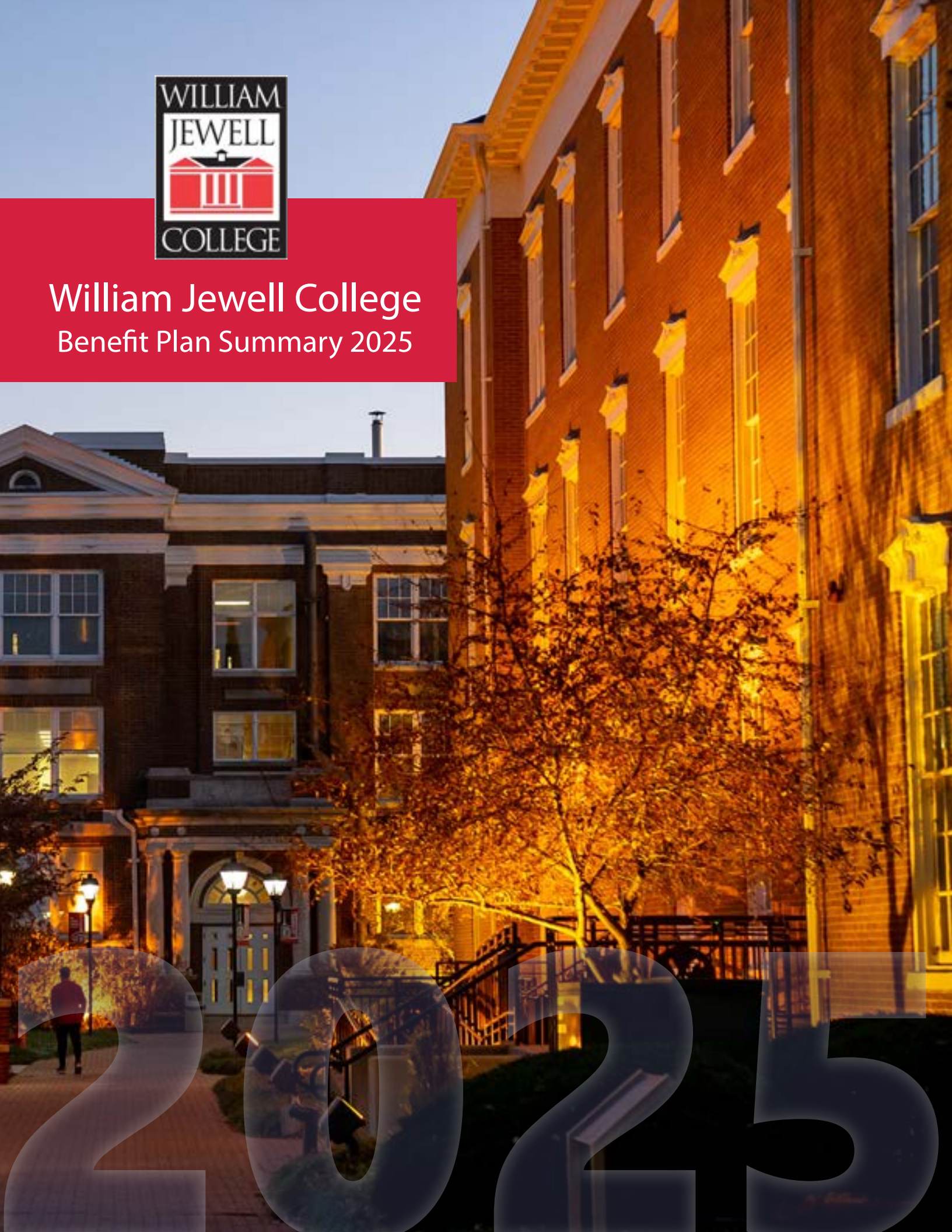

William Jewell College

Benefit Plan Summary 2025

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WELCOME TO WILLIAM JEWELL COLLEGE!
Benefit Plan Summary 2025

William Jewell College is pleased to offer its employees a comprehensive benefit package.

Full-time Employees

Full-time employees are eligible for all benefits as described in this brochure. Full-time employees are defined as a regular employee (not seasonal or temporary) scheduled and expected to have or average 30 or more hours of service per week over a designated period of time. Insurance coverage becomes effective the first day of the month following a 30-day waiting period.

Part-time Employees

Part-time employees are also eligible for many benefits. Part-time employees are defined as a regular employee (not seasonal or temporary) scheduled and expected to have 20 to 29 hours of service per week . After meeting the service requirement, insurance coverage becomes effective the first day of the month following a 30-day waiting period.

After employees initially enroll in benefits, changes to their elections will only be allowed during the annual open enrollment period or if the employee experiences a qualifying life event (such as the birth or adoption of a child, marriage, etc.). Open enrollment changes become effective on January 1. All qualifying event changes must be made within 30 days of the date of the event and will be effective the date of the event. Please see the Office of Human Resources for more information regarding qualifying life events.

View your benefits at **williamjewell.millercares.com**.

EMPLOYEE PREMIUMS

Full-time Employees: Employees 3/4 time and over*

Medical - Cigna

Annualized Salary	Under $45,000		At least $45,000 & under $70,000		At least $70,000 & over	
	PPO	LocalPlus	PPO	LocalPlus	PPO	LocalPlus
Employee Only	$135.82	$101.17	$158.46	$124.97	$211.28	$154.73
Employee + 1	$387.87	$305.89	$462.45	$376.48	$611.63	$458.84
Family	$487.68	$401.33	$636.11	$518.39	$784.53	$535.11

Dental - Lincoln Financial	
Employee Only	$12.62
Employee + Spouse	$24.55
Employee + Children	$34.22
Family	$46.19

Vision - EyeMed Exams and Materials	
Employee Only	$6.21
Employee + Spouse	$11.80
Employee + Children	$12.42
Family	$18.26

Part-time Employees: Employees between 1/2 and 3/4 time

Medical - Cigna

	PPO	LocalPlus
Employee Only	$339.56	$267.80
Employee + 1	$671.31	$529.43
Family	$954.16	$752.49

Dental - Lincoln Financial Traditional Plan	
Employee Only	$18.93
Employee + Spouse	$36.82
Employee + Children	$51.33
Family	$69.28

Vision - EyeMed
Same rates as full-time employees.

Employees less than 1/2 time

Not eligible for insurance benefits

Retired Employees and Dependents

Please contact the Office of HR

COBRA Insurance Rates

Full cost + 2% administration fee

Medical - Cigna

	PPO	LocalPlus
Employee Only	$769.66	$607.00
Employee + 1	$1,521.63	$1,200.03
Family	$2,162.77	$1,705.65

Dental - Lincoln Financial Traditional Plan	
Employee Only	$24.64
Employee + Spouse	$47.96
Employee + Children	$66.85
Family	$90.22

Vision - EyeMed Exams and Materials	
Employee Only	$6.33
Employee + Spouse	$12.04
Employee + Children	$12.67
Family	$18.63

*Full-time faculty and staff on nine month appointments are considered three-quarter time employees.
These benefits and premiums are subject to change.

HEALTH INSURANCE is offered through Cigna. Two plans are offered: Open Access Plan (OAP) and LocalPlus and there are three levels of coverage: Employee, Employee plus One, and Family. Coverage is available for children until the end of the calendar year when they reach age 26. Detailed descriptions of the plans are provided on the Cigna plan summary sheet.

1. **Open Access Plus Plan** – In-network (80/20) and out-of-network (60/40) coverage. $2,500 individual deductible ($5,000 family). Pays 80% of services provided by in-network providers after $2,500 individual ($5,000 family) deductible. Maximum in-network out-of-pocket is $4,500 for individual and $9,000 for family (includes deductible and coinsurance).

2. **LocalPlus IN** – A primary care provider (PCP) is encouraged but not required. You can see a specialist in the LocalPlus network without a referral. For your care to be covered, you must use heath care professionals and health care facilities in the LocalPlus network. This plan works like a traditional health plan with an annual deductible of $1,500 for individuals ($3,000 family).

MEDICAL

Plan Type	Open Access Plus	LocalPlus IN
Deductible (Individual/Family)	$2,500/$5,000	$1,500/$3,000
Coinsurance	80/20 In-Network 60/40 Out-of-Network	100%
Out-of-Pocket Maximum (Includes Deductible & Coinsurance)	$4,500/$9,000 In-Network $9,000/$18,000 Out-of-Network	$1,500/$3,000
In-Network Office Visit	$40 PCP & Specialists In-Network 60/40 Out-of-Network	Covered at 100%
Telehealth Visit (Virtual Care)	$40 copay	Covered at 100%
Routine Preventive Care (contract lists covered services)	100% In-Network Wellness Related Office Visit 100% 60/40 Out-of-Network	Covered at 100%
Inpatient Hospital	80/20 In-Network 60/40 Out-of-Network	Deductible
Outpatient Hospital	80/20 In-Network 60/40 Out-of-Network	Deductible
MRI, MRA,CT and PET scans performed in a Physicians Office, Imaging Center or Other Outpatient Setting (including a hospital)	80/20 In-Network 60/40 Out-of-Network	Deductible
Emergency Room Copay	$100 copay then deductible and coinsurance In- or Out-of-Network	Deductible
Urgent Care	$50 copay (office visit and lab only) In-Network Deductible and Coinsurance Out-of-Network	Deductible
Prescription Benefits	Generic- $10 Preferred Brand- $50 Non-Preferred Brand- $70 Mail Order- $20/$100/$140	Generic - $0 Preferred Brand - $50 Non-Preferred Brand - $60 Mail Order- $0 / $125 / $150
Vision Exam (limited to 1 every calendar year)	$40 copay In-Network 60/40 Out-of-Network	N/A
Dependent Age		

For more information please visit https://www.cigna.com.

For more information or to see plan documents, visit **williamjewell.millercares.com**.

This document is intended to give a summary description of the plan and is not a contract.
Please refer to your certificate of insurance for complete terms and conditions.

CIGNA RESOURCES

LocalPlus IN - Kansas City

Helping you get more for your health care dollar.

Save more on quality care.[1]

At Cigna Healthcare℠, we care about your health. And your budget. The LocalPlus® plan delivers a cost-effective solution designed to be flexible and help you control health care costs – without sacrificing the quality and convenience you want and expect.

How the plan works.

We collaborate with health care communities to create local networks of health care providers, specialists and hospitals that deliver value and results right where you live.

How you can save:[2]

- In your local area, or when in any LocalPlus network area, you must receive care from a health care professional or facility in this network to receive in-network coverage.
- If you're temporarily away from your local area or another LocalPlus network area, you have extra peace of mind knowing you can access in-network providers or hospitals through our nationwide Away From Home Care feature.
- If you choose to go outside the LocalPlus network when one is available (or outside the Away From Home Care feature when LocalPlus isn't available), your care will not be covered by the plan (except in an emergency). You'll be responsible for the total cost of the services.

Get healthy. Stay healthy.

You'll also have access to wellness services and programs to help you stay on the path to good health, including:[3]

- Well visits, preventive care screenings and immunizations.
- Sick visits and specialist, in-hospital and outpatient care.
- Nationwide in-network coverage in case of an emergency.

We make it easy.

LocalPlus is designed to deliver cost-effective, quality care and peace of mind for today's busy, on-the-go families. Here are some of the many ways the LocalPlus plan can help you get more value for your health care dollar.

- More quality providers makes it easier to choose and use quality care.
- Primary care provider (PCP) selection is encouraged to help guide your care, but it is not required.
- You get access to the Cigna Healthcare national network of labs, behavioral providers and convenience care clinics.[5]
- 85% potential savings by using in-network national labs (Labcorp or Quest).[4]
- You don't need a referral to see a specialist.

24/7/365 service – personalized for you.

- On-demand access to virtual care, anywhere, at any time, through MDLIVE® for Cigna Healthcare.[5]
- Live customer service, including translation services available in over 150 languages.
- 24-hour Health Information Line, which lets you speak with a nurse advocate.[6]
- Helpful decision-support tools, available on **myCigna.com**® and the **myCigna® App**.[7]

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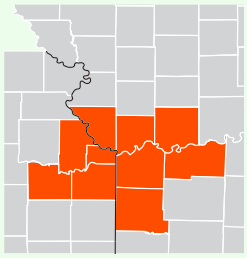
Offered by Cigna Health and Life Insurance Company.

LocalPlus – Kansas City at a glance



Service areas:
Missouri: Cass, Clay, Jackson, Lafayette, Platte and Ray Counties

Kansas: Douglas, Johnson, Leavenworth, Wyandotte Counties

4,800+ providers and **30+** hospitals and urgent care centers[8]

Network includes:[9]

Major hospitals and provider groups

- Children's Mercy Hospital and Clinics, College Park, HCA Midwest Health
  - Belton Regional Medical Center
  - Centerpoint Medical Center
  - Lafayette Regional Health Center
  - Lee's Summit Medical Center
  - Menorah Medical Center
  - Overland Park Regional Medical Center
  - Research Medical Center
- HCA Physician Group
- Meritas Health
- North Kansas City Hospital (KC)

90% of LocalPlus primary care providers (PCPs) are in a value-based arrangement (CAC) vs. 50% in OAP[10]

50% of specialists in LocalPlus have earned the Cigna Care Designation (CCD) vs. 30% in OAP[10]

Is your provider in the LocalPlus network?

If you're already a LocalPlus customer

1. Go to **myCigna.com** and sign in with your user ID and password. (If you're not already registered for **myCigna.com**, click on "Register Now" to sign up.)
2. Click on the "Find Care & Costs" tab.
3. Select from several ways to search providers, including by doctor name and type.
4. Follow the on-screen prompts to see providers in the LocalPlus network.

If you're not yet a LocalPlus customer

1. Go to **Cigna.com®**.
2. Click on "Find a Doctor."
3. Under "How are you Covered?" click on "Employer or School."
4. Enter your location in the search box. Then select the type of search you'd like to perform and follow the prompts to search for a provider.
5. Confirm your location under "I Live in" and click "Continue."
6. Choose "LocalPlus" from the list of medical plans to see providers in the LocalPlus network.

1. Potential savings estimated, based on an internal national Cigna Healthcare study conducted in 2023 comparing LocalPlus and LocalPlus IN plans with Open Access Plus (OAP) and Open Access Plus IN (OAPIN) plans with the same benefit structure, deductibles, copay and out-of-pocket maximum limits. Savings are not guaranteed and will vary depending on plan design, geographic distribution and utilization patterns. Medical cost savings do not directly translate to rate or premium rates.
2. You will be responsible for paying a deductible, any applicable copays, and/or a percentage of your covered in-network or out-of-network costs until you reach the out-of-pocket maximum.
3. Not all services are covered. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). Routine medical care received outside of the U.S. is generally not covered. You may need precertification for hospital stays and some types of outpatient care. Coverage is subject to your plan's deductible, copay or coinsurance requirements. For the specific coverage terms of your plan, refer to your plan documents.
4. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs.
5. Savings based on average Quest/Labcorp costs compared to labs done at other ancillary, outpatient hospital and non-par labs. These values are based on the top utilized reference laboratory tests in 2022.
6. These health advocates are trained nurses. They have a current nursing license in at least one state. When working as a health advocate, they are not practicing nursing or giving medical advice.
7. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
8. As of February 2024. Subject to change.
9. Listing is not all-inclusive. For a complete listing, visit Cigna.com.
10. Cigna Healthcare Provider Demographics Report. February 2024. LocalPlus Network from Cigna Healthcare Provider Book of Record. Subject to change. Results may vary.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents or contact a Cigna Healthcare representative.

The health care professionals and facilities that participate in the Cigna Healthcare network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna Healthcare.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT). Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN).

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Away from home, never far from care

Find in-network care with LocalPlus when you or your dependents are away from home.

Customers in the LocalPlus® network know that they can count on getting quality, affordable care right where they live. But what if you're temporarily away from home, on a business trip or on vacation? What if you have kids away at college who are on your health plan?

Get the care and coverage you deserve.

If you and your dependents are temporarily in an area that's outside of a LocalPlus network, we have you covered with our nationwide **Away From Home Care** feature on myCigna®.*

If you choose to go outside the LocalPlus network (and you don't use our Away From Home Care feature), your care would be considered out-of-network and your share of the costs may be higher.

Find in-network care in just a few easy steps.

Here's how:

1. Log in to myCigna.
2. Select "Find Care & Costs."
3. Enter the applicable city/state or zip code.
4. Select from several ways to search providers, including by doctor name and type.
5. Confirm (when onscreen message pops up) that you need care while you're away from home.
6. See search results for in-network providers or hospitals.

On myCigna, you can also:

Access virtual medical, behavioral and dental care**

AND

Search local providers with our cost – transparency tools

What about an emergency?

You have access to nationwide in-network coverage in case of an emergency.

If you have questions about your specific coverage or in-network providers, just call the number listed on the back of your ID card for 24/7 customer support.

cigna healthcare

Offered by Cigna Health and Life Insurance Company or its affiliates

* No distance requirement. Must be outside of assigned home zip code or a LocalPlus network.

** Cigna Healthcare provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna Healthcare also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna Healthcare. Refer to plan documents for complete description of virtual care services and costs.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation.

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Know before you go.

Get the right care, at the right time, in the right place.

Lower — **Cost and time** — **Greater**

	Virtual urgent care[1]	Local provider	Urgent care center	Emergency room
	On-demand 24/7 or schedule a time that works for you to receive care for minor medical illnesses and injuries. Prescriptions may be available if necessary. Access virtual care on the **myCigna® App** or **myCigna.com®**, or by calling MDLIVE® at **888.726.3171**.[2]	Schedule an in-person appointment with a local health care provider to treat common ailments and manage care for all health conditions. Find an in-network provider on **myCigna.com**.	For medical conditions that aren't life threatening. Find an in-network urgent care center on **myCigna.com**.[2]	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER.
Ages	All ages. Parent/guardian must accompany minors.	All ages. May vary by provider/service.	All ages. May vary by location. Confirm restrictions for infants as many have age limits.	All ages.
Conditions treated[3]	• Colds and flu • Rashes • Sore throats • Pink eye • Ear pain[4] • Fever[4] • Allergies • Acne • Urinary tract infections (UTIs)[4] and more	• General health issues • Preventive care • Routine checkup • Vaccines and screenings • Acute sickness • Questions regarding health	• Fever and flu symptoms • Joint pain, sprains and cuts • Minor respiratory symptoms • Stomach pains • STDs • UTIs	• Sudden numbness, weakness • Uncontrolled bleeding • Seizure or loss of consciousness • Shortness of breath • Chest pain • Head injury/major trauma • Blurry or loss of vision • Severe cuts or burns • Overdose
Cost and time	• More affordable than in-person and urgent care or ER visit • Connect with a doctor in minutes • No need to leave work or home with visits available by phone or video	• May charge copay/ coinsurance and/ or deductible • Usually need appointment • Short wait times	• Lower cost than emergency room (ER) • No appointment needed • Waiting times vary • Available most days of the week • Often have extended hours • In-person treatment	• Most expensive • Available 24/7/365 • No appointment needed • Waiting times vary • In-person treatment

cigna healthcare

974629 12/23

Health care that's there for you when and where you need it.

Head-to-toe virtual care from MDLIVE.

Virtual care is making access to high-quality healthcare more convenient and affordable – for you and every covered member of your family. That's why Cigna Healthcare℠ has partnered with MDLIVE® to offer a broad suite of convenient virtual care options – available by phone or video, and in English or Spanish

Primary Care[1]

Easy, fast appointments, referrals, prescriptions, lab work and diagnostic tests

- Preventive care and wellness screenings available at no additional cost to identify conditions early[2]
- Manage chronic conditions and establish a relationship with the same primary careprovider (PCP) through routine care.
- Receive orders for biometrics and blood work at local facilities[3]

Urgent Care

Available via E-Treatment, phone or video.[5]

- Convenient, affordable alternative to urgent care centers and the emergency room
- Care for many minor illnesses and injuries, such as infections, cold & flu, and sinus problems
- Includes pediatric care, allowing your child to be seen quickly and from the comfort of their home

Dermatology[4]

Fast, customized care for skin, hair, and nail conditions – no appointment required

- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Upload photos and describe symptoms for board-certified dermatologists to review
- Diagnosis and customized treatment plan, usually within 24 hours

Behavioral Care

Talk therapy and psychiatry from the privacy of home, with no waiting rooms

- Access to licensed therapists and board-certified psychiatrists
- Schedule an appointment that works for you andhave recurring sessions with the same provider
- Care for topics such as anxiety, stress, life changes, grief and depression

Prescriptions available through home delivery or at local pharmacies, if appropriate.

Disclosures listed on next page.

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cigna healthcare

It's easy to connect to care.

Virtual care visits are convenient and easy, whether you choose on-demand care or to schedule an appointment. And you can select an appointment in English or Spanish.

1.
Access MDLIVE by logging into **myCigna.com**® or by using the **myCigna**® **App**.

2.
Find the "Talk to a Doctor" button on the homepage. You may have to scroll down.

3.
Select the type of virtual care you need – Medical or Counseling. Estimated cost will be shown.[6]

4.
Schedule your appointment or start your visit today.

Visit myCigna.com or **call MDLIVE at 888.726.3171** when you need virtual care.

1. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.
2. Appointments are required. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost $0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.
5. E-Treatment care is available in U.S. states, except Kansas, Mississippi, New Mexico, West Virginia, and the District of Columbia.
6. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions.

Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs.

In California: Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.

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Emotional health matters.

We're here to help you take care of it.

Life is full of ups and downs. But if feelings of sadness, worry or anxiety are becoming more frequent and making daily life hard, it might be time to get extra help. Your plan offers support for whatever challenge you're facing – 24/7/365.

Providers ready to help

- National network of clinicians, counselors, psychologists and psychiatrists
- Guaranteed first-time appointments in five business days through our Fast Access network[1]
- Live chat on **myCigna.com**®
- Virtual counseling sessions available with over 173,000 clinicians[2]
- Online therapy with a licensed therapist through Talkspace
- Behavioral health coaching through Ginger via text-based chat and self-guided learning activities[3,4]
- Two-day appointments available through some virtual in-network provider partners[5]
- Coaching and support services provide dedicated support for a broad range of conditions, including autism, eating disorders, intensive behavioral case management, substance use, and opioid and pain management; also, coaching and support for parents and families empower individuals to be effective advocates for their child, spouse or family member – or their own mental health needs
- Centers of Excellence for Adult Mental Health, Child & Adolescent Mental Health, Eating Disorders and Substance Use[6]

Programs that provide support[7]

- Three face-to-face visits with a licensed behavioral health provider in our employee assistance program (EAP) network at no additonal cost. To get an EAP code, visit **myCigna.com** and chat with us online or select the link that displays with your online provider search.
- Live chat with an EAP advocate
- Unlimited telephone support and access to work-life resources
- Access to legal services, including a 30-minute consultation with a program attorney for legal issues, with 25% off select fees if the program attorney is retained
- Access to financial services, such as 25% off tax preparation and a 30-minute complimentary phone consultation with a financial specialist
- Access to IdentityForce, a comprehensive identity theft protection program at no additional cost.[8]

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Worry less. Enjoy life more.

With Happify offered through Cigna Healthcare

We're committed to helping you take control of your health – and that includes your emotional health. That's why we're partnering with Happify, a free app with science-based games and activities that are designed to help you:

- Defeat negative thoughts
- Gain confidence
- Reduce stress and anxiety
- Increase mindfulness and emotional well-being
- Boost health and performance

86%

of regular users saw happiness improvements in 2 months**

Using Happify is fun, free, quick and easy.

Answer a few simple questions

This will help determine which games and activities suit you best. Based on your answers, Happify will recommend a track to start on.

Play the games and activities

Aim for a few minutes a day, 2–3 days a week. There are 60+ interactive programs available, including self-reflection activities, articles, audio content, webinars and more.

Measure your progress

Track your happiness score by taking a short assessment every two weeks.

Keep going (and smiling)

There's always room for more. Continue engaging to strengthen your well-being skills and live a more fulfilling life!

Sign up and download the free app today at happify.com/Cigna.*

happify™

cigna healthcare

*The downloading and use of the Happify mobile app is subject to terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone and data usage charges apply. The Happify website and mobile app are for educational purposes only. They do not provide medical advice tailored to you in any way. They do not constitute medical advice and are not a substitute for proper medical care provided by a physician. Do not rely on the website or app information as a tool for self-diagnosis. Always consult with your doctor for appropriate examinations, treatment, testing and care recommendations. Happify, Inc. is an independent company and is solely responsible for its products and services. Cigna Healthcare makes no representations or warranties as to the quality or accuracy of the information provided on the Happify website or mobile app. Cigna Healthcare assumes no responsibility and shall have no liability under any circumstances arising out of the use or misuse of such products.

**Based on Happify internal data.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents.

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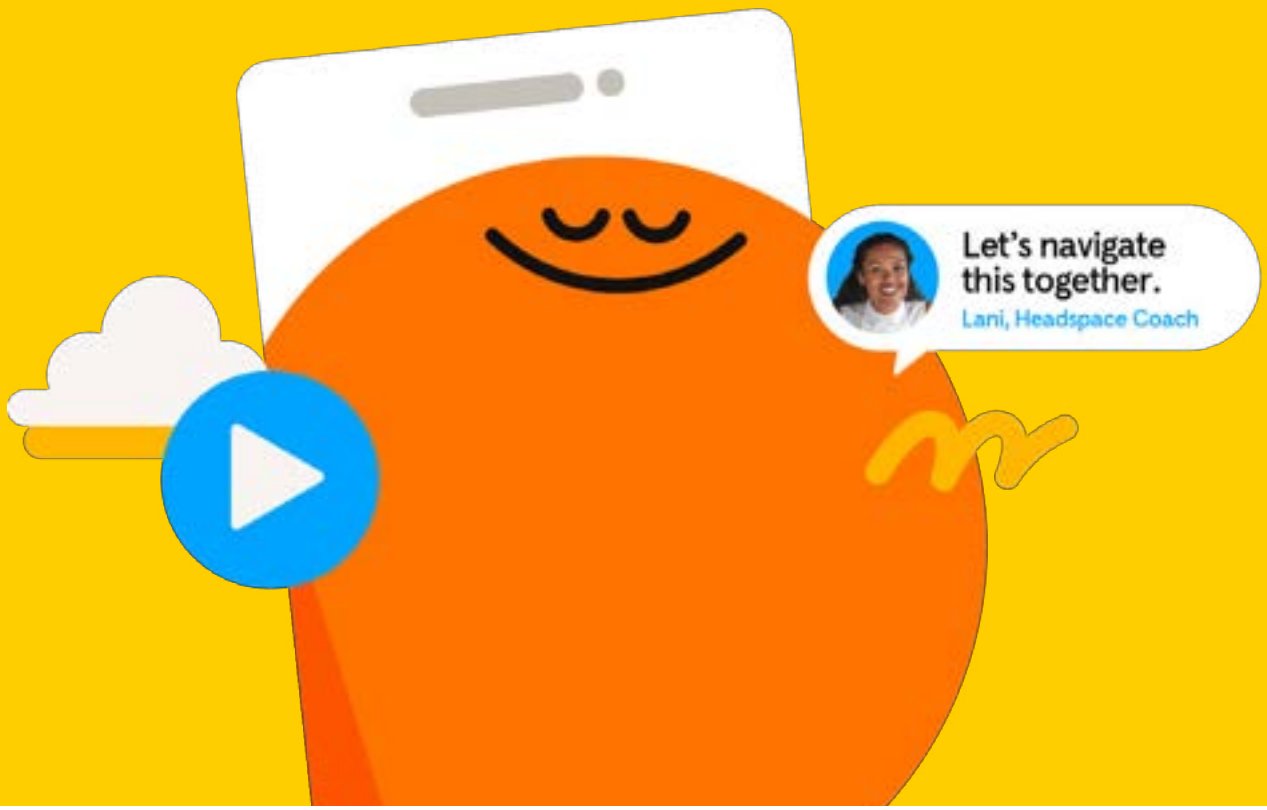
headspace care

Support for all of life's challenges

Everyone deserves access to incredible mental healthcare.

That's why Headspace Care created the world's first integrated mental health platform where coaches, therapists, and psychiatrists work as a team to coordinate the best, personalized care right from your smartphone, whenever you need it.



recoveryone™ for Cigna®
get back out there

Back and joint care made simple

Ease pain and get back to the activities you love with RecoveryOne™ for Cigna® – online back and joint care available through your health plan benefits at **no additional cost.***

Available at **no additional cost** *

Discover a better way to heal with RecoveryOne.

Convenient
Guided exercise videos available anytime, anywhere – no need for travel, appointments, or referrals.

Personalized
Your program is tailored to your unique goals, condition, and lifestyle – no cookie-cutter exercises.

Supportive
Lean on your certified health coach for support to help you stay on track as you heal.

Plus, get a complimentary equipment kit!**

- Resistance bands
- Anchor strap
- Phone holder
- Storage pouch

Get started at recoveryone.com/start

The program and services are provided by an independent company/entity and not by Cigna. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. This program does not provide medical advice and is not a substitute for proper medical care provided by a physician. Information provided should not be used for self-diagnosis. Always consult with your physician for appropriate medical advice. The downloading and use of the app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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*Cost and usage of this program is covered by your plan administrator; no additional out-of-pocket expense applies for you or your covered dependents (ages 18+).

**Equipment kit is provided at no charge; one per member after successful program assignment. No purchase necessary.

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Saving money just got easier.

You can get GoodRx pricing on certain generic medications – no discount card needed.

Prescription medications can cost a lot of money. That's why Cigna Healthcare℠ and GoodRx® are working together to help make it easier to afford certain generic medications.

Fill your prescription. Pay the lower price. It's that simple.

As of January 1, 2023, GoodRx pricing is available for many commonly used generic medications[1] (filled in a 30-day or 90-day[2] supply) at any in-network retail pharmacy that accepts GoodRx discount cards. There's nothing you need to do and there's nothing to sign up for. All you need is your Cigna Healthcare ID card.

How it works

- Our system compares the price available through your pharmacy benefit to the GoodRx price. **You'll be charged whichever price is lower**.[3]
- You **don't need a GoodRx discount card** to save money. Simply fill your generic medication using your Cigna Healthcare ID card.
- Your **out-of-pocket costs will count** towards your deductibles and/or out-of-pocket maximums.

What's GoodRx?

GoodRx is a prescription price comparison tool. It's accepted at over 70,000 retail pharmacies in the United States, Puerto Rico and the U.S. Virgin Islands – including major retail chains like CVS Pharmacy®, Walgreens® Pharmacy, Rite Aid® Pharmacy, Costco® Pharmacy and Walmart® Pharmacy.

1. This pricing only applies to medications that are covered under the benefit. Your information for a qualifying claim may be processed by GoodRx. The claim is processed outside of your pharmacy benefit, but your out-of-pocket costs at the register will still be applied to your plan's deductible and no further action is required by you, the member.

2. Not all plans allow 90-day supplies. Please log in to the myCigna® App or myCigna.com®, or check your plan materials, to see what your plan covers.

3. In most cases, your pharmacy plan offers the lower medication price, but there may be times where GoodRx's pricing is better.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

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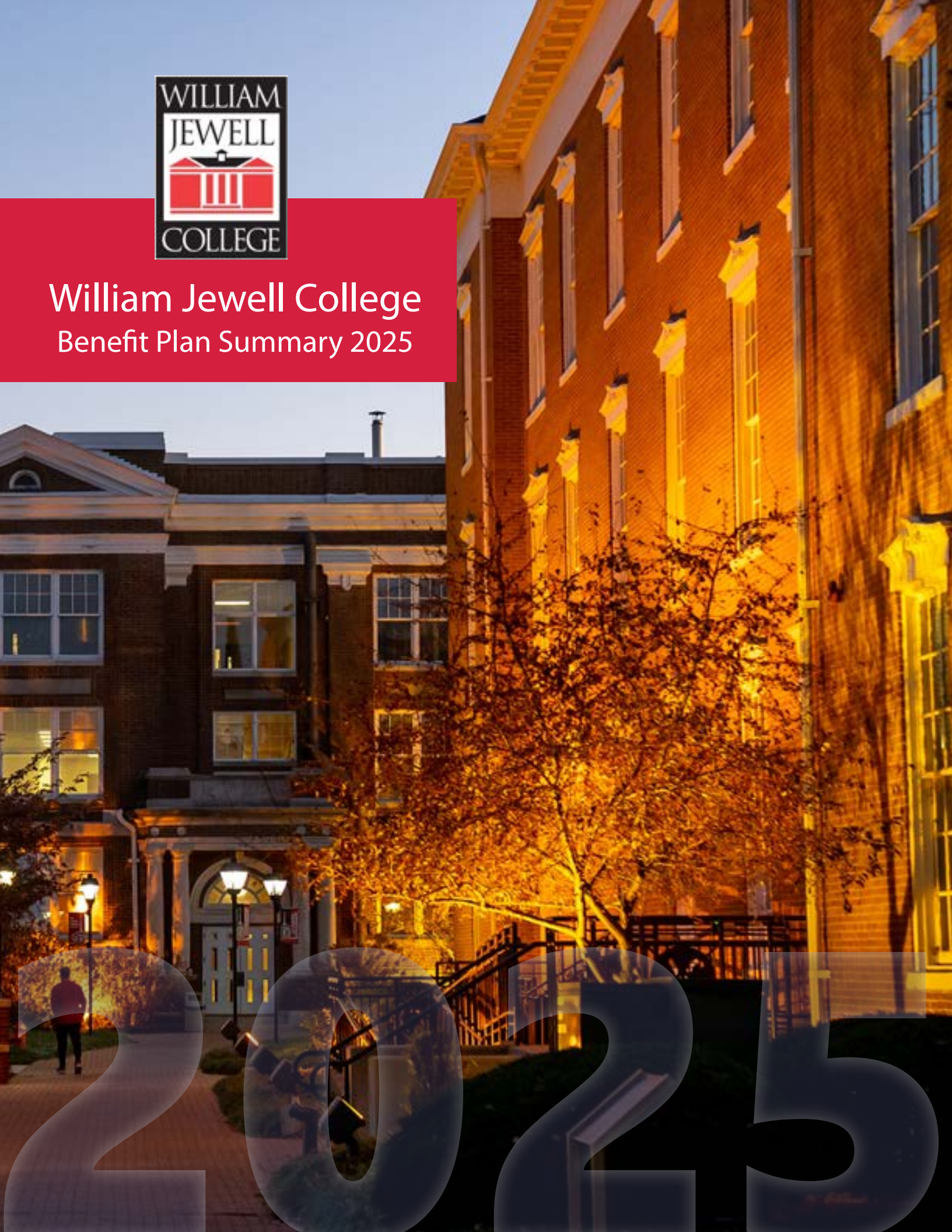
cigna healthcare



William Jewell College

Benefit Plan Summary 2025

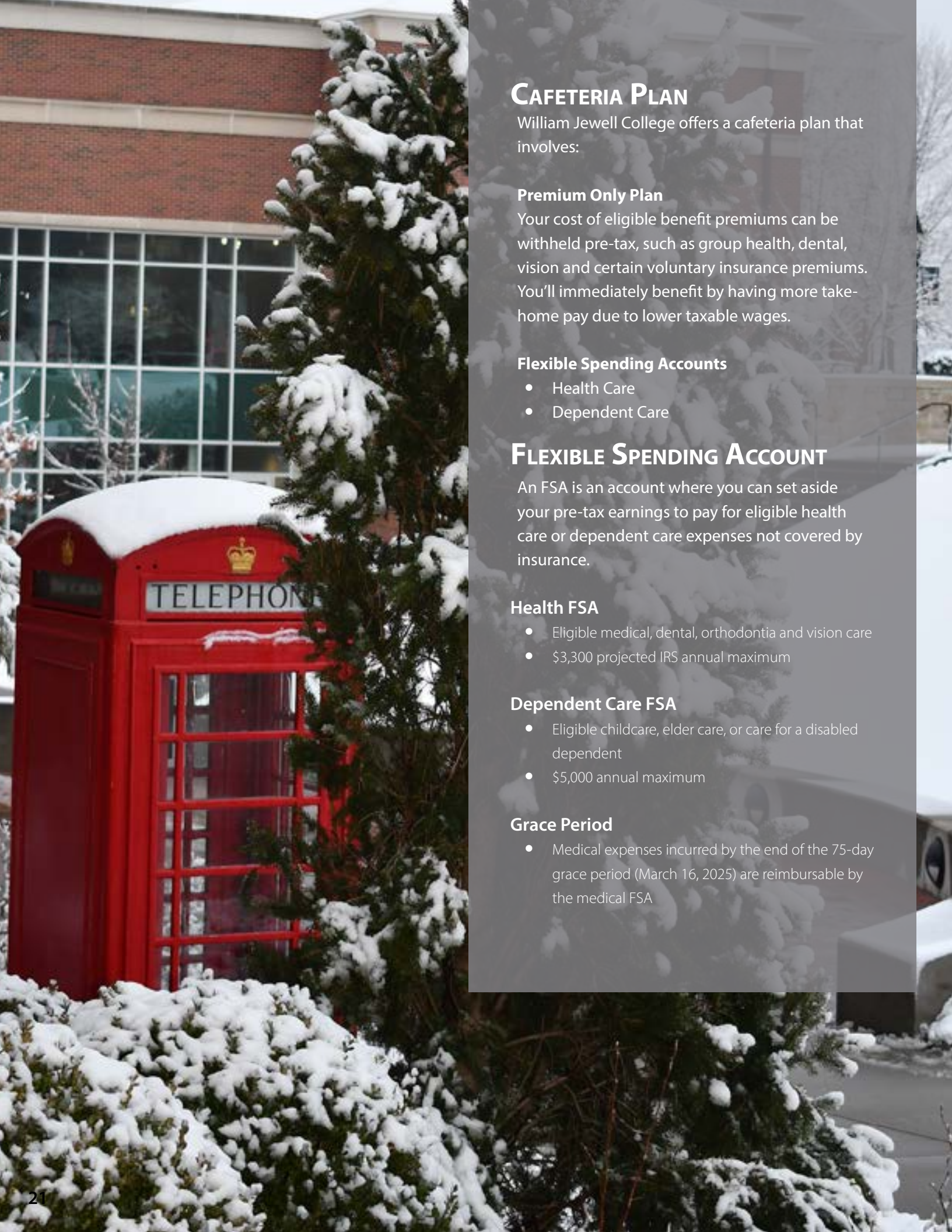
VISION

Exam and Materials - Employee Pays 100%

Vision Care Services	Select Network Member Cost	Out-of-Network Allowance
Exam with Dilation as Necessary	$10 Copay	$30
Retinal Imaging Benefit	Up to $39	N/A
Exam Options		
Standard Contact Lens Fit and Follow-Up:	Up to $40	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail	N/A
Frames		
Any available frame at provider location	$0 Copay $130 Allowance, 20% off balance over $130	$65
Standard Plastic Lenses		
Single Vision	$25 Copay	$25
Bifocal	$25 Copay	$40
Trifocal	$25 Copay	$60
Lenticular	$25 Copay	$60
Standard Progressive Lens**	$90	$40
Premium Progressive Lens**	$90, 80% of Charge less $120 Allowance	$40
Lens Options:		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate – Adults	$40	N/A
Standard Polycarbonate – Kids under 19	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses *(Contact lens allowance includes materials only)*		
Conventional	$0 Copay $130 allowance, 15% off balance over $130	$104
Disposable	$0 Copay $130 allowance, plus balance over $130	$104
Medically Necessary	$0 Copay, Paid in Full	$200
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

For more information please visit https://eyemed.com/

For more information or to see plan documents, visit **williamjewell.millercares.com**.



Cafeteria Plan

William Jewell College offers a cafeteria plan that involves:

Premium Only Plan

Your cost of eligible benefit premiums can be withheld pre-tax, such as group health, dental, vision and certain voluntary insurance premiums. You'll immediately benefit by having more take-home pay due to lower taxable wages.

Flexible Spending Accounts

- Health Care
- Dependent Care

Flexible Spending Account

An FSA is an account where you can set aside your pre-tax earnings to pay for eligible health care or dependent care expenses not covered by insurance.

Health FSA

- Eligible medical, dental, orthodontia and vision care
- $3,300 projected IRS annual maximum

Dependent Care FSA

- Eligible childcare, elder care, or care for a disabled dependent
- $5,000 annual maximum

Grace Period

- Medical expenses incurred by the end of the 75-day grace period (March 16, 2025) are reimbursable by the medical FSA

LIFE AND AD&D

Group Life and AD&D

- Employer pays 100%
- All Full-Time Employees
- All Regular Part-Time Employees and Adjunct Faculty who are eligible and **enrolled in the Employer's Group Health Plan**

Life Benefit	**Employee**	**Spouse and Dependent**
Amount	1 times Basic Annual Earnings, rounded to the next higher $1,000	Spouse - $2,000 Child - Birth to 14 days: $500 15 days - 6 months: $1,000 6 months - 26 years: $1,000
Minimum Amount	$50,000	
Maximum Amount	$150,000	
Guarantee Issue	$150,000	
AD&D Benefit	**Employee**	
Amount	$25,000	
Guarantee Issue	$25,000	
Benefit Reduction	**Employee**	**Spouse**
Benefits will reduce	35% at age 65 An additional 20% of original amount at age 70; An additional 15% of original amount at age 75; An additional 10% of original amount at age 80 Benefits terminate at retirement	Benefits terminate at Spouse age 70
Additional Benefits		
Accelerated Death Benefit; Seat Belt, Airbag, and Common Carrier; Conversion; Continuation of Coverage; Accident Plus : See Certificate		

Voluntary Life and AD&D

Employees may buy supplemental Voluntary Life & Accidental Death & Dismemberment (AD&D) coverage available up to five times annual base salary (not to exceed $500,000 for employee).

Voluntary Life coverage is available for spouse and child(ren) only if employee elects coverage. Voluntary spouse coverage cannot exceed half of the employee's life coverage. Voluntary AD&D is automatically included for spouse. There is no AD&D coverage for child(ren).

Annual Open Enrollment Increase: Employees and spouses currently enrolled in the Voluntary Life & AD&D can increase their coverage during open enrollment by two increments without evidence of insurability. Any benefit amounts that go above the guaranteed issue are subject to EOI.

LONG-TERM DISABILITY

Long-Term Disability

- Employer pays 100%
- All Full-Time Employees
- All Regular Part-Time Employees and Adjunct Faculty who are eligible and **enrolled in the Employer's Group Health Plan**

LTD Benefit	Employee
Amount	60% of current salary after 120 days off

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

VALUE ADDED BENEFITS

Benefit	Description
EAP Employee Assistance Program Visit GuidanceResources.com or download the GuidanceNow℠ mobile app	*EmployeeConnect*℠ offers professional, confidential services to help you and your loved ones improve your quality of life. • In-person help for short-term issues (up to 5 sessions with a counselor per person, per issue, per year) • In-person consultations with network lawyers, including on free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings • Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more • Legal information and referrals for family law, estate planning, and consumer and civil law • Financial guidance on household budgeting and short-and long-term planning
LifeKeys Visit GuidanceResources.com, download the GuidanceNow mobile app, or call 855-891-3684 First-time users: enter webID: LifeKeys	No matter how well you plan, unexpected challenges arise. When they do, help and support are nearby - thanks to *LifeKeys*® services. • Discounts on shopping and entertainment • Help with important life matters • Protection against identity theft • Online will preparation • Guidance and support for your beneficiaries • Grief counseling - advice, information, and referrals on: ▫ Coping with loss ▫ Memorial planning information ▫ Stress, anxiety, and depression ▫ Concerns about family, including children and teens • Legal support - access to legal information on: ▫ Estate and probate law ▫ Social Security survivor and child benefits ▫ Real estate transactions ▫ Important documents for beneficiaries • Financial services - online resources and advice from financial specialists on: ▫ Estate planning ▫ Budgeting ▫ Bankruptcy ▫ Investments ▫ Overcoming debt • Help with everyday life - comprehensive information on: ▫ Finding child care or elder care ▫ Moving and relocation ▫ Financing a home ▫ Making major purchases
TravelConnect For a complete list of services, go to MyOnCallPortal.com and enter Group ID LFGTravel123	*TravelConnect*® services offer security and reassurance - helping make travel less stressful. If you're enrolled in life and/or accidental death and dismemberment insurance, you and your loved ones can count on *TravelConnect*® services 24 hours a day, 7 days a week. • Services you can count on during an emergency You'll have dedicated support if you face an emergency when you're 100 or more miles from home • Ongoing support when you're far from home From planning the trip until you're home, these *TravelConnect*® services can help you on your way ▫ Medical reecord requests ▫ Medication and vaccine delivery ▫ Medical, dental, and pharmacy referrals ▫ Correective lenses and medical device replacement ▫ Legal consultation ▫ ID recovery assistance ▫ Recovering lost or stolen documents or luggage ▫ Language translation services ▫ Destination information

VOLUNTARY SHORT-TERM DISABILITY

Voluntary Short-Term Disability

For a personalized rate and quote on this employee paid, voluntary coverage, contact our Aflac Representative. Aflac pays benefits to you to help with expenses incurred due to a disability.

Benefit	Description
Monthly Benefit Payment	$500 to $6,000 (subject to income requirements)
Total Disability Benefit Periods	3,6 or 12 months
Partial Disability Benefit Period	3 months
Elimination Periods (Injury/Sickness)	Various options available
Waiver of Premium	Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule. Not available with a 3-month total disability period.
Optional Riders	
Aflac Value Rider	Pays $1,000 every 5 years while the policy is in force (up to five times), less any disability claims paid or $100, whichever is greater.
Disability Benefit for On-The-Job Injury Rider	Provides benefits if a disability is caused by covered on-the-job injury while coverage is in force. Available even with Worker's Compensation. *Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown in the Policy Schedule and income requirements.
Additional Units of Disability Benefit Rider	Allows you to purchase additonal units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

NOTE: *All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations and other policy terms.*
**Subject to certain conditons/maximum.*

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VOLUNTARY ACCIDENT

Voluntary Accident Advantage

For a personalized rate and quote on this employee paid, voluntary coverage, contact our Aflac Representative. Aflac pays benefits to you to help with expenses incurred due to a disability.

Accidents can happen any time and anywhere - at home, on the road or even while you're engaged in a favorite hobby or sport. That's why there's Aflac. For more than 65 years, we've helped pay medical costs that health insurance doesn't cover.

Did you know that 57% of Americans have had to pay an unexpected medical bill?

Key Features:

- Coverage for injuries incurred during organized sports
- Wellness coverage
- Waiver of premium due to total disability
- Prosthesis repair and replacement
- Home-modification expensses

Benefits	
Prosthesis Repair and Replacement *Per covered person/per lifetime*	**$1,000** *Replacement of existing prosthesis previously paid above (replacement must occur 36 months or more)* OR *Replacement due to covered off-the-job injury, which requires repair/replacement of existing prosthetic*
Home Modification, catastrophic loss or injuries sustained in a covered accident *Total & permanent loss of use of sight (both eyes), both hands/ arms, both feet/legs, or one hand/arm & one foot/leg*	**$4,000** *per covered accident, per covered person*
Accidental death common carrier: Primary Spouse Child Other Accidents: Spouse Child Hazardous activities: Primary Spouse Child Common Casualty:	 $200,000 $200,000 $30,000 $50,000 $50,000 $15,000 $10,000 $10,000 $5,000 25% of benefit if 2+ covered individuals die in same accident
Wellness	**$60** *Per calendar year/policy* **Must be covered under policy*
Waiver of premium *(Due to total disability)*	$20/day up to 30 days per accident, per covered person when qualified for benefits under the accident hospital confinement benefit
Organized sports	Additional 25% of the total benefits payable while participating in an organized sporting activity. Limited to $1,000 per policy, per calendar year

Accident Bi-Weekly Rates	
Individual	$12.54
Named Insured/Spouse	$17.94
One-Parent Family	$21.51
Two-Parent Family	$28.08

Accident Monthly Rates	
Individual	$25.09
Named Insured/Spouse	$35.88
One-Parent Family	$43.03
Two-Parent Family	$56.16

VOLUNTARY CANCER

Voluntary Cancer Protection Assurance

For a personalized rate and quote on this employee paid, voluntary coverage, contact our Aflac Representative. Aflac pays benefits to you to help with expenses incurred due to a disability.

Benefits	
Cancer Screening	One $75 benefit per calendar year, per covered person *Benefits increase to 3 screenings per calendar year after the diagnosis for internal cancer or associated cancerous condition*
Prophylactic Surgery *(Due to Positive Genetic Test Result)*	$250 per covered person, per lifetime
Initial Diagnosis	Named Insured or Spouse: $4,000 Dependent Child: $8,000 *Payable once per covered person, per lifetime*
Additional Opinion	$300 per covered person, per lifetime
Radiation Therapy, Chemotherapy, Immunotherapy	Self-Administered: $250 per calendar month Physician-Administered: $1,200 per calendar month *This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month*
Hormonal Therapy	$25 once per calendar month
Topical Chemotherapy	$150 once per calendar month
Antinausea	$100 per calendar month
Stem Cell & Bone Marrow Transplantation	$7,000; lifetime maximum of $7,000 per covered person *Donor Benefit:* *$100 for stem cell donation or $750 for bone marrow donation, payable one time per covered person*
Blood and Plasma	Inpatient: $50 times the number of days paid under the Hospital Confinement Benefit per covered person Outpatient: $175 per day, per covered person
Surgical/Anesthesia	$100-$3,400 *Anesthesia: additional 25% of the Surgery Benefit* *Maximum daily benefit will not exceed $4,250; no lifetime maximum on the number of operations*
Skin Cancer Surgery	Laser or Cryosurgery: $35 Excision of lesion of skin without flap or graft: $170 Flap or graft without excision: $250 Excision of lesion of skin with flap or graft: $400 Maximum of daily benefit will not exceed $400. No lifetime maximum on the number of operations
Prophylactic Surgery *(with Correlating Internal Cancer Diagnosis)*	$250 per covered person, per lifetime
Hospitalization Confinement 30 days for less	Named Insured or Spouse: $200 Dependent Child: $250
Hospitalization Confinement 31 days or more	Named Insured or Spouse: $400 Dependent Child: $500
Outpatient Hospital Surgical Room Charge	$200 per day, per covered person
Extended-Care Facility	$100 per day: limited to 10 days per hospitalization, per covered person
Home Health Care	$100 per day: limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person
Hospice Care	$1,000 for first day; $50 per day thereafter;$12,000 lifetime maximum per covered person
Nursing Services	$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable
Surgical Prosthesis	$2,000; lifetime maximum of $4,000 per covered person
Nonsurgical Prosthesis	$175 per occurrence, per covered person; lifetime maximum of $350 per covered person

VOLUNTARY CANCER

Voluntary Cancer Protection Assurance

Breast Reconstruction	Breast Tissue/Muscle Reconstruction Flap Procedures: $2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): $500 Breast Symmetry (on non-diseased breast occurring within 5 yeas of breast reconstruction): $220 Permanent Areola Repigmentation (on diseased breast): $100 *Maximum daily benefit will not exceed $2,000*
Other Reconstructive Surgery	Facial Reconstruction: $500 *Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit* *Maximum daily benefit will not exceed $500*
Egg Harvesting, Storage (Cryopreservation)	$1,000 for a covered person to have oocytes extracted and harvested $200 for the storage of a covered person's oocyte(s) or sperm $200 for embryo transfer Lifetime maximum of $1,400 per covered person
Annual Care	$200 on the anniversary date of diagnosis Lifetime maximum of five annual $200payments per covered person
Ambulance	$250 ground; $2,000 air ambulance
Transportation	$0.40 cents per mile for transportation; Payable up to a combined maximum of $1,200 per round trip
Lodging	$65 per day; limited to 90 days per calendar year
Waiver of Premium	Yes
Continuation of Coverage	Yes

Cancer Bi-Weekly Rates	
Individual	$16.75
Insured/Spouse	$28.82
One-Parent Family	$16.75
Two-Parent Family	$28.82

Cancer Monthly Rates	
Individual	$33.50
Insured/Spouse	$57.64
One-Parent Family	$33.50
Two-Parent Family	$57.64

Retirement Plan

Saving for the future is easy by participating in the 403(b) retirement plan!

All employees, except student workers, are eligible to participate in the plan.

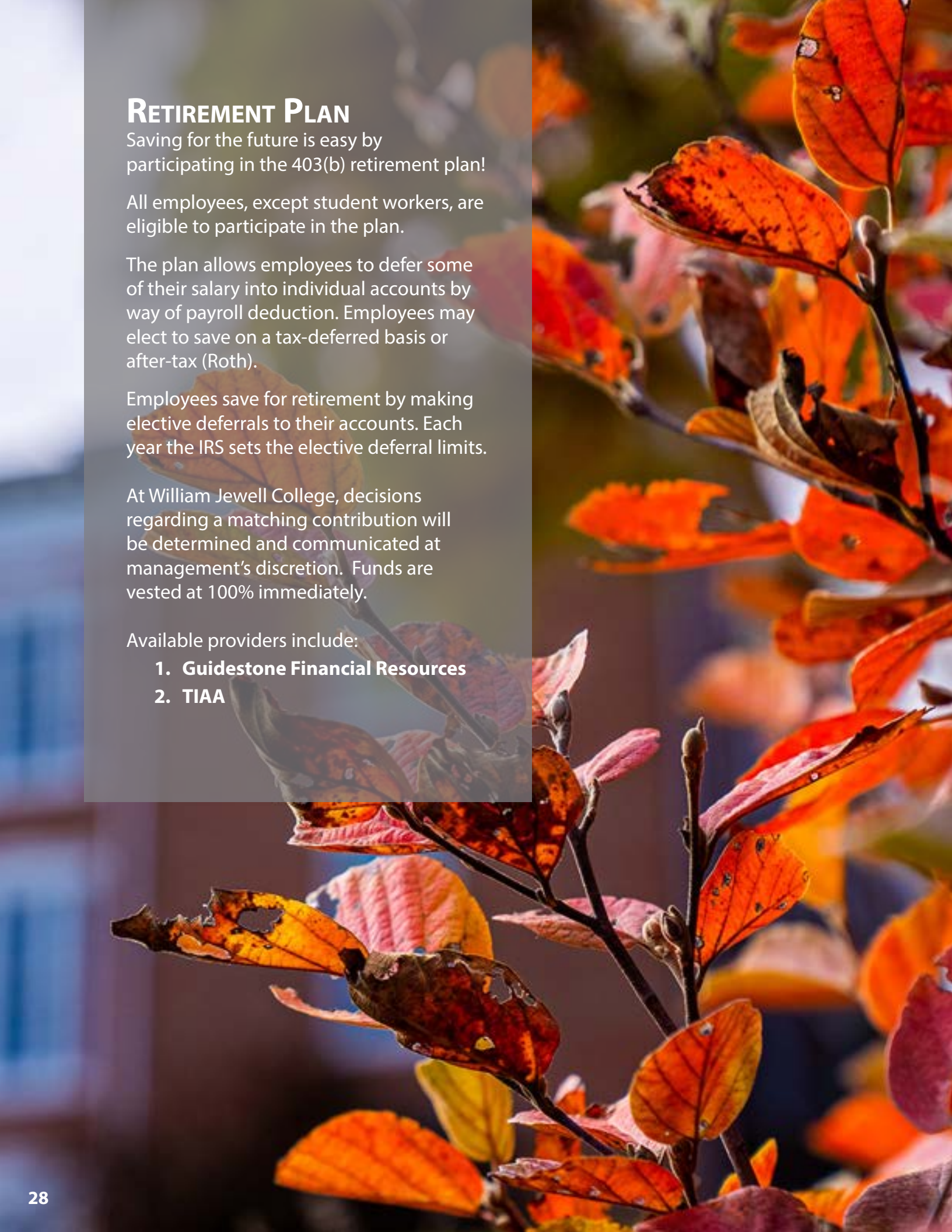
The plan allows employees to defer some of their salary into individual accounts by way of payroll deduction. Employees may elect to save on a tax-deferred basis or after-tax (Roth).

Employees save for retirement by making elective deferrals to their accounts. Each year the IRS sets the elective deferral limits.

At William Jewell College, decisions regarding a matching contribution will be determined and communicated at management's discretion. Funds are vested at 100% immediately.

Available providers include:

1. **Guidestone Financial Resources**
2. **TIAA**



TIME OFF AND HOLIDAYS

Time Off

Sick Leave

Eligible employees accrue sick leave on the basis of one working day per month of service to a maximum of 60 days (480 hours). Sick leave accumulates on a proportional basis for regular staff working less than full-time. See the Policy Library for complete policy information.

Vacation Time

Vacations with pay are granted to exempt and non-exempt staff. Vacation time taken is computed on the basis of the staff member's workweek. When a holiday occurs during a vacation, the holiday is not considered a day of vacation time. Bereavement leave occurring during vacation is not considered a day of vacation.

Vacations with pay are earned on the basis of continuous service from the date of employment (adjusted for temporary service, if applicable). The date of employment will be considered the staff member's anniversary date. Vacation accrual is based on the following schedule:

Years of Service	Vacation Time Accrued
Less than 5 years	6.67 hours per month / 2 weeks annually
After completion of 5 years	10.00 hours per month / 3 weeks annually
After completion of 15 years	13.33 hours per month / 4 weeks annually

Vacation leave accumulates on a proportional basis for regular staff working less than full time.
Vacation accruals begin the first full month of employment.
See the Policy Library for complete policy information.

Holiday Schedule 2024-2025

Holiday	Dates(s) Campus is Closed*
Thanksgiving	Wednesday, 11/27/24 through Sunday, 12/1/24
Christmas and New Year's	Tuesday, 12/24/24 through Wednesday, 1/1/25
Martin Luther King Day	Monday, 1/20/25
Good Friday	Friday, 4/18/25
Memorial Day	Monday, 5/26/25
Juneteenth	Thursday, 6/19/25
Independence Day	Friday, 7/4/25
Labor Day	Monday, 9/1/25
Thanksgiving	Wednesday, 11/26/25 through Sunday 11/30/24
Christmas and New Year's	Wednesday, 12/24/25 through Thursday, 1/1/26

**Residence Life and Facilities Management staff schedules may vary in accordance with departmental guidelines.*

With preapproval, an employee scheduled to work on an observed holiday may elect to take an alternate day off in lieu of their regular holiday pay if it is within the same pay period as the observed holiday. Employee would still receive time and a half for working on an observed holiday.

In case of an emergency during any of the holiday periods, you may contact Campus Safety by dialing 1411 when on campus or 816-365-0709.

ADDITIONAL BENEFITS

Employee Assistance Program (EAP)

EAP provided by All One Health. Benefit eligible employees of William Jewell and their immediate family members (spouse and dependent children) are eligible for free and confidential help for any kind of problem that affects your life or work. Professionals can provide assistance with:

- Emotional or Stress Related Problems
- Marital or Family Problems
- Financial and Legal Difficulties
- Drug or Alcohol Abuse
- Problems Related to Work
- Balancing Work/Life Situations
- Life Coaching
- Medical Advocacy
- Work/Life Info and Referral
- Personal Assistant

For assistance, call 800-451-1834 or access our **BRAND NEW** work/life app by visiting www.mylifeexpert.com. **Use Code: wjewell**

Home and Auto

Farmers GroupSelect Auto and Home provides insurance coverage you need for your valuable home and automobile. To learn more, visit www.myautohome.farmers.com.

- Automobile
- Renters
- Personal Excess Liability
- Landlord's Rental Dwelling
- Motorcycle
- Motorhome
- Homeowners
- Condominium
- Boat
- Scheduled Personal Property
- Snowmobile

*Farmers Insurance Group aquired MetLife Auto & Home

PERKS

COBRA Insurance
If a participating employee or dependent becomes ineligible for medical, dental or vision insurances, continuation of benefits is available through the COBRA plan for 18 months (for employee)-36 months (for dependents) .

Commerce Bank
Banking services and programs offered to all employees.

Community America Credit Union
Savings and loan program offered through payroll withholding.

Dining Services
William Jewell College employees are receive a 10% bonus when adding $50 or more to their Jewell ID.

Harriman-Jewell Series
Reduced admission to Harriman-Jewell Series. Employee is eligible for two tickets per event at the Jewell rate. Order tickets at hjseries.org.

MOST – Missouri's 529 College Savings Plan
Employees are eligible to make payroll contributions into the state-sponsored plan that helps you save for college tuition, room and board, books, supplies and other qualified higher education expenses.

Parking
Free parking for all Jewell employees. All employees are required to register vehicles through My Jewell, and obtain the parking sticker from Cardinal Services. Employees must observe and respect campus regulations by only parking in appropriately designated spaces/lots. Vehicles found to be in noncompliance with campus parking standards may be ticketed, "booted" (i.e., restricted from movement) or towed at the discretion of the College and/or subject to fines.

Retirement
Employees are eligible for retirement from Jewell after a minimum of 10 years of full-time continuous service at age 55 or older. An employee may elect to retire before the age of 55 if the combination of an employee's age and years of service totals 70 or more. Retirees are eligible for medical and life insurance and other retiree benefits.

Tuition Benefits
Please contact the Office of HR for questions on Tuition Benefits.

For Tuition Remission and Assistance contact the Office of Human Resources for information.

Wellness Center
Employees, their spouse and dependent children under the age of 19 living at home (under age 23 if a full-time student) have free access to the Wellness Center during scheduled open hours. The Wellness Center, located on the southwest corner of Mathes Hall, is a state of the art facility offering a wide array of fitness and weight machines. Faculty and Staff must accompany and remain present while family members under the age of 16 use the Wellness Center.

Benefits are subject to change at any time.

NOTES

LEGAL NOTICES

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Notice of Patient Protections

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you can designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Human Resources Department.

You do not need prior authorization from your plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Human Resources Department.

Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

Newborns' and Mothers' Health Protection Act

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 in excess of 48 hours (or 96 hours).

HIPAA Privacy

Your employer is required by law to take reasonable steps to ensure the privacy and inform you about the uses of your protected health information (PHI). The use and disclosure of PHI is regulated by the federal law known as HIPAA (the Health Insurance Portability and Accountability Act). A more complete description of your privacy rights and protections is available to you on request. Contact the Human Resources Department with any questions or to request a copy of the full HIPAA privacy notice.

LEGAL NOTICES

Notice Regarding Grandfathered Status of Plan

William Jewell believes the Blue Care HMO and Preferred-Care Blue PPO plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (ACA). As permitted under the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the ACA that apply to other plans – for example, the requirement to provide certain preventive health care services without any cost sharing. However, grandfathered plans must comply with certain other consumer protections in the ACA, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator: Julie Dubinsky, Director of Human Resources at William Jewell. You may also contact the Employee Benefits Security Administration, U. S. Department of Labor at 1-866-444-3272, or visit www.dol.gov/ebsa/healthreform, which has a table summarizing the protections that do and do not apply to grandfathered plans.

Equal Employment Opportunity Statement & Title IX Compliance

William Jewell College pursues a nondiscriminatory policy with regard to employment and educational programs, and endeavors to comply with Title IX of the Education Amendments of 1972 which prohibits discrimination on the basis of sex, and with other legislation applicable to private, four-year undergraduate colleges. The College is committed to providing equal employment opportunity for all persons regardless of age, disability, gender, genetic information, national origin, race/color, religion, sex, sexual orientation, or veteran status. Equal opportunity extends to all aspects of the employment relationship, including hiring, promotion, terminations, compensation, benefits and other terms and conditions of employment. The College complies with federal, state and local equal opportunity laws and strives to keep the workplace free from forms of illegal discrimination and harassment.

Inquiries with regard to compliance with Title IX should be directed to Julie Dubinsky, Director of Human Resources, 500 College Hill Box 1017, Liberty, MO 64068; phone number 816-415-5085; email: dubinskyj@william.jewell.edu; office location: Curry Hall, 1st floor. Policies and grievance procedures can be found on the WJC website, Policy Library and Student Handbook.

LEGAL NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

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://health.alaska.gov/dpa/Pages/default.aspx

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

CALIFORNIA - Medicaid
Website: Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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+: https://hcpf.colorado.gov/child-health-plan-plus
Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: (678) 564-1162, Press 2

INDIANA - Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: http://www.in.gov/medicaid/
https://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA - Medicaid and CHIP (Hawki)
Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid Phone: 1-800-338-8366
Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: 1-888-346-9562

KANSAS - Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY - Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA - Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE - Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS - Medicaid AND CHIP
Website: https://www.mass.gov//masshealth/pa
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA - Medicaid
Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI - Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA - Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA - Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA - Medicaid
Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: https://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website:
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA - Medicaid
Website: https://www.hhs.nd.gov/healthcare
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
Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND - Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA - Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS - Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH - Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT - Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON - Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA - Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
HIPP: http://mywvhipp.com/
Medcaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING - Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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LEGAL NOTICES

Important Notice from William Jewell College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **Oct. 15 to Dec. 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 coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current coverage (you cannot drop your prescription drug coverage **without** dropping your medical coverage), be aware that you and your dependents may enroll back into the benefit plan during an open enrollment period under the benefit plan.

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).

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 and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

LEGAL NOTICES

to wait until the following November to join.

For More Information about this Notice or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your current health plan changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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).

Name of Entity/Sender:	William Jewell College
Contact - Position/Office:	Julie Dubinsky, Director of Human Resources
Address:	500 College Hill Box 1017, Liberty, MO 64068
Phone Number:	(816) 415-5085

CONTACTS

Medical
Cigna
(800) 997-1654
https://www.cigna.com

Dental
Lincoln Financial
(800) 423-2765
https://www.lincolnfinancial.com

Life/AD&D, Voluntary Life and AD&D, and LTD
Lincoln Financial
(877) 275-5462
https://www.lincolnfinancial.com

Vision
EyeMed
(866) 723-0513
https://eyemed.com

Flex Administration
Phillips Resource Network
(913) 261-0237

Group Auto/Home
Farmers Group Select
(800) 438-6381

EAP-Employee Assistance Program
All One Health
800-451-1834
www.mylifeexpert.com
Use Code: wjewell

Voluntary Short-Term Disability Insurance, Accident & Cancer Insurance
Aflac, Claims and Coverage
Ryan Lager
ryan_lager @us.aflac.com
(816) 343-2220

Value Added Benefits
EAP, LifeKeys & TravelConnect
Lincoln Financial
(877) 275-5462
https://www.lincolnfinancial.com

William Jewell Contact Information
Mailing Address:
Office of Human Resources
500 College Hill Campus Box 1017
Liberty, MO 64068
Location:
Curry Hall, 1st floor

Office of Human Resources Staff:
Julie Dubinsky
Director of Human Resources
(816) 415-5085
dubinskyj@william.jewell.edu

Erika Reyes
Human Resources Employment Specialist
(816) 415-5083
reyesn@william.jewell.edu

View your benefits at:
williamjewell.millercares.com


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