</td>
<td>Per Individual: $60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per Individual: $60</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>Per Individual: $5,000</td>
<td>Per Individual: $1,500</td>
</tr>
<tr>
<td></td>
<td>Per Individual: $1,000</td>
<td>Per Individual: $1,500</td>
</tr>
<tr>
<td></td>
<td>Per Family: $225</td>
<td>Per Family: $3,000</td>
</tr>
<tr>
<td></td>
<td>Per Family: $1,000</td>
<td>Per Family: $3,000</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>You pay 10%**</td>
<td>Covered in full</td>
</tr>
<tr>
<td></td>
<td>One visit in a six-month period</td>
<td>Two visits per calendar year</td>
</tr>
<tr>
<td>Basic Care</td>
<td>You pay 30%**</td>
<td>You pay 60%**</td>
</tr>
<tr>
<td></td>
<td>You pay 60%**</td>
<td>You pay 70%**</td>
</tr>
<tr>
<td>Major Care</td>
<td>You pay 50%**</td>
<td>You pay 50%**</td>
</tr>
<tr>
<td>Orthodontia (adult and child)</td>
<td>You pay 50%**</td>
<td>You pay 50%**</td>
</tr>
<tr>
<td></td>
<td>Lifetime maximum per Individual: $1,500</td>
<td>Lifetime maximum per Individual: $1,000</td>
</tr>
</tbody>
</table>

* 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.

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.
**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. 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](http://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](http://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.

<table>
<thead>
<tr>
<th></th>
<th>Base Plan</th>
<th>Premier Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam</strong></td>
<td>Every calendar year</td>
<td>Every calendar year</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>Every calendar year</td>
<td>Every calendar year</td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>Every OTHER calendar year</td>
<td>Every calendar year</td>
</tr>
<tr>
<td><strong>Contacts (instead of glasses)</strong></td>
<td>Every calendar year</td>
<td>Every calendar year</td>
</tr>
</tbody>
</table>

**Copayments**

<table>
<thead>
<tr>
<th></th>
<th>Base Plan</th>
<th>Premier Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Contact Lens Exam (fitting and evaluation)</td>
<td>15% discount (up to $60 copayment)</td>
<td>15% discount (up to $60 copayment)</td>
</tr>
</tbody>
</table>

**Allowances**

<table>
<thead>
<tr>
<th></th>
<th>Base Plan</th>
<th>Premier Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Frame</td>
<td>$170</td>
<td>$250</td>
</tr>
<tr>
<td>Wholesale Frame</td>
<td>$65</td>
<td>$96</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>$170</td>
<td>$250</td>
</tr>
</tbody>
</table>

**Lens Enhancements**

<table>
<thead>
<tr>
<th></th>
<th>Base Plan</th>
<th>Premier Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Reflective Coating</td>
<td>Discounted</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>UV Protection</td>
<td>Discounted</td>
<td>Covered in full</td>
</tr>
</tbody>
</table>

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](http://vsp.com) for details.

**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](http://eyeconic.com) to find out more.
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 — during Open Enrollment, 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. Also, you are not taxed on the money you use from your account for eligible expenses.
• Use your FSA funds for eligible expenses incurred between **January 1, 2020 and March 15, 2021**.
• You cannot change your elections after Open Enrollment unless you experience a qualified life event, and the FSA contribution changes must be consistent with the type of life event.

**Health Care FSA**

The Health Care FSA lets you set aside between $250 and $2,700* 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](http://irs.gov) or [wageworks.com](http://wageworks.com).

* If you and your spouse both have an FSA, you can each contribute to an FSA, but the total of your contributions combined cannot exceed the $2,700 annual maximum in accordance with IRS rules.

**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 in January, 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](http://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. Log in at [wageworks.com](http://wageworks.com) and follow the instructions to file your claim electronically. To file a claim via fax or mail, complete and return the Request for Reimbursement Form to WageWorks.

• By fax: 877.353.9236
• By mail: PO 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.

**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 $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, pre-schools, and custodial care at home. For a complete list of eligible dependent day care expenses, see IRS Publication 503 at 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.

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. 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.
The University of Chicago offers Basic and Supplemental Life Insurance, Long-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 the 2020 Open Enrollment period, you may elect to:
- Increase your Supplemental Life Insurance by one times your annual base salary (up to $750,000) without evidence of insurability.
- Purchase coverage equal to a multiple of your annual base salary based on your current election options, up to $1,500,000 (basic and supplemental life combined), with evidence of insurability.

You can purchase Supplemental Life Insurance during the year, but you will be required to provide evidence of insurability for all levels of coverage.

### Dependent Life Insurance
You also have the opportunity to purchase life insurance protection for your spouse, same-gender domestic partner, who was registered with the University on or before December 31, 2016, 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 from $10,000 to $150,000 (in $10,000 increments), not to exceed 100% of your basic and supplemental amount. Evidence of insurability is required for all coverage elections.
- For your eligible children: You may purchase $2,000 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:

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly cost per $1,000 of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 35</td>
<td>$0.027</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.034</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.061</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.103</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.158</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.293</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.444</td>
</tr>
<tr>
<td>65 – 69**</td>
<td>$0.820</td>
</tr>
<tr>
<td>70 – 74**</td>
<td>$1.506</td>
</tr>
<tr>
<td>75 and over**</td>
<td>$1.506</td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly cost per $2,000 of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All eligible children</td>
<td>$0.200</td>
</tr>
</tbody>
</table>

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 from 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. You can choose from the Base Plan or the Optional Plan.

<table>
<thead>
<tr>
<th>Base Plan</th>
<th>Optional Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides:</td>
<td>Provides:</td>
</tr>
<tr>
<td>• 60% of your eligible monthly salary, up to $10,000 monthly*.</td>
<td>• 60% of your eligible monthly salary, up to $20,000 monthly* PLUS</td>
</tr>
<tr>
<td>Disability is defined as:</td>
<td>Disability is defined as:</td>
</tr>
<tr>
<td>• 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.</td>
<td>• Being unable to perform the material and substantial 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.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• After 24 months: Being unable to perform the duties of your regular occupation only or having a 20% or more loss in your monthly earnings, and being under the regular care of a doctor.</td>
</tr>
</tbody>
</table>

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

Evidence of insurability is required for participation if you are enrolling for the first time in either plan. You will be contacted by Sun Life through U.S. mail. Coverage is effective on the date approved by Sun Life.

The monthly cost for LTD coverage is based on your salary and the plan you elect. The example below shows how you can calculate your monthly LTD contribution rates. Your cost for LTD coverage will also be listed in Workday.

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 Base 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:

**Base Plan**

- $50,000 - $14,000 = $36,000
- $36,000 x 0.00232 = $83.52
- $83.52/12 = $6.96

**Optional Plan**

- $50,000 - $14,000 = $36,000
- $36,000 x 0.00371 = $133.56
- $133.56/12 = $11.13

You can enroll in or make changes to your LTD insurance at any time during the year. Follow the instructions in the Quick Reference Guide, Long-Term Disability, found at workday.uchicago.edu/page/managing-your-employee-record.
Short-Term Disability Insurance

The University of Chicago pays the full cost of your Short-Term Disability Insurance (STD), administered by Sun Life. STD 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.

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 your disability.

You must use all of your accrued sick leave before STD benefits begin or satisfy the two-week waiting period, whichever is longer.

Note: Pregnancy is a covered disability under STD. STD insurance provides benefits for the balance of six weeks from the date of birth for a regular delivery or the balance of eight weeks for Cesarean delivery.

Please note that 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.

You pay the full cost of this coverage through payroll deductions. When you reach age 70, coverage is only available at a reduced percentage of your elected coverage amount. 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:

Mark compares the cost of $80,000 coverage for himself only and for himself and family per month:

$80,000/$10,000 = 8
Mark only: 8 x $0.14 = $1.12
Mark + family: 8 x $0.23 = $1.84
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, Supplemental Retirement Plan, Contributory 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 during which you have completed 1,000 hours of service 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](http://irs.gov) for more information on the annual deferral limits.

You may start or stop your additional contributions at any time during the year. If you have any questions or need assistance, contact a Benefits 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](http://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**:

| 3% Mandatory Employee Contribution | + | 4% Mandatory University Contribution | + | 2% Voluntary Employee Contribution | + | 4% University Match Contribution | = | 13% of Pay |
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 2019 is $19,000. If you will be age 50 or older, you may make additional catch-up contributions — up to $6,000 in 2019 — to the SRP. Check [irs.gov](http://irs.gov) for information on 2020 IRS limits. Once you reach this limit, Workday will automatically stop your contributions for the remainder of the year.

Note: New elections to the SRP during Open Enrollment are effective January 1, 2020. Changes you make after Open Enrollment and before the new year will be in effect only through 2019.

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](http://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 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](http://workday.uchicago.edu). To assist you, Quick Reference Guides can be accessed at [http://humanresources.uchicago.edu/benefits/redesign](http://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 youare:
- 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, with only 5% coming out of your paycheck:

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.

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.
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* as of October 15, 2019, 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. Your previous year’s election will not carry over.

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

If you want to participate, go to Workday during Benefits Open Enrollment and select the dollar amount you want to contribute, up to the IRS maximum.

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.

Enroll now to start in January

If you enroll in the 457(b) Deferred Compensation Plan during Open Enrollment, your participation will begin on January 1, 2020. If you do not enroll now, you will have to wait until July 1, 2020 to participate.
## Retirement Plans: Staff Employees

<table>
<thead>
<tr>
<th>Features</th>
<th>Supplemental Retirement Program (SRP)</th>
<th>Staff Employee Retirement Income Plan (ERIP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>All employees</td>
<td>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 $125,000 at the time of hire</td>
</tr>
<tr>
<td>Enrollment</td>
<td>New enrollments may be made at any time throughout the year by logging in to Workday</td>
<td>Automatic enrollment as soon as eligibility requirements are satisfied</td>
</tr>
<tr>
<td>Ongoing Participation</td>
<td>Your participation will automatically continue from one year to the next unless you discontinue participation</td>
<td>Your participation will automatically continue from one year to the next</td>
</tr>
<tr>
<td>Mandatory University Contributions</td>
<td>None</td>
<td>4% of compensation (including salary, extra service pay, and overtime pay)</td>
</tr>
<tr>
<td>Mandatory Employee Contributions</td>
<td>None</td>
<td>3% of compensation (by payroll deduction)</td>
</tr>
<tr>
<td>Voluntary Employee Contributions</td>
<td>Participation is voluntary; combined voluntary contributions cannot exceed IRS limits for the calendar year (for 2019, $19,000 or $25,000 if you are age 50 or older)</td>
<td>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 2019, $19,000 or $25,000 if you are age 50 or older)</td>
</tr>
<tr>
<td>University Match on Voluntary Employee Contributions</td>
<td>None</td>
<td>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)</td>
</tr>
<tr>
<td>Vesting Requirement</td>
<td>You are always 100% vested in your SRP account</td>
<td>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</td>
</tr>
<tr>
<td>Account Ownership</td>
<td>Participant</td>
<td>Participant</td>
</tr>
<tr>
<td>Loans</td>
<td>Available through TIAA</td>
<td>Available through TIAA</td>
</tr>
<tr>
<td>Hardship Withdrawals</td>
<td>Available to satisfy “immediate and heavy financial need”; includes tuition and purchase of primary residence; only available through TIAA</td>
<td>Not available</td>
</tr>
<tr>
<td>In-Service Withdrawals</td>
<td>Available for hardship and disability, and for any reason after age 59½; hardship withdrawals only available through TIAA</td>
<td>Available in limited circumstances beginning at age 59½</td>
</tr>
<tr>
<td>Payments Following Employment Termination</td>
<td>Benefits must commence the April following the year when the participant attains age 70½ unless earlier payment is requested</td>
<td>Benefits must commence the April following the year when the participant attains age 70½ unless earlier payment is requested</td>
</tr>
</tbody>
</table>
## Important Differences Between the Section 457(b) and Other Retirement Plans

<table>
<thead>
<tr>
<th>Features</th>
<th>Contributory Retirement Plan (CRP)</th>
<th>Supplemental Retirement Program (SRP)</th>
<th>457(b) Deferred Compensation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility</strong></td>
<td>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 $125,000 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.</td>
<td>All employees</td>
<td>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 2019, $19,000 or $25,000 if you are age 50 or older)</td>
</tr>
<tr>
<td><strong>Enrollment</strong></td>
<td>Automatic enrollment as soon as eligibility requirements are satisfied</td>
<td>New enrollments may be made at any time throughout the year by logging in to Workday</td>
<td>Must be renewed annually either during Open Enrollment via Workday (for January 1) or on paper (for July 1)</td>
</tr>
<tr>
<td><strong>Ongoing Participation</strong></td>
<td>Your participation will automatically continue from one year to the next unless you discontinue participation</td>
<td>Your participation will automatically continue from one year to the next</td>
<td>Must be renewed annually either during Open Enrollment (for January 1) or on paper (for July 1)</td>
</tr>
<tr>
<td><strong>University Contributions</strong></td>
<td>8% of compensation (excludes certain extra service pay)</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Employee Contributions</strong></td>
<td>5% of compensation (by payroll deduction)</td>
<td>Participation is voluntary; contributions cannot exceed IRS limits for the calendar year (for 2019, $19,000 or $25,000 if you are age 50 or older)</td>
<td>Participation is voluntary; contributions cannot exceed IRS limits for the calendar year (for 2019, $19,000 or $25,000 if you are age 50 or older)</td>
</tr>
<tr>
<td><strong>Vesting Requirement</strong></td>
<td>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</td>
<td>You are always 100% vested in your SRP account</td>
<td>You are always 100% vested in your Section 457(b) deferral account</td>
</tr>
<tr>
<td><strong>Account Ownership</strong></td>
<td>Participant</td>
<td>Participant</td>
<td>University</td>
</tr>
<tr>
<td><strong>Rollovers from Prior Employer’s Plan</strong></td>
<td>Not accepted</td>
<td>Accepted</td>
<td>Not accepted</td>
</tr>
<tr>
<td><strong>Loans</strong></td>
<td>Available through TIAA</td>
<td>Available through TIAA</td>
<td>Not available</td>
</tr>
<tr>
<td><strong>Hardship Withdrawals</strong></td>
<td>Not available</td>
<td>Available to satisfy “immediate and heavy financial need”; includes tuition and purchase of primary residence; only available through TIAA</td>
<td>Not available</td>
</tr>
<tr>
<td><strong>In-Service Withdrawals</strong></td>
<td>Available in limited circumstances beginning at age 59½</td>
<td>Available for hardship and disability, and for any reason after age 59½; hardship withdrawals only available through TIAA</td>
<td>For small account balances less than $5,000</td>
</tr>
<tr>
<td><strong>Payments Following Employment Termination</strong></td>
<td>Benefits must commence the April following the year when the participant attains age 70½ unless earlier payment is requested</td>
<td>Benefits must commence the April following the year when the participant attains age 70½ unless earlier payment is requested</td>
<td>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</td>
</tr>
<tr>
<td><strong>Rollovers from Plan after University Employment Ends</strong></td>
<td>May be made to IRA or to new employer’s Section 401(a), 401(k), or 403(b) plan (if plan accepts rollovers)</td>
<td>May be made to IRA or to new employer’s Section 401(a), 401(k), or 403(b) plan (if plan accepts rollovers)</td>
<td>No rollovers are permitted</td>
</tr>
</tbody>
</table>
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/respite/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 ID 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 lunchtime. 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.

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.

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.
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.

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; password: perspectives).

Additional Benefits

Staff and Faculty Assistance Program

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

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- 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.

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 2019, the IRS lets you set aside up to $265 per month for work-related transportation costs and up to $265 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.
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.
• 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, 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;
• Prostheses; 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 44 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
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 insurekdnsgov 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 askesba.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

Florida - Medicaid
Website: http://flmedicaidtqlicovery.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
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td>Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a></td>
<td><a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a></td>
<td>1-888-695-2447</td>
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<td>Missouri</td>
<td>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>1-573-751-2005</td>
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<td>Nebraska</td>
<td>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
<td><a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
<td>1-855-632-7633</td>
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<tr>
<td>New Hampshire</td>
<td>Website: <a href="https://www.dhhs.ne.gov/oii/hipp.htm">https://www.dhhs.ne.gov/oii/hipp.htm</a></td>
<td><a href="https://www.dhhs.ne.gov/oii/hipp.htm">https://www.dhhs.ne.gov/oii/hipp.htm</a></td>
<td>1-402-473-7000</td>
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<td>Oklahoma</td>
<td>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>1-888-365-3742</td>
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<td>Oregon</td>
<td>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></td>
<td><a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></td>
<td>1-800-699-9075</td>
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<tr>
<td>Rhode Island</td>
<td>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td><a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>1-855-697-4347 or 1-401-462-0311 (Direct Rite Share Line)</td>
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<tr>
<td>South Carolina</td>
<td>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
<td><a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
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</tbody>
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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)

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<th>State</th>
<th>Medicaid and CHIP Website</th>
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<td>Virginia</td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></td>
<td>1-800-432-5924</td>
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<tr>
<td>Washington</td>
<td><a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
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<td>1-800-562-3022 ext. 15473</td>
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<th>State</th>
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# Contacts

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

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