

2019 Benefits

Open Enrollment



THE UNIVERSITY OF
CHICAGO

Human
Resources

Inside Your Benefits Guide

2 New for 2019

4 The Basics

6 Enrolling

10 Health Care

- 10 Medical
- 12 Health Savings Account
- 16 Medical Plan Rates
- 18 Dental
- 19 Vision

20 Flexible Spending Accounts

22 Insurances

26 Retirement Program

30 University Programs

32 Additional Benefits

34 Notices

40 Contacts

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 34](#) for more details.



Dear University of Chicago Colleagues:

During Benefits Open Enrollment, you have the opportunity to select your preferred level of health and welfare benefits.

- This year, Benefits Open Enrollment period occurs from Thursday, November 1 through Thursday, November 15, 2018.
- The effective date of coverage begins January 1, 2019.

We encourage you to review the Open Enrollment Guide (Guide), which provides details regarding coverage options and changes for 2019. This Guide also contains important information about your rights and responsibilities under the University benefit plans.

In addition, we recommend you participate in the Benefits and Health Fair where you can learn more about your benefit options. Free flu vaccinations will also be provided to University employees. To complement these efforts, Benefit team members will be available to answer your specific questions.

Thursday, November 8, 2018

9 a.m. – 4 p.m.

Ida Noyes Hall

To enroll, log in to Workday at workday.uchicago.edu to make your benefit elections by November 15, 2018. Additional enrollment details are provided on [page 6](#) of this Guide.

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

Sincerely,

Maria Garcia

Maria Garcia
Director, Health & Welfare and Retirement
Human Resources

2019 Benefits Open Enrollment
November 1 – 15, 2018



New for 2019

All Medical Plans

Prescription Drug Copayment

The cost of prescription drugs has continued to increase each year, even as The University maintained the same employee copayments for all drug classes. However, for 2019, the copayment for non-preferred brand drugs will increase:

- From \$45 to \$50 for a retail pharmacy 30-day supply, and
- From \$90 to \$100 for mail service 90-day supply.

All other prescription drug copayments will remain the same. Please see the comparison chart on [pages 14-15](#) for all 2019 prescription drug copayments.

Maroon and Maroon Savings Choice Medical Plans Only

Maintenance Choice Program (with Opt Out)

Through this program, prescriptions for maintenance medications — long-term medicines that are taken regularly to manage chronic conditions such as high blood pressure, diabetes, etc.— must be filled as a 90-day supply through a CVS retail pharmacy, the Duchossois Center for Advanced Medicine (DCAM) pharmacy, or the CVS Caremark mail service. In addition to the convenience of having a 90-day supply, you will pay less, as copays are lower for a 90-day supply than a 30-day supply.

You will be allowed to fill a 30-day maintenance medication prescription twice at any retail pharmacy location, then future fills must be completed through a 90-day supply. To start your 90-day supply, you can:

- Go to your nearest CVS retail pharmacy location and request the pharmacist to contact your doctor and obtain your 90-day prescription, or
- Have your doctor send your 90-day prescription to the CVS Caremark Mail Service Pharmacy by fax to 800.378.0323.

You can choose to opt out of this maintenance medication program and continue to fill your maintenance drug prescription at any retail pharmacy by calling CVS Caremark at 866.873.8632.

Mark your calendar for Thursday, November 8

Get information and learn more about your benefits by attending these events at Ida Noyes Hall (1212 E. 59th Street):

Benefits and Health Fair

Information and resources that can enhance your well-being: 9:00 a.m. – 4:00 p.m.

Information Sessions

Learn more about your 2019 benefits in the Max Palevsky Cinema:

Open Enrollment Overview

9:00 – 9:45 a.m.

2:00 – 2:45 p.m.

Retirement Programs (CRP/ERIP/SRP) Review

10:00 – 10:45 a.m.

3:00 – 3:45 p.m.

Retiree Medical Plan Overview

11:00 – 11:45 a.m.

1:00 – 1:45 p.m.

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 8, 2018
9 a.m. – 4 p.m.



Maroon, Maroon Savings Choice and University of Chicago Health Plans Only

Potential Additional Charges for Brand-Name Drug

If your doctor writes a prescription for a brand-name drug that has a generic equivalent and you choose to fill the prescription with the brand-name drug, you will pay more out of pocket. You will pay the brand-name drug copayment plus the difference between the brand-name drug copayment and the generic drug copayment (for the generic drug that was available and could have been dispensed). As an example:

Additional cost		Total out-of-pocket cost	
Brand-name drug copayment	\$30	Brand-name drug copayment	\$30
Generic drug copayment	- \$10	Additional cost	+ \$20
Additional cost to be paid	<u>\$20</u>	Your total payment due	<u>\$50</u>

If your prescription is written for a brand-name drug and your doctor indicates to fill as written or, if there is not a generic option, you will pay only the copayment of the brand-name drug; you will not be charged an additional cost.

Health and Dependent Care Flexible Spending Accounts (FSA)

WageWorks is changing their administration system for the Health Care and Dependent Care FSAs for 2019. If you contribute to an FSA in 2019, you will need to create a new online account with WageWorks by visiting wageworks.com and clicking on the “Log In/Register”, then “Employee Registration” and follow the instructions. All 2019 Health Care FSA participants will receive a new WageWorks debit card by December 31, 2018.

Long-Term Disability Insurance

The monthly cost for Long-Term Disability (LTD) coverage is based on your salary and the plan you elect. For 2019, the Base Plan will decrease to 0.00166 and the Optional Plan will decrease to 0.00265 per \$1,000 of salary. Please see [page 24](#) for benefit highlights and instructions on how to calculate your monthly LTD rate.

Coming in 2019: Dependent eligibility audit

In early 2019, the University of Chicago will conduct a dependent eligibility audit to ensure that only eligible dependents are covered under University medical plans. **Participation in the audit is not optional and will require enrollee action.** The Benefits Office will provide more information on the audit and required verification procedures in March 2019.



The Basics

2019 Benefits Open Enrollment runs from Thursday, November 1 through Thursday, November 15, 2018.

The University of Chicago encourages you to participate in Open Enrollment to make sure you have the benefits that meet your needs during the 2019 calendar year. You can view your current benefit elections, dependents, and beneficiaries in Workday at workday.uchicago.edu.

You must take action if you want to....	If you do not make changes to your current elections...
<ul style="list-style-type: none"> • 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*, long-term care*, commuter benefit*, and supplemental retirement elections. • Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA). • Contribute to a Health Savings Account (HSA). • Participate in the 457(b) Deferred Compensation Plan (if eligible). 	<ul style="list-style-type: none"> • Your current medical, dental, vision, supplemental life, dependent life, personal accident, long-term disability, long-term care, commuter benefits, and supplemental retirement elections will automatically continue for the 2019 calendar year. • You will not be able to contribute to an FSA or HSA. • You will not be able to participate in the 457(b) Deferred Compensation Plan (if eligible) until the next enrollment window beginning May 2019 for a July 1, 2019 effective date.

* Note: Enrolling in or making changes to your long-term disability, long-term care, or commuter benefit coverage can be done at any time throughout the year as follows:

- » Long-term disability: Follow the instructions in the Quick Reference Guide at workday.uchicago.edu/page/managing-your-employee-record.
- » Long-term care: Call Genworth at 800.416.3624 or visit genworth.com/grouplhc and enter group ID: UChicago and code: grouplhc.
- » 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, 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, 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 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, 2019 and are binding through December 31, 2019 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

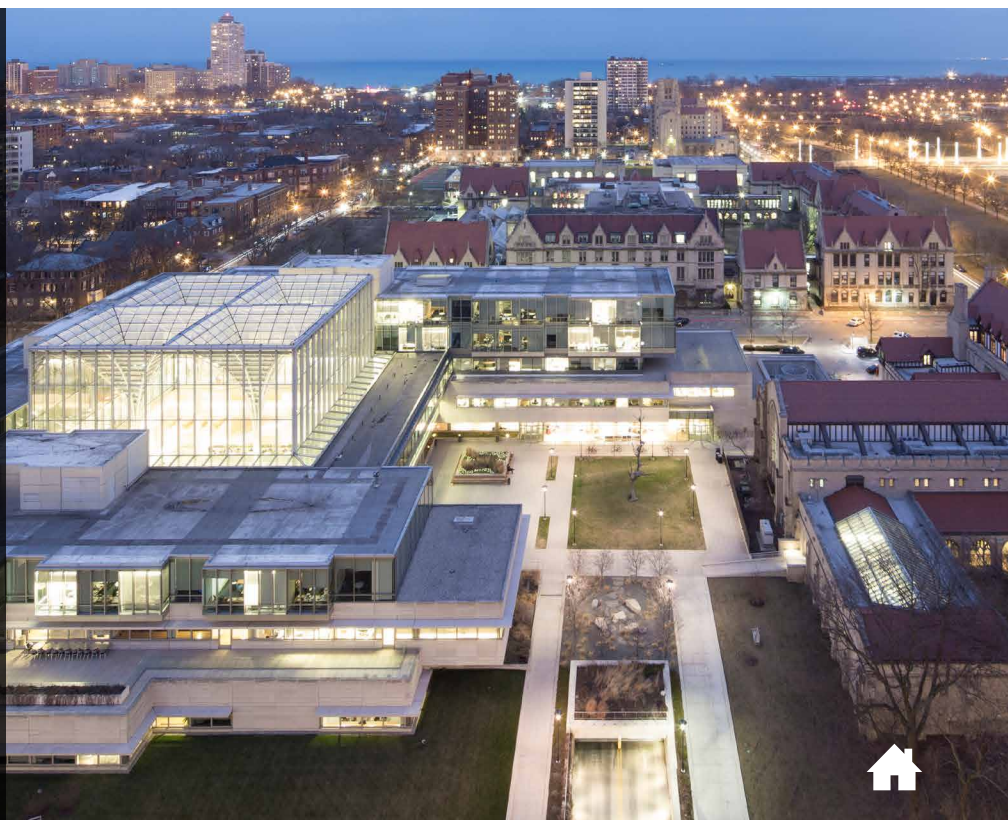
Your eligible dependents include your:

- 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.

Coming in 2019: Dependent eligibility audit

In early 2019, the University of Chicago will conduct a dependent eligibility audit to ensure that only eligible dependents are covered under University medical plans. **Participation in the audit is not optional and will require enrollee action.**

The Benefits Office will provide more information on the audit and required verification procedures in March 2019.



Enrolling

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

Step 1: Get started

To begin the 2019 enrollment process:

- Access Workday at 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 2019. **Current contribution elections will not automatically carry over.**

- Click “ELECT” and enter the annual amount to contribute. You can contribute an annual maximum of \$3,000 (the University contributes \$500) for individual coverage or \$6,000 (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.



Remember to SAVE

If you need to leave the enrollment process before submitting your elections, click the “SAVE FOR LATER” button or your elections will not be saved.

Step 4:

Enter contributions to the Flexible Spending Accounts (FSAs)

To enroll in the Health Care or Dependent Care FSA for 2019, 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 \$2,600 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.

Step 5:

Enter Life, Accident, and Long-Term Disability elections

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 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”.

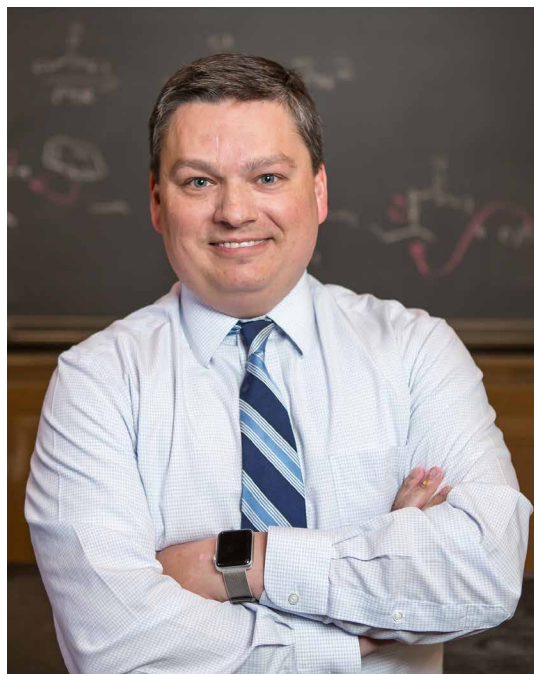
Click “CONTINUE” to continue the enrollment process.

Long-Term Disability (LTD)

To enroll in or change your current LTD election for 2019, follow the instructions in the Quick Reference Guide at workday.uchicago.edu/page/managing-your-employee-record.

! 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.



Step 6:

Enroll in the Voluntary Retirement Plans

Supplemental Retirement Plan (SRP)

If you are currently enrolled in SRP and make no changes, your current contribution amount will automatically continue for 2019.

To enroll or make changes:

- Complete the Employee Contribution Percent or the Employee Contribution Amount (Monthly) field. **Bi-weekly 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 2019.

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. **Bi-weekly 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 2018 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.



Remember to SAVE

If you need to leave the enrollment process before submitting your elections, click the “SAVE FOR LATER” button or your elections will not be saved.

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.
- Other appropriate legal documents.
- 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.

! Take note

In early 2019, the University of Chicago will conduct a dependent eligibility audit to ensure that only eligible dependents are covered under University medical plans. **Participation in the audit is not optional and will require enrollee action.** The Benefits Office will provide more information on the audit and required verification procedures in March 2019.

Step 9:

Submit elections

- Once you have completed your benefit elections for 2019, 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, 2019.
 - » 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, 2018 through the Benefits icon on the Workday home page by selecting “CHANGE OPEN ENROLLMENT”.

DID YOU CLICK SUBMIT?

After you have made your elections, make sure you click “SUBMIT” for your elections to take effect January 1, 2019. Print your confirmation statement for your records.



Health Care

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 (HMO)
- HMO Illinois (BlueCross BlueShield)
- Maroon Plan (PPO)
- Maroon Savings Choice (PPO) — with a Health Savings Account

See [pages 14 - 15](#) for a chart that compares the key coverages for all four medical insurance plans.

All four University of Chicago medical plans provide coverage for:

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

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.

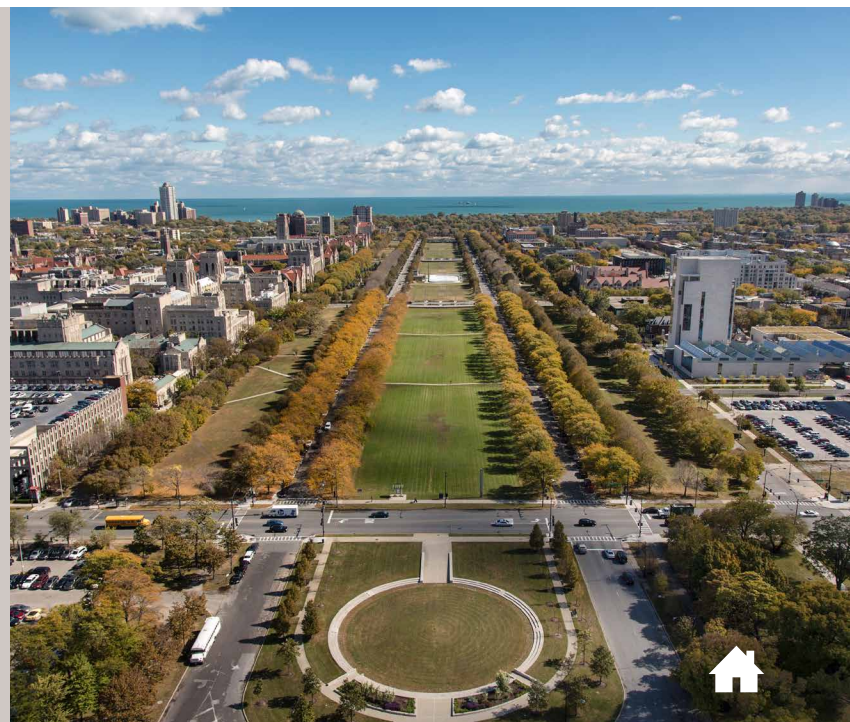
Here's how a PPO works:

- 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.

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 2019 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.



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

University of Chicago Health Plan (UCHP)	HMO Illinois
<ul style="list-style-type: none"> All treatment covered is provided at University of Chicago Medicine facilities, including the University of Chicago Medical Center (UCMC), and by UCHP PCPs and UCHP Specialists. Services received at non-University of Chicago Medicine facilities or by non-UCHP-designated providers will not be covered unless it is an emergency. Includes vision coverage for children only; contact the Plan at 855.824.3632 for benefit information. 	<ul style="list-style-type: none"> You have access to the BlueCross BlueShield HMO Illinois network of contracting doctors and hospitals to choose from when care is needed. Health care is provided within specific geographic areas called service areas. To be a member in HMO Illinois, you must live in its service area and you must use doctors in the network and within your service area unless it is an emergency. Includes vision coverage; contact the Plan at 800.892.2803 for benefit information.

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

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

Prescription Drug Coverage

Prescription drug coverage is provided under your medical plan and is administered by either CVS Caremark or Prime Therapeutics, depending on which medical plan you choose. See [pages 14 - 15](#) for a chart that compares the key coverage under each plan.

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

- Generic drugs** are therapeutically equivalent to brand-name drugs, must be approved by the U.S. Food and Drug Administration (FDA) for safety and effectiveness, and cost less.
- 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 typically higher-cost and/or newer drugs that 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 Health Savings Account

The University of Chicago's Maroon Savings Choice 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 medical 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 2019.**

The IRS limits the amount that can be contributed each year, including both your and the University's contributions. For 2019, you can contribute:

Contributions	Individual	Family
2019 IRS maximum	\$3,500	\$7,000
University contribution	-\$500	-\$1,000
Your maximum contribution	\$3,000	\$6,000

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 2019 must remain in effect through December 31, 2019. 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.



Triple-tax advantage

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

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

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

How to pay with your HSA

Debit card.

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

Online.

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

HSA checkbook.

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

Eligibility

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

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



Compare the plans

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

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

¹PCP = Primary care physician.

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

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

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

⁵Specialty prescription drugs are not available through mail service.



Maroon Plan			Maroon Savings Choice	
University of Chicago Medical Center (UCMC)	In-network	Out-of-network	In-network	Out-of-network
\$300/\$600	\$500/\$1,000	\$400/\$1,000 (additional \$200 per hospital admission)	\$2,000/\$4,000	\$4,000/\$8,000 (additional \$200 per hospital admission)
\$1,750/\$3,500	\$2,500/\$5,000 (combined in- and out-of-network)		\$3,000/\$6,000	\$6,000/\$12,000
You pay 10%	You pay 20%	You pay 35% ²	You pay 20%	You pay 35% ²
100% after deductible ³	You pay 20%	You pay 35% ²	You pay 20%	You pay 35% ²
100% after deductible ³	You pay 20%	You pay 35% ²	You pay 20%	You pay 35% ²
You pay 10%	You pay 20%	You pay 35% ² (after \$200 deductible)	You pay 20%	You pay 35% ² (after \$200 deductible)
You pay 10%	You pay 20%	You pay 35% ²	You pay 20%	You pay 35% ²
You pay 10%	You pay 20%	You pay 20% ²	You pay 20%	You pay 20% ²
20 visits maximum per condition, after the deductible			20 visits maximum per condition, after the deductible	
You pay 10%	You pay 20%	You pay 35% ²	You pay 20%	You pay 35% ²
Not covered			Not covered	
<ul style="list-style-type: none"> Retail (30-day supply): \$10/\$30/\$50/\$75 copayment Mail Service (90-day supply): \$20/\$60/\$100 copayment Administered by CVS Caremark			<ul style="list-style-type: none"> Retail (30-day supply): \$10/\$30/\$50/\$75 copayment after deductible Mail service (90-day supply): \$20/\$60/\$100 copayment after deductible You are responsible for the full cost of non-preventive drugs until the plan deductible has been met, afterwards the copayments apply. Administered by CVS Caremark	



Medical Plan Rates

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

Monthly Medical Rates for Full-time Employees

If your salary is:	Under \$47,500	\$47,500 - \$74,999	\$75,000 - \$99,999	\$100,000 - \$174,999	\$175,000 or more
UCHP					
Employee Only	\$57	\$84	\$126	\$142	\$146
Employee + Spouse/ Partner	\$121	\$191	\$265	\$313	\$333
Employee + Child(ren)	\$106	\$167	\$249	\$276	\$287
Employee + Family	\$152	\$230	\$317	\$393	\$410
HMO Illinois					
Employee Only	\$50	\$75	\$103	\$121	\$131
Employee + Spouse/ Partner	\$114	\$166	\$220	\$294	\$309
Employee + Child(ren)	\$98	\$149	\$210	\$235	\$254
Employee + Family	\$141	\$207	\$305	\$367	\$378
Maroon Plan					
Employee Only	\$134	\$177	\$200	\$314	\$331
Employee + Spouse/ Partner	\$250	\$325	\$407	\$497	\$514
Employee + Child(ren)	\$222	\$310	\$366	\$406	\$462
Employee + Family	\$318	\$413	\$509	\$630	\$645
Maroon Savings Choice					
Employee Only	\$62	\$79	\$98	\$114	\$133
Employee + Spouse/ Partner	\$139	\$172	\$209	\$246	\$278
Employee + Child(ren)	\$111	\$143	\$175	\$207	\$238
Employee + Family	\$185	\$238	\$291	\$344	\$398



Monthly Medical Rates for Part-time Employees

If your salary is:	Under \$47,500	\$47,500 - \$74,999	\$75,000 - \$99,999	\$100,000 - \$174,999	\$175,000 or more
UCHP					
Employee Only	\$84	\$127	\$190	\$213	\$219
Employee + Spouse/ Partner	\$181	\$285	\$397	\$472	\$501
Employee + Child(ren)	\$160	\$249	\$376	\$413	\$432
Employee + Family	\$230	\$344	\$476	\$590	\$615
HMO Illinois					
Employee Only	\$77	\$113	\$157	\$182	\$198
Employee + Spouse/ Partner	\$172	\$248	\$332	\$440	\$462
Employee + Child(ren)	\$146	\$226	\$315	\$352	\$382
Employee + Family	\$212	\$310	\$456	\$550	\$567
Maroon Plan					
Employee Only	\$202	\$266	\$299	\$472	\$497
Employee + Spouse/ Partner	\$377	\$489	\$611	\$746	\$771
Employee + Child(ren)	\$334	\$465	\$548	\$609	\$694
Employee + Family	\$478	\$619	\$763	\$945	\$967
Maroon Savings Choice					
Employee Only	\$93	\$118	\$146	\$173	\$200
Employee + Spouse/ Partner	\$209	\$256	\$314	\$370	\$417
Employee + Child(ren)	\$168	\$215	\$263	\$311	\$356
Employee + Family	\$279	\$356	\$437	\$516	\$597



Dental

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

Both dental plans:

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

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

Is your provider part of the network?

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

Compare the Plans

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

	MetLife Dental CoPay Plan	MetLife Dental PPO Plan
Employee Only	\$29.61	\$45.41
Employee + Spouse/Partner	\$49.05	\$81.35
Employee + Child(ren)	\$56.72	\$102.15
Employee + Family	\$78.32	\$161.04

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

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

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

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



Vision

Eye exams are an important part of your overall health. The University of Chicago's Vision Service Plan offers two options: Base and Premier. Both vision plans provide:

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

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

Compare the Plans

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

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

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

	Base Plan	Premier Plan
Exam	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year
Frame	Every OTHER calendar year	Every calendar year
Contacts (instead of glasses)	Every calendar year	Every calendar year
Copayments		
Exam	\$0	\$0
Prescription Glasses	\$25	\$25
Contact Lens Exam (fitting and evaluation)	15% discount (up to \$60 copayment)	15% discount (up to \$60 copayment)
Allowances		
Retail Frame	\$170	\$250
Wholesale Frame	\$65	\$96
Contact Lenses	\$170	\$250
Lens Enhancements		
Anti-Reflective Coating	Discounted	\$25 copayment
UV Protection	Discounted	Covered in full



Flexible Spending Accounts

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

When you contribute to an FSA:

- You decide how much to contribute — 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. And, you are not taxed on the money you use from your account for eligible expenses.
- Use your FSA funds for eligible expenses incurred between **January 1, 2019 and March 15, 2020**.
- 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.

Maroon Savings Choice and the FSA

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

Health Care FSA

The Health Care FSA lets you set aside between \$250 and \$2,600* in pre-tax money to pay for eligible out-of-pocket health care expenses, including medical, prescription drug, dental, and vision expenses. For a complete list of eligible expenses, see IRS Publication 502 at [irs.gov](https://www.irs.gov) or [wageworks.com](https://www.wageworks.com).

** 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 \$2,600 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](https://www.wageworks.com), click the “SUBMIT A CARD RECEIPT” quick link, and follow the steps to upload your documentation.

Submit a Claim

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

- By fax: 877.353.9236
- By mail: 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. When you register at [wageworks.com](https://www.wageworks.com), you'll be able to choose your reimbursement method.

Did you have a Health Care FSA in 2018?

You must use your current CONEXIS debit card for 2018 funds; your debit card will remain active through March 15, 2019. If you contribute to an FSA in 2019, you will receive a new debit card to use for 2019 funds. To access your 2018 FSA only, use your current log-in information at mybenefits.wageworks.com.



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 2019:

- 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 \$120,000), 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](https://www.irs.gov) for details.

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

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

How to Reimburse Yourself

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

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

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

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

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

Save your receipts

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

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

Use it or lose it

Unlike the Health Savings Account, Health Care and Dependent Care FSAs have an IRS-required "use it or lose it" rule, which means you forfeit any funds not used by March 15, 2020. You will want to plan your savings carefully and use all the money you set aside by March 15, 2020. All claims must be submitted by June 28, 2020.



Insurances

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 2019 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.**



Monthly rates

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

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

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

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

**Reduction in coverage applies.

For your child or children:

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

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



Long-Term Disability Insurance

The University of Chicago offers Long-Term Disability Insurance (LTD) to help protect you financially 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.

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

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

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:

- 0.00166 if you elect coverage under the Base Plan.
- 0.00265 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 \$25,840. Here is how he calculates his contributions under the two plans:

Base Plan

$$\$25,840 - \$14,000 = \$11,840$$

$$\$11,840 \times 0.00166 = \$19.65$$

$$\$19.65/12 = \$1.64$$

Optional Plan

$$\$25,840 - \$14,000 = \$11,840$$

$$\$11,840 \times 0.00265 = \$31.38$$

$$\$31.38/12 = \$2.62$$

To enroll in or change your current LTD election for 2019, follow the instructions in the Quick Reference Guide at workday.uchicago.edu/page/managing-your-employee-record. Enrollment and changes can be done at any time throughout the year.



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:

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

$$\$80,000/\$10,000 = 8$$

$$\text{Herself only: } 8 \times \$0.14 = \$1.12$$

$$\text{Herself + family: } 8 \times \$0.23 = \$1.84$$

Long-Term Care Insurance

The University of Chicago offers long-term care (LTC) insurance to provide support when needed due to a long-term illness, recovery from an accident or illness, or advanced aging, including help getting dressed, eating, bathing, or self-administering medication. LTC insurance will provide coverage for services when they are required for an extended period of time and are not associated with acute care or short-term illness. Skilled, intermediate, and custodial care in your home, an adult day care center, an assisted living facility, or a nursing home can be covered.

All benefits-eligible employees actively at work, as well as your spouse, same-gender domestic partner (registered with the University on or before December 31, 2016), civil union partner, or adult children between the ages of 18 and 79 are eligible to apply. All applicants must maintain a permanent U.S. residence.

Enrollment is voluntary and you decide how much to purchase. The cost for long-term care insurance is based on your age and the coverage.

Evidence of insurability is required for all long-term care coverage elections. Coverage will not become effective until evidence of insurability is approved by Genworth. You will be contacted directly by Genworth.

To enroll, contact Genworth at 800.416.3624 or visit genworth.com/groupltc and enter group ID: UChicago and code: groupltc.

Take note

Effective January 1, 2019, Genworth is closing enrollments into the current group long-term care policy. All plan participants as of December 31, 2018 will remain unaffected and coverage will not change as long as the required premiums continue to be paid. Keep in mind that your coverage is portable: If you change jobs, retire or leave the University, your coverage will continue and your premiums will not increase as long as you continue to pay the premiums.



Retirement Program

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

Retirement Income Plan for Employees (ERIP)

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

- Have completed one year of service or 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](https://www.irs.gov) for more information on the annual deferral limits.

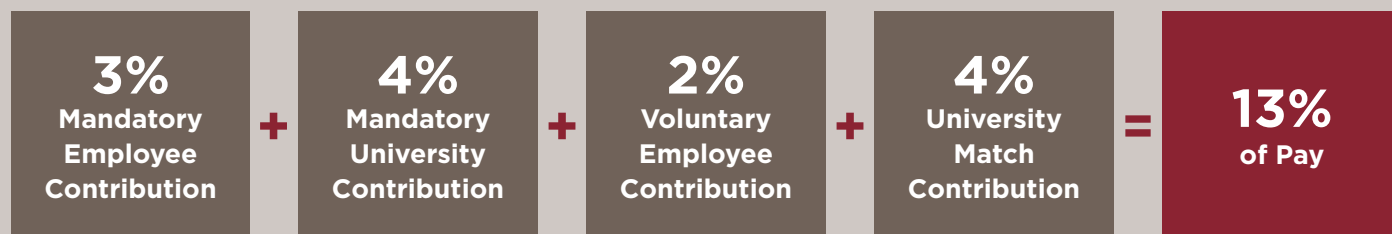
You may start or stop your additional contributions at any time during the year. If you have any questions or need assistance, contact a Benefit Specialist at 773.702.9634 or benefits@uchicago.edu.

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

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

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

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



Contributory Retirement Plan (CRP)

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

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

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

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

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

Under the CRP, the University establishes an account into which both you and the University contribute a percentage of your pay each pay period. You are required to contribute 5% of your pay to the CRP and the University will contribute an amount equal to 8% of your pay. With the University's contributions, you receive an amount equal to 13% of your eligible pay, with only 5% coming out of your paycheck:



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

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

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

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

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

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

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



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. Please note: if you are a bi-weekly employee, the amount you designate for SRP will be deducted from each paycheck — the monthly indicator in Workday does not apply to you.

You can elect to set aside pre-tax dollars, up to the IRS maximum (indexed each year). The maximum contribution for 2018 is \$18,500. If you will be age 50 or older, you may make additional catch-up contributions — up to \$6,000 in 2018 — to the SRP. Check [irs.gov](https://www.irs.gov) for information on 2019 IRS limits. Once you reach this limit, Workday will automatically stop your contributions for the remainder of the year.

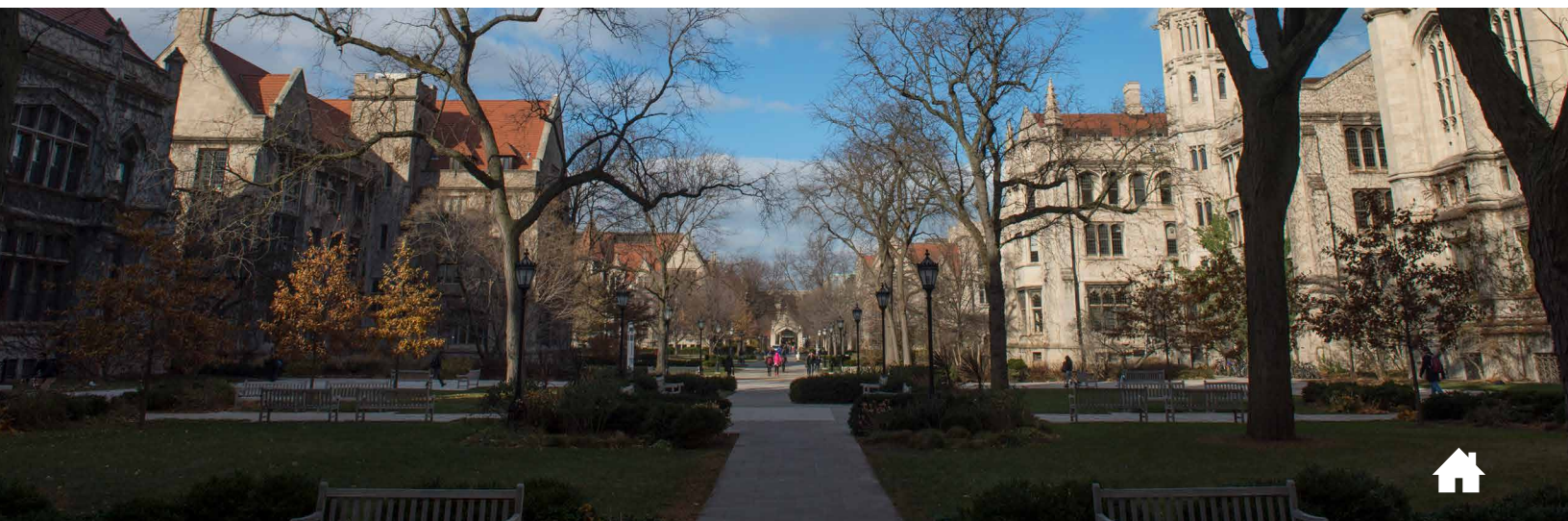
You choose how to invest your contributions among the investment options from the tiered investment lineup below:

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

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

Rolling over another retirement plan

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



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, 2018, 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), 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 calling 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, 2019. If you do not enroll now, you will have to wait until July 1, 2019 to participate.



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

Financial

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

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

Transportation

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

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

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

Safety and Security

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



Additional Benefits

Staff and Faculty Assistance Program

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

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

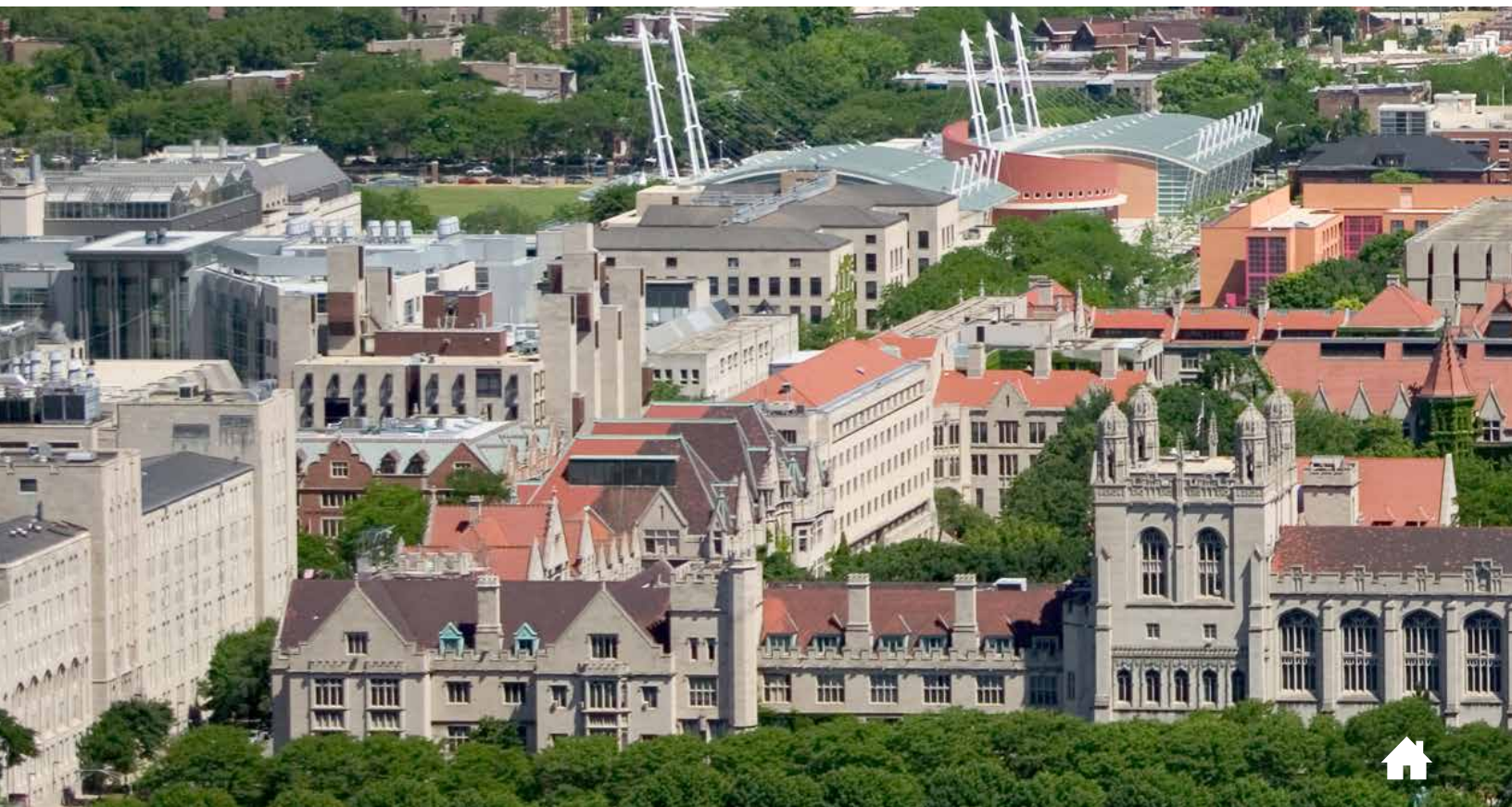
- By phone: 800.456.6327.
- In person, by appointment only: call 800.456.6327 to schedule an appointment.
- Online: perspectivesltd.com (user name: UNI500 and password: perspectives).

Women's Health Friends and Family Program

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

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

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



Business Travel Accident Insurance

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

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

Find additional information at humanresources.uchicago.edu/benefits/healthwelfare/lifedisability/businessaccident.

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. The IRS lets you set aside up to \$130 per month for work-related transportation costs and up to \$250 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.



Notices

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

Medicare Part D Creditable Coverage

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

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The University of Chicago has determined that the prescription drug coverage offered by your University of Chicago medical plans is, on average for all plan participants, expected to pay out as much as standard Medicare creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current University of Chicago prescription drug coverage will be affected.

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

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the University of Chicago and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.



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

Contact the Benefits Office at 773.702.9634 for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through the University of Chicago changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more Information about Medicare Prescription Drug Coverage:

- Visit [medicare.gov](https://www.medicare.gov).
- Call your state health insurance assistance program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1.800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800.772.1213 (TTY 800.325.0778).

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

Newborns' and Mothers' Health Protection Act Notice

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

than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not under federal law require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If you have questions or would like more information, please contact your medical plan provider. See [page 40](#) for contact information.

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy.

These benefits will be provided subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. The amounts are shown on the chart on [pages 14 - 15](#). If you have questions or would like more information, please contact your medical plan provider. See [page 40](#) 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 insurekidsnow.gov to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).

Alabama - Medicaid

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

Alaska - Medicaid

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

Arkansas - Medicaid

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

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

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

Florida - Medicaid

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

Georgia - Medicaid

Website: <http://dch.georgia.gov/medicaid>
 - Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

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/ime/members/medicaid-a-to-z/hipp>
Phone: 1-888-346-9562

Kansas - Medicaid

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

Kentucky - Medicaid

Website: <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>
Phone: 1-800-635-2570



Louisiana - Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

Maine - Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

Massachusetts - Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

Minnesota - Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>
Phone: 1-800-657-3739

Missouri - Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005

Montana - Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

Nebraska - Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 1-402-473-7000
Omaha: 1-402-595-1178

Nevada - Medicaid

Medicaid Website: <https://www.medicaid.nv.gov/>
Medicaid Phone: 1-800-992-0900

New Hampshire - Medicaid

Website: <https://www.dhhs.nh.gov/ombp/nhhpp/>
Phone: 1-603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999

New Jersey - Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 1-609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

New York - Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

North Carolina - Medicaid

Website: <https://dma.ncdhhs.gov/>
Phone: 1-919-855-4100

North Dakota - Medicaid

Website: <http://www.nd.gov/dhs/services/medicalsev/medicaid/>
Phone: 1-844-854-4825

Oklahoma - Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

Oregon - Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

Pennsylvania - Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
Phone: 1-800-692-7462

Rhode Island - Medicaid

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347

South Carolina - Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

South Dakota - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

Texas - Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493



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

To see if any other states have added a premium assistance program since January 31, 2018, 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 12/31/2019)

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

cms.hhs.gov

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



Contacts

Plan	Additional Resource	Telephone Number	Website
Medical			
University of Chicago Health Plan	Aetna CVS Caremark (Pharmacy)	855.824.3632 866.873.8632	uchp.uchicago.edu
HMO Illinois	BlueCross BlueShield of Illinois Prime Therapeutics (Pharmacy)	800.892.2803 800.423.1973	bcbsil.com
Maroon Plan	BlueCross BlueShield of Illinois HSA Bank CVS Caremark (Pharmacy)	866.390.7772 800.357.6246 866.873.8632	bcbsil.com hsabank.com
Maroon Savings Choice	BlueCross BlueShield of Illinois HSA Bank CVS Caremark (Pharmacy)	866.390.7772 800.357.6246 866.873.8632	bcbsil.com hsabank.com
Dental			
CoPay and PPO	MetLife	800.942.0854	metlife.com/mybenefits
Vision			
Vision Service Plan	VSP	800.877.7195	vsp.com
Life/Accident/Disability/Long-Term Care			
Basic, Supplemental, and Dependent Life	Sun Life Benefits Office	866.230.2278 773.702.9634	N/A humanresources.uchicago.edu
Personal Accident Insurance	Benefits Office	773.702.9634	humanresources.uchicago.edu
Long-Term Disability Insurance	Benefits Office	773.702.9634	humanresources.uchicago.edu
Long-Term Care Insurance	Genworth	800.416.3624	genworth.com/groupitc
Retirement and Financial			
SRP, CRP, ERIP, and SEPP	TIAA (Record Keeper) Benefits Office	800.842.2252 773.702.9634	tiaa.org/public/tcm/uchicago humanresources.uchicago.edu
457(b) Deferred Compensation Plan	TIAA Benefits Office	800.842.2252 773.702.9634	tiaa.org/public/tcm/uchicago humanresources.uchicago.edu
Other Benefits			
Flexible Spending Accounts	WageWorks	877.924.3967	wageworks.com
Educational Assistance Program	Benefits Office	773.702.9634	humanresources.uchicago.edu
Commuter Program	WageWorks	877.924.3967	wageworks.com
Child Care Resource and Referral Service	Perspectives	800.456.6327	perspectivesltd.com
Staff and Faculty Assistance Program	Perspectives	800.456.6327	perspectivesltd.com
Elder Care Consultation and Referral Service	Perspectives	800.456.6327	perspectivesltd.com



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

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



