

WELCOME TO YOUR BENEFITS!

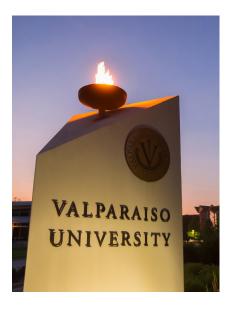
Making the right choice is important. Valparaiso University understands that different people have different needs when it comes to their benefits. That's why we have carefully constructed a benefits package that gives you choices. This Benefit Guide will help you understand the benefit choices you can make before your enrollment deadline.

Whether that means keeping fit, eating right, knowing your health risks, or changing lifestyle behaviors, your well-being is important to you, your family, your coworkers, and Valparaiso University.









At Valparaiso University, we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

Learning more about benefits makes it easier for you to use them. This Benefit Summary will help you understand your benefits as you consider your choices.

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The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Guide and the actual plan documents the actual plan documents will prevail. For additional information, visit the intranet at https://intra.valpo.edu/human-resources/employee-benefit-information-and-resources/. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

TABLE OF CONTENTS



Section One | Health Benefits

Medical Overview & Enrollment	5
PPO Plan	6
HSA Plan	7
About an HSA	8
OurHealth at Valparaiso University Onsite Clinic	9
HealthPro and Health Advocate	11
Importance of Preventive Care	12
Healthy Lifestyle Program	13
Where To Find Care	14
Prescription Drug Benefit	15
Dental Plan	16
Dental Max Rollover	17
College Tuition Benefit	18
Vision Plan	19
Flexible Spending Account	20
Employee Assistance Program	21



Section Two | Financial Protection Benefits

Life and AD&D	23
Disability and Retirement	24

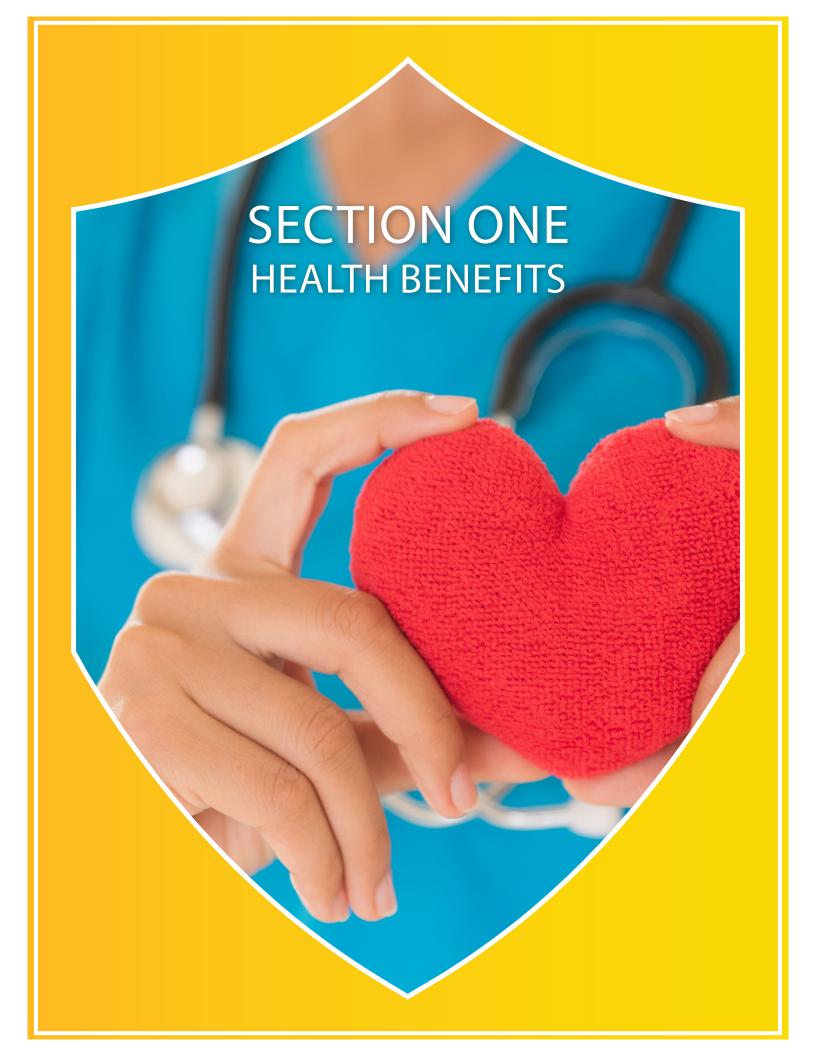


Contacts | Page 25

Anthem
TrueScripts
OurHealth
HealthPro
InfiniSource
Centier Bank
Guardian
Cigna
TIAA
Health Advocate



1-219-464-5214 human.resources@valpo.edu



MEDICAL OVERVIEW & ENROLLMENT

Valparaiso University is offering you 2 plans from which to choose. Read through the summary of each plan type, then review the next pages for the specifics.

HSA PLAN

The HSA Plan is a consumer-driven health plan. What's special about this option is the health savings account (HSA):

- Can be used to pay for eligible health care expenses.
- Valparaiso University has chosen to contribute money to this account, and you have an opportunity to contribute tax-free dollars as well!
 Valparaiso University will deposit \$250 if you elect single coverage, or \$500 if you elect other than single coverage (the amount is prorated depending on enrollment date).

PPO PLAN

In the PPO Plan, you pay out-of-pocket until your expenses satisfy the annual deductible. Then, you and the plan share your health care expenses through coinsurance.

When your total out-of-pocket expenses reach the designated maximum for both medical and prescription, the plan will pay the rest of your expenses at 100% for remainder of the year.

How to Enroll

If you wish to make changes to your elections, and/or contribute to the Health Savings Account (HSA) or Flexible Spending Accounts (FSA) in 2020, please follow these steps to Enroll:

- 1) Log in to DataVU
- 2) Click on the Employees Tab
- 3) Click on the Benefit Enrollment Link
- 4) Follow the prompts to enroll in/waive each benefit
- 5) Once you are enrolled you will be given a Confirmation Number and Statement

You can also enroll at http://bit.ly/ValpoEnroll with your Valpo Google account ID and password.







PPO PLAN

ANTHEM BLUE ACCESS NETWORK

Please see Plan Document for full details.

Plan Feature	In Network	Out of Network	
Health Savings Account	Not Available		
Annual Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000	
Out-of-Pocket Max (OOPM) Including Deductible	Individual: \$4,000 Family: \$8,000	Individual: \$5,000 Family: \$10,000	
Prescription Out-of-Pocket Max (OOPM)	Individual Family:		
Preventive Care Services	100% no deductible, no copay, no limit	60% after deductible	
Office Visit:	Primary Care: 100% after \$30 copay Specialist: 100% after \$60 copay	60% after deductible	
Coinsurance for Inpatient Services	80% for most services after deductible	60% for most services after deductible	
Coinsurance for Outpatient Services	80% for most services after deductible 60% for most services after		
Emergency Room/Services	\$250 copay (waived if admitted to hospital), then 80% after deductible		
Urgent Care Center	100% after \$50 cop	pay, no deductible	
Behavioral Health (inpatient and outpatient coverage)	80% for most services after deductible	60% for most services after deductible	
Prescription Drugs - Retail (30-day supply) Tier 1 Tier 2 Tier 3 Tier 4	Greater of 10% or \$10 Greater of 20% or \$30 Greater of 30% or \$50 Greater of 30% or \$100		
Prescription Drugs - Mail Order (90-day supply) Tier 1 Tier 2 Tier 3 Tier 4	Greater of 10% or \$10 Greater of 20% or \$60 Greater of 30% or \$100 N/A		

	PPO without PWP* Participation	PPO with 1 PWP* Participant	PPO with 2 PWP* Participants
Employee earning less than \$30,000 per year	\$65.14	\$50.14	-
Employee earning \$30,000 or more per year	\$104.59	\$79.59	-
Employee + spouse	\$204.90	\$179.90	\$154.90
Employee + children	\$171.87	\$146.87	-
Family	\$276.95	\$251.95	\$226.95

^{*} PWP is the Personal Wellness Profile - Employee and Spouse earn separate participation credits.

HSA PLAN

ANTHEM BLUE ACCESS NETWORK

Please see Plan Document for full details.

Plan Feature	In Network	Out of Network
University Contribution to your Health Savings Account Individual / Family	\$250 / \$500	
Annual Deductible Individual / Family	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-Pocket Max (OOPM)including deductible Individual / Family	\$3,000 / \$6,000	\$4,500 / \$9,000
Preventive Care Services	100%, no deductible, no limit	60% after deductible
Office Visit: Primary Care & Specialist		
Coinsurance for Inpatient Services		
Coinsurance for Outpatient Services	100% for most services after	60% for most services after
Emergency Room and Services	deductible	deductible
Urgent Room and Services		
Behavioral Health Service (inpatient and outpatient coverage)		
Prescription Drugs - Retail or Mail Order	100% after deductible	60% after deductible

	HSA without PWP* Participation	HSA with 1 PWP* Participant	HSA with 2 PWP* Participants
Employee earning less than \$30,000 per year	\$42.55	\$27.55	-
Employee earning \$30,000 or more per year	\$79.17	\$54.17	-
Employee + spouse	\$158.09	\$133.09	\$108.09
Employee + children	\$129.49	\$104.49	-
Family	\$199.39	\$174.39	\$149.39

^{*} PWP is the Personal Wellness Profile - Employee and Spouse earn separate participation credits.

ABOUT AN HSA

If you enroll in the HSA medical plan, you can open a Health Savings Account (HSA). An HSA is an account that can be funded with your tax exempt dollars, to help save and to pay for eligible medical expenses not covered by a health insurance plan, including the deductible, coinsurance, as well as dental and vision expenses. Funds used to pay expenses paid from the HSA remain tax-free as long as they are considered qualified medical expenses. Below is an explanation of how an HSA works.

Health Savings Account (HSA)

An HSA is a bank account that can be used to help pay for eligible medical expenses, including the deductible and coinsurance. You can only enroll in a health savings account if you elect the HSA Plan and do not have any other coverage that is not considered a High-Deductible Health Plan (HDHP).

Valparaiso University has chosen to contribute money to this account. Plus, you can contribute your own PRE TAX dollars.

When you reach your deductible under your health plan, medical costs are covered at 100%.

How much can I contribute to an HSA?

You must be enrolled in the HSA Plan to contribute to an HSA. If you wish to contribute to the HSA, you must first open an account at Centier Bank. The HSA application form for Centier is available on the 4MyBenefits enrollment site. Once your account is open, log on to 4MyBenefits to setup your HSA payroll contributions.

The IRS determines a contribution limit annually. In 2020, the limits are \$3,550 for single and \$7,100 for a family. Valparaiso University will deposit \$250 if you elect single coverage, or \$500 if you elect other than single coverage (the amount is prorated depending on enrollment date). Valparaiso University's contribution to your HSA counts toward the IRS maximum. Any balance remaining in the HSA at the end of the calendar year will roll over to the next year.

If you are age 55 or older, you're eligible for catch-up contributions based on the number of months during the calendar year you have an HDHP. If you have HDHP coverage for the full year, you can make the full catch-up contribution regardless of when your 55th birthday falls during the year.

Did you know...

You can use the money you have in your HSA to pay for medical expenses for family members, even if they are not on your plan. You can always use it to pay for your spouse's expenses. If your children qualify as dependents on your tax return, you can pay for their expenses with your HSA.

HSA QUICK FACTS

Quick facts video about HSA Advantages http://bit.ly/HSAadvantages

Quick facts video about HSAeligible expenses http://bit.ly/HSAeligibleexpenses

Quick facts video about why you might choose an HSA http://bit.ly/HSAfacts

OURHEALTH @ VALPARAISO UNIVERSITY

Valparaiso University has partnered with OurHealth to offer employees free, best-in-class primary care services through an onsite clinic.

Use of the clinic is voluntary, and the services you receive will be 100% confidential. The clinic is available to all full-time employees, as well as their spouses and dependents age 6 and over who are enrolled in a Valparaiso University health plan.



Primary and Urgent Care

- Physician-led clinics (ages 6+)
- Preventive care
- Colds/flu,sprained ankle, rashes, etc.
- Suture removal, wound care, minor



Wellness Services

- Annual exams/physicals
- Online member portal for health tools/ assessments
- Health coaching



Medications

- 80 common acute/maintenance medications
- Prescriptions filled on-site
- Requires visit with provider



General Labs

- On-site general lab
- Hundreds of common blood/urine tests
- Outside lab orders allowed



Day	Hours (closed daily from 12:00-1:00 PM)
Monday	7:00 AM - 4:00 PM
Tuesday	8:00 AM - 5:00 PM
Wednesday	9:00 AM - 6:00 PM
Thursday	8:00 AM - 5:00 PM
Friday	7:00 AM - 4:00 PM

Make your appointment!

Call (866) 434-3255, visit the Patient Portal at member.ourhealth.org, or email member@ourhealth.org

OURHEALTH CLINIC

FREQUENTLY ASKED QUESTIONS

Who is OurHealth?

- OurHealth is an independent provider of employersponsored health management services and operates primary care and wellness clinics throughout Indiana, Illinois, Pennsylvania and Tennessee.
- OurHealth is recommended to friends and family members by 98% of its patients.
- Eighty-five percent of OurHealth patients believe the quality of care is the "best" they have ever experienced or "better" than they are used to experiencing. Fifteen percent say it's about the same.

How is OurHealth different from other healthcare providers?

- o The OurHealth model is different than the traditional primary care provider because of the services offered and the total wellness approach that its clinics can provide. In addition to its physicians, nurse practitioners and other professional staff, patients have access to health coaches and referral specialists to help navigate the healthcare system, if needed. Everything is designed around the patient:
 - More time is spent with providers
 - The wait times are shorter
 - It is easier to get in to be treated

Who are the providers for OurHealth?

- OurHealth is an independent provider of healthcare services and is not affiliated or owned by any single health system or health insurance company. OurHealth partners with the OurHealth Physician Group (OHPG) a dedicated group of best class providers. OurHealth physicians are board certified in family medicine or internal medicine.
- OurHealth also employs physician assistants (PA) and nurse practitioners (NP) who work as part of the team with a physician. A PA and NP are nationally certified and state-licensed to practice medicine with the supervision of a physician.

How much does it cost?

- There is no charge to eligible employees to be a member of an OurHealth clinic.
- All preventive care visits and acute care (nonpreventive) visits are no charge.
- All medications dispensed through the clinic are no charge to patients.
- General lab testing is available at OurHealth and is no charge to all eligible employees and their families.

Can employees bring in general labs that are ordered from an outside physician?

 OurClinic can perform most routine lab work ordered by an outside provider or specialist. OurHealth will not review or provide the results of labs ordered by outside providers. All results of labs ordered by an outside provider will be sent directly to the ordering provider.

Can I get my prescriptions filled at OurHealth?

- OurHealth carries approximately 80 medications. All medications are provided at no charge to patients.
 OurHealth does not carry any controlled substances such as narcotics.
- Patients can present a prescription written by an outside provider to an OurHealth provider during a required, no charge consultation. OurHealth requires a consultation with a provider when filling a prescription in order to ensure complete oversight of a patient's medical treatment. An identical or similar prescription may be issued with the OurHealth provider's agreement.

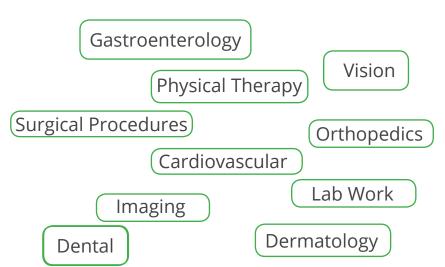


HEALTHPRO & HEALTH ADVOCATE

The OurHealth Clinic can't treat all conditions at their facility. They can, however, help you find the best and most cost-effective alternatives. Here are some resources for you...



With your clinic benefits, you have access to OurHealth's personalized referral services. HealthPro Coordinators personally guide you through the healthcare referral process based on what matters most: cost, convenience & quality.



Managing Your Health Care and Cost Is a Phone Call Away with

Health Advocate

Whether you are enrolled in a University medical plan or waive coverage, you are automatically enrolled in the Health Advocate program. Health Advocate is a national advocacy and assistance company headquartered in Plymouth Meeting, PA. Its mission is to help individuals get the very best health care services by providing you with access to a personal Health Advocate to help you:

- Find the best doctors and hospitals for your personal health issue
- Obtain services for your elderly parents
- Schedule timely appointments, especially with specialist physicians
- Identify the right resources for help with a serious illness or injury
- Navigate insurance claims and billing issues
- And more

Your Personal Health Advocate is a registered nurse supported by a team of medical doctors and health administration experts. If you have questions about your health, trouble with a claim, understanding your next steps in managing a health condition and other health-related issues, you can call your Personal Health Advocate at 866-695-8622 and discuss your needs in complete confidence. Your personal health information is protected under the HIPAA Privacy Rule.

The service is at no cost to you. In addition to you, your spouse and children, your parents and the parents of your spouse are also covered under the Health Advocate program.

IMPORTANCE OF PREVENTIVE CARE

Did you know that if you are covered under one of the medical plans, your innetwork preventive care is covered at 100%? That's right! That means \$0 out of your pocket for your annual physicals, preventive exams, and screenings. These exams and screenings help identify health risks early on, and in turn keep those out-of-pocket medical expenses in check. Many exams involve running a complete panel of bloodwork. When was the last time you had your blood pressure checked? Your glucose levels? Knowing these critical numbers is the most important part of the visit. If you don't know them, then it's time to make an appointment!



If you have additional questions about preventive care services, talk to your doctor or call Anthem.















* Some restrictions may apply.

HEALTHY LIFESTYLE PROGRAM

EARN REWARDS. BE HEALTHY.

The University sponsors the Healthy Lifestyle Program and offers incentives to faculty, staff and their spouses to encourage participation. The goal of the program is to help you monitor your health status every year. Through the program, some participants may find they may be at risk for a serious health condition. That's why early detection is so important – it's when the odds for successful treatment are best. It is confidential and complies with all federal regulations for protecting your personal health information.

Personal Wellness Profile

Each year before Open Enrollment, faculty and staff, as well as enrolled spouses, are rewarded for completing a Personal Wellness Profile (PWP). If you are newly hired you must complete the PWP in 30 days for your discount to apply to your payroll contribution. Information collected will include:

- LDL Direct blood draw
- Blood Sugar (Hemoglobin A1c) blood draw
- Blood pressure
- Body Mass Index (BMI) height and weight or waist circumference

Why the Personal Wellness Profile Is Important?

For you, it's a check-up to see how your health is and to learn more about what you can do today for a healthy tomorrow. For the University, it's a step closer toward building a healthier campus community.

A healthier campus community will help the University control future health care costs, keeping the cost of our health plans affordable for both of us.

To complete your Personal Wellness Profile, follow these steps:

- Register on the OurHealth portal at member.ourhealth.org
- Click on PWP link to schedule lab testing at OurHealth @ Valparaiso University

Results: PWP results will be uploaded to the OurHealth Portal within five business days. If you wish, you can print your results from the OurHealth Portal or request that the clinic fax the results to your personal physician. Individual results will not be shared with Valparaiso University.

To know your numbers is to know your health, both today and tomorrow.

Incentives

If you are enrolled in a University medical plan and complete a Personal Wellness Profile, you will be eligible for the PWP contribution rates for your medical plan. The PWP contribution rates are \$25 - \$50 lower than the non-PWP rates (see the rate sheet to compare perpaycheck contribution rates).

All Valparaiso University employees (and enrolled spouses) on a University sponsored health plan are encouraged to participate. Enrolled employees and spouses earn separate credits for completing the PWP. If one member completes the PWP, the employee will receive one discount credit on their health insurance payroll contribution. If both members complete the PWP (employee and enrolled spouse) the employee will receive two discount credits on their health insurance payroll contribution.

Health Coaches

Based on the results of your Personal Wellness Profile, you may be contacted by an OurHealth clinician or Health Coach. The health coach is available to help you achieve all your wellness and fitness goals. Your coach will motivate you, identify barriers, give you confidence and set realistic – achievable goals for:

- Weight management
- Tobacco cessation
- Chronic condition management
- Stress management
- Fitness planning
- Nutritional guidance

The University does not know who the clinicians or health coaches contact or who participates in the health management programs. Your privacy is protected.

For questions or support, contact the OurHealth Member Relations team at

866-434-3255 or member.ourhealth.org

WHERE TO FIND CARE

TIP: COMPARE COSTS WITH THE COST ESTIMATOR TOOL AT WWW.ANTHEM.COM/FIND-DOCTOR



The more you know about the cost and quality of doctors and hospitals, the easier it is to make the best choices for you and your family. The Anthem online directory has plenty to offer, starting with simplified search tools that give you the results you need. You'll also see integrated cost and quality information, helping you compare doctors and control health care spending.

For example, an MRI can cost anywhere from \$400 TO \$1,400, depending on where you go.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



OURHEALTH CLINIC

In non-emergencies, use the clinic as your first stop. It's free and convenient and, in many cases, takes the place of a PCP visit.

Make your appointment!

Call (866) 434-3255, visit the Patient Portal at member.ourhealth.org, or email member@ourhealth.org



USE TELEMEDICINE

If your primary care doctor isn't available, and you have a routine issue such as a sinus problem, rash, or pink eye. An appointment with a physician is available from your phone or computer.

Live Health Online livehealthonline.com 888.548.3432



GO TO YOUR PRIMARY CARE DOC

If you do not

have a life- or limb-threatening emergency medical, then go to your primary care doctor (PCP) if available. For care during

normal office hours. it's usually best to go to your primary care doctor. He or she can provide followup care and refer you to a specialist, if needed.



GO TO AN URGENT

If you do not

have a life- or limb-threatening emergency medical, nor have a PCP available, and don't have a routine issue, then visit a local urgent care center. Urgent care centers typically don't require an appointment and are often open in the evenings and on weekends. Plus, innetwork urgent care centers are faster and much less expensive than the ER.



GO TO EMERGENCY ROOM

If you do have a lifeor limb-threatening emergency medical then go to the emergency room. In the case of a true medical emergency, go to the ER. At the ER, true emergencies are treated first, and other cases must wait—sometimes for hours. And, it will cost you a lot more to get care at the ER.

FREE!

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PRESCRIPTION DRUG BENEFIT

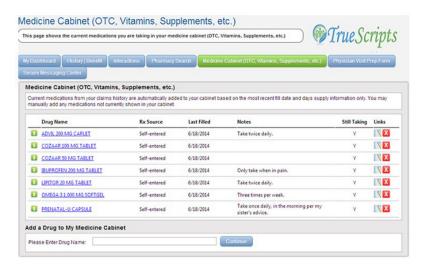
TRUESCRIPTS

The prescription drug benefit is administered by TrueScripts. To learn about all TrueScripts has to offer, visit www.truescripts.com/members. From there, you will be able to access the MyDrugBenefit portal.

MyDrugBenefit is a web portal that empowers employees and their dependents to more appropriately use their pharmacy benefit -- get the right therapy, at the right time, from the right source, based on both clinical and financial considerations.

MyDrugBenefit enables employees and dependents to:

- Access consumer-friendly, actionable pharmacy histories
- Receive targeted cost-saving and care-enhancing messages
- Prepare for a physician visit
- Find in-network pharmacies

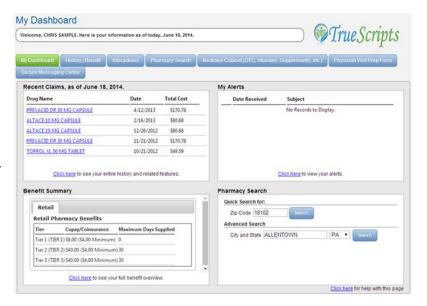


Personalized Medicine Cabinet

- Keep track of current medications
- Prepare for doctor visits
- Add over the counter medications

MyDrugBenefit Dashboard

- Recent claim history
- Network pharmacy locator
- Savings alerts, refill reminders and other messages



DENTAL



Valparaiso University offers dental benefits through the Guardian DentalGuard Preferred Network. See charts below for your costs and what is covered under this plan option. Remember, while In and Out-of-Network care is covered at the same amount, Out-of-Network providers can charge you the UCR, or usual and customary rate for your area. That means higher prices at Out-of-Network Providers.

Go to www.guardiananytime.com for a list of network providers.

Please see plan document for full details.

Plan Feature	In and Out Network
Annual Deductible	Individual: \$50 Family: \$150
Annual Benefit Max	\$1,000 per covered person
Preventive	Plan pays 100%, no deductible
Basic	Plan pays 80% after deductible
Major	Plan pays 50% after deductible
Orthodontic Services	Not Covered

	Cost Per Pay
Employee earning less than \$30,000 per year	\$9.70
Employee earning \$30,000 or more per year	\$16.95
Employee + one	\$34.63 \$59.61*
Family	\$59.61

^{*} Employees with more than one child pay the family rate on the dental and vision plans

DENTAL MAXIMUM ROLLOVER

Save your unused claims dollars for when you need them the most



Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA).

If you reach your Plan Annual Max in future years, you can use money from your MRA! To qualify for an MRA, you must have a paid claim and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit.

You can view your annual MRA statement detailing you and your dependents' accounts by visiting Guardian's website: **www.GuardianAnytime.com**.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Max	Threshold	Max Rollover Amount	In-Network Only Rollover Amount	Max Rollover Account Limit
\$1,000	\$500	\$250	\$350	\$1,000
Max claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Max for future years	Additional dollars added to Plan Annual Max for future years if only in-network providers were used during the benefit year	Plan Annual Max plus Max Rollover cannot exceed \$1,000 in total

How it works...

YEAR 1

Jane starts with a \$1,000 Plan Annual Max. She submits \$150 in dental claims. Since she did not reach the \$500 Threshold, she receives a \$150 rollover that will be applied to Year 2.

YEAR 2

Jane now has an increased Plan Annual Max of \$1,150. This year, she submits \$150 in claims and receives an additional \$150 rollover added to her Plan Annual Max.

YEAR 3

Now Jane has an increased Plan Annual Max of \$1,300. This year, she submits \$1,200 in claims. All claims are paid due to the amount accumulated in her Max Rollover Account.

COLLEGE TUITION BENEFIT REWARDS

Employees participating in the Guardian Dental Plan will earn Tuition Rewards that can be used to pay for up to one year's tuition at a SAGE Scholar college. There are over 345 private colleges and universities across the nation in the SAGE Consortium. That's one third of the National Association of Colleges and Universities, NAICU. 80% of SAGE colleges have received an "America's Best" ranking by US News and World Report. One Tuition Reward point = \$1.

What can employees expect from the College Tuition Benefit?

- 2,000 Tuition Rewards are given to each dental plan subscriber when they register an eligible student or students. Subscriber Tuition Rewards can be allocated to any registered student.
- 500 Tuition Rewards are given to each student registered. Student Tuition Rewards can only be used by the specific registered student.
- 2,000 additional Tuition Rewards are given to the subscriber, annually in the month following the Dental Plan's renewal.
- 2,500 bonus Tuition Rewards are given to the subscriber the month following the Dental Plan's third renewal (4th year), for a total reward of 4,500 for that year.

Important Information:

- In order to be registered for the College Tuition Benefit, each employee must provide a valid email address.
- Following enrollment, subscribers receive a Welcome email. Please check your spam folder. If a
 welcome email is not received, contact Admin@CollegeTuitionBenefit.com.
- The welcome email is notification that an online account is established. Subscribers can log in to see the points posted to their account, and add additional eligible students as they wish. If an employee does not log into the account in the first 6 months, the Tuition Reward may be reduced.
- Eligible students include children, grandchildren, nieces, and nephews.
- The maximum rewards that can be used, per registered student, cannot exceed one year's tuition at a participating school.
- Families do not select a college ahead of time.
- Each Tuesday, registered employees receive Market Cap and Gown, an e-newsletter that details
 events and topics related to college financing, and notifies employees of new colleges in the
 network.

DEADLINE:

To use Tuition Rewards, a child must be registered by August 24th of the year they enter 11th grade.

To find out more information or to register, go to **www.Guardian.CollegeTuitionBenefit.com**.

User ID is 505122; Password is Guardian

VISION



Valparaiso University offers the VSP Choice Network Plan through Guardian for vision benefits. Take a look at the charts below to see what you will be paying and what the plan includes.

Go to **www.guardiananytime.com** for a list of network providers. Please see Plan Document for full details.

Features	In Network	Out of Network
Exam (Once a Year)	Plan pays 100% after \$10 copayment	Plan pays up to \$39
Lenses (Once a Year) Single Bifocal Trifocal Lenticular	Plan pays 100% after a \$10 copayment	Plan pays up to: \$23 \$37 \$49 \$64
Contacts, in lieu of frames	Plan pays up to \$130 for elective lenses	Plan pays up to \$100 for elective lenses
and lenses (Once a Year)	Plan pays 100% for medically necessary lenses after \$10 copayment	Plan pays up to \$210 for medically necessary lenses
Frames (Once a year)	Plan pays up to \$130 plus provides a 20% discount on the balance, no copayment	Plan pays up to \$46

	Cost per Pay
Employee earning less than \$30,000 per year	\$3.23
Employee earning \$30,000 or more per year	\$5.86
Employee + one	\$9.94 \$15.13*
Family	\$15.13

^{*} Employees with more than one child pay the family rate on the dental and vision plans

FLEXIBLE SPENDING ACCOUNT



There are three types of Flexible Spending Accounts you can have, a Health FSA, Limited Purpose FSA, and a Dependent Care FSA. Your eligibility of these accounts depends on the medical plan you choose. Below is a description of each type of spending account.

Note: The IRS does not release the cost of living increase to the health care FSA maximum until November. For 2019, the amount is \$2,700, but it is likely to increase in 2020 by \$50. To verify, you can visit www.irs.gov.

HEALTH FSA

This type of FSA is available to those with a PPO plan. It's an employer-sponsored savings account for health care expenses. You are not taxed on the money put into the FSA, and you can then use the account to pay for qualified out-of-pocket health care costs, such as your deductible and copays, but not your premium. However, you cannot stockpile money in the account from year to year, and you will lose leftover money in the account at the end of the plan year unless your employer offers an option that allows for either a short extension or a small carry-over into the next year. You cannot participate in this type of FSA if you elect the HSA Plan.

If you chose to participate, the annual health care flexible spending maximum you may contribute is \$2,700. There is also an annual maximum of \$5,000 per Plan Year for dependent care expenses.

Note: If you enroll in the HSA plan, you can set up a **Limited Purpose Health Care Flexible Spending Account.** However, only dental and vision expenses may be paid for by the Limited Purpose Flexible Spending Account.

DEPENDENT CARE FSA

A dependent care flexible spending account allows you to pay for certain expenses on a tax-free basis. If you care for a dependent, this may be for you! Each pay period, money moves from your paycheck into your dependent care FSA. When you need to pay for dependent care expenses, like elder care or preschool, you can use the money from your account. And as long as you're paying for an eligible expense, the money is tax-free! This money does not roll over year after year so budgeting is key.

Eligible dependents include your children, up to age 13 who qualify as dependents on your federal income tax return, or any individual you claim as a dependent who is mentally or physically unable to care for himself or herself, or your spouse, if mentally or physically incapacitated. Go to this federal government site for more information: www.irs.gov/pub/irs-pdf/p503.pdf.



Here's a **helpful guide** to learn more about **Flexible Spending Accounts**, with case studies about how they've helped people save.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP benefit offered through Cigna offers short-term counseling to employees and anyone who lives in their household to manage life's stresses. That might include life event changes, marital problems, divorce adjustment, grief, stress, parenting issues, alcohol and drug issues and financial worries.

EAP services are a benefit provided by Cigna at no charge to you. You can call anytime, 24/7, to talk with a counselor who will assess your needs and develop a solution to help resolve your concerns Valparaiso University will pay for up to three face-to-face sessions at no cost to you.

Services available include: Legal Resources, Parenting, Senior Care, Child Care, Pet Care, Temporary Back-up Child Care.

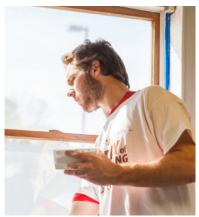
Additional services include the following:

Secure Travel Assistance Services (24 hours)

U.S.: 1-888-226-4567 Outside U.S.: 1-202-331-7635 Identity Theft Services (24 hours)

U.S.: 1-888-226-4567 Outside U.S.: 1-202-331-7635 **Will Preparation**

www.CignaWillCenter.com







To contact the EAP for more information about this benefit, or to initiate services, please call 800-538-3543.



GROUP TERM LIFE AND AD&D INSURANCE

Valparaiso University provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance in the amount of \$50,000 for a small contribution deducted from your paycheck. This benefit will terminate when your employment terminates or upon retirement, and benefits will reduce according to age.

If you wish to select more coverage...

Voluntary Life and AD&D for you and your Dependents

This is a voluntary plan that provides you the option to purchase coverage beyond the Basic Term Life Insurance provided by Valparaiso University.

Please note that this coverage must be elected at your initial enrollment opportunity in order to obtain coverage.

Plan Feature	Employee	Spouse	Child(ren)
Benefit Amount	Increments of \$10,000	\$20,000	Birth to 6 months: \$500 6 months to 19 years (or 23 years if full time student): \$10,000
Guarantee Issue Amount	Same as benefit amount	Same as benefit amount	Same as benefit amount
Overall Max	\$200,000	\$20,000 You cannot elect spouse voluntary life insurance without also electing employee voluntary life insurance	You cannot elect child voluntary life insurance without also electing employee voluntary life insurance







DISABILITY INSURANCE & TIAA

RETIREMENT SAVINGS PLAN

To assist our employees during illness or injury, Valparaiso University offers long term disability benefits. See plan document for full details.

LONG TERM DISABILITY (LTD)

If you are an eligible full-time faculty or staff member, the University provides you with income protection in the event of a long-term or permanent total disability. The University pays the full cost of your coverage. You are eligible after a one-year waiting period. The monthly benefit equals 60% of your eligible earnings up to \$5,000.

TAX-DEFERRED RETIREMENT SAVINGS PLAN

The University participates in a Defined Contribution Plan offered through TIAA. If you are an eligible full-time faculty or staff member, you may participate beginning on the first day of the month, following your date of

employment. Upon eligibility, you will be automatically enrolled at a contribution rate of 4% of your salary. The University will also contribute to your account at a rate of 7.5%. You may log in to your account at any time to change your contribution rate. Please note that you must contribute at least 1% to receive the University's contribution and you can contribute up to the IRS-defined maximum throughout the year. You may choose to contribute pretax, Roth or a combination of both and direct contributions among the plan's many investment options. You will also have 30 days to opt out completely if you do not wish to participate.



BENEFIT CONTACTS

Anthem Blue Cross	Medical Insurance	1-800-295-4119 www.anthem.com
TrueScripts Management Services	 Prescriptions 	1-844-257-1955 www.truescripts.com
OurHealth	Onsite Health Clinic	Member Relations Team: 1-866-434-3255 member@ourhealth.org
b health pro	Personalized Referral Services	1-317-983-3200 coordinator@ourhealth.org
INFINISOURCE	 Flexible Spending Account (Health Care FSA, Limited Purpose FSA, Dependent Care FSA) 	1-866-370-3040 www.infinisource.com
Centier	Health Savings Account (HSA)	1-219-462-1701 x 2102 (ask for Linda Reyes-Popovich or Sue Hills) www.centier.com
8 Guardian ^e	DentalVision	Dental 1-800-541-7846 Vision 1-877-814-8970 www.guardiananytime.com
Cigna	 Basic Life Voluntary Life Long Term Disability Employee Assistance Program 	EAP 1-800-538-3543 Disability or Life claim 1-800-362-4462 www.mycigna.com
TIAA	 Tax-Deferred Retirement Savings Program 	1-800-842-2273 www.tiaa.org/valpo
Health Advocate	Patient Advocacy	1-866-695-8622 answers@HealthAdvocate.com

NOTES



