

2023-2024 BENEFITS GUIDE



Lincoln University

LEARN. LIBERATE. LEAD.

welcome

Lincoln University cares about your health and well-being, and we are dedicated to providing a comprehensive and competitive benefits package to you and your family. Our benefits programs account for a significant portion of your total compensation package. As an employee, you are eligible for a variety of valuable benefits such as medical, vision, and dental insurance, life and disability coverage, retirement programs, tuition reimbursement, flexible savings accounts, as well as additional

services such as employee assistance programs, gym discount programs, and much more!

Over the past decade, as health care costs have continued to rise nationally, Lincoln University remains committed to offering a comprehensive benefits package that is affordable for you and your family.

Whether you are receiving this guide as a current employee, a new hire, or a prospective hire, Lincoln University is very proud to present this 2023-2024 Benefits Guide to you. We are confident that you will find

it useful and insightful. This guide provides you with information that details the generous benefit package Lincoln University offers. Please take time to review this 2023-2024 Benefits Guide carefully.

If you should have any questions regarding any of the information presented or require additional information about Lincoln University's benefits and retirement programs, please contact **Mary-Michael Rosling, Benefits and Compensation Specialist, at hrbenefits@lincoln.edu or 484-365-5189 (ext. 5189).**

IN THE FOLLOWING
PAGES, YOU WILL
FIND A SUMMARY OF
OUR BENEFIT PLANS
FOR 2023-2024.

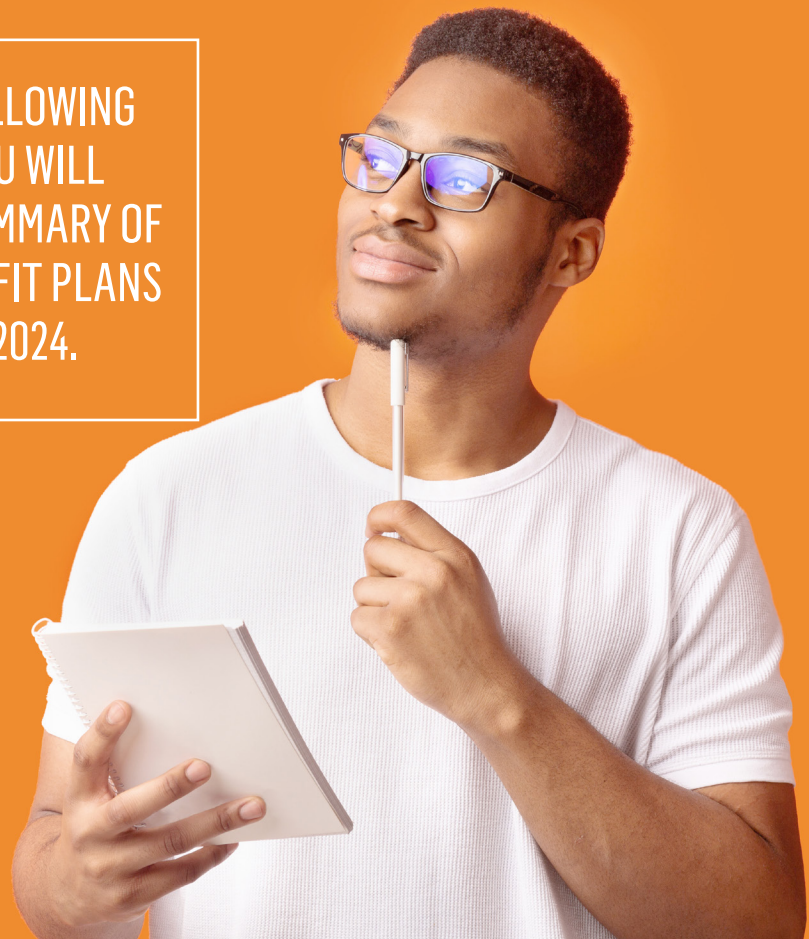


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Please read this guidebook carefully as you prepare to make your elections for the upcoming plan year to ensure that you select the coverage that is right for you. This summary briefly describes the highlights of Lincoln University's benefits programs. Please refer to the plan booklets for detailed information. You should be aware that any and all elements of Lincoln University's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Lincoln University.

overview

Open Enrollment is taking place from April 12 to May 17 for benefits effective July 1.

Lincoln University understands the importance of benefits to you and your family and the value that comes from having a high-quality benefits plan. The University Benefits Plan is competitive and comprehensive, offering you a full array of benefits that allows you to choose coverage that best meets the needs of you and your family.

All full-time employees working 30 hours or more per week are eligible for benefits. Your spouse, domestic partner and eligible dependent children (to age 26) may be

eligible to enroll in benefits.

If you are newly benefit eligible or a new hire, you are eligible for benefits on the first of the month coincident with or following your full-time date of employment.

This benefits brochure is a summary of the benefits provided by the University and does not provide all details regarding the benefits plans. For additional information, please refer to the Summary Plan Descriptions (SPDs) that can be accessed on the University website.

PLAN YEAR:
July 1, 2023 –
June 30, 2024



Eligible Dependents

The elections you make will remain in effect through June 30, 2024, unless you, your spouse, domestic partner, or your dependent child(ren) experience a qualified change-in-status event.

Spouse:

- A person to whom you are legally married. Such a person remains a spouse until a decree of divorce is issued.

Domestic Partner:

- a partner of any gender with whom you are in a committed relationship and share a residence, but are not joined by marriage. Domestic Partner coverage is contingent upon proof of partnership.

Disabled Dependent:

- A child who is dependent on you or your spouse/domestic partner as a result of mental or physical incapacity; or
- A child who is disabled prior to reaching the maximum age allowed under the plan.

Child:

- A child who is yours by birth or legal adoption;
- Your spouse/domestic partner's child by birth or legal adoption;
- One whose medical care is the legal obligation of you or your spouse/domestic partner as per a court order or court approved requirement;
- The subject of a child support order that recognizes the right of that person to receive benefits under your medical coverage, issued by a court or administrative agency of any US State or US Territory;
- Your grandchild in the court-ordered custody of you or your spouse/domestic partner;
- A child who is your dependent and who is in the guardianship of you or your spouse/domestic partner; or
- A legal dependent child under the age of 26. Coverage will cease at the end of the month in which the dependent reaches age 26.

overview (cont'd)

Change-in-Status Events

As you make your benefit elections, please keep in mind that these elections and the related payroll deductions generally cannot be cancelled or changed until your next open enrollment period. However, you may request to make a change in your coverage if (1) you, your spouse, your domestic partner or your dependent experience a change-in-status event and (2) the change-in-status event affects you, your spouse's, your domestic partner's or your dependent's eligibility for coverage under this plan or another employer's plan.

Allowable events are changes in:

- Legal marital status, including marriage, divorce, annulment; or death of spouse or domestic partner;
- Number of dependents due to birth, adoption, placement for adoption, or death;
- Employment for you, your spouse, domestic partner or your dependent, including commencement or termination;
- Hours of employment, including a switch between full-time and part-time status or the commencement or return from a leave of absence;
- Eligibility status of your dependent due to attainment of age, change in student status, or any similar circumstance; and
- An election or change under your spouse, domestic partner or dependent's employer's plan during an open enrollment period that does not correspond with this plan's open enrollment period.
- A request for a benefit election change cannot be processed unless you contact Human Resources within 30 days of the change-in status event and provide the required documentation provided to support the change requested.

WHAT HAPPENS IF I DON'T ENROLL?

Our Open Enrollment this year is an active enrollment for Flexible Spending and Dependent Care accounts. You must go online to Paycor and make your elections.

If you fail to elect benefits online via Paycor, any current Flexible Spending and Dependent Care Spending elections will be considered waived.

Current benefit elections for all other plans will automatically roll over to the next plan year.

what's new for 2023-2024?

- Ovia Health Benefit
- New Carrier for Voluntary Benefits: Lincoln Financial

how to enroll in your benefits with paycor

Paycor is part of a secure web hosted system that you will access via your internet browser. Within the Employee Self Service system, employees are able to access their time cards, request leave, review benefits, and see their payroll information.

How to Access – www.paycor.com

To view your benefits, follow these steps:

- Step 1:** Log in to using your user name and password.
- Step 2:** Use the Navigation Bar to the left. Click *People*, then *Benefits*, then *Benefits Advisor*.
- Step 3:** On this screen you will see a blue box that says *Start Your Enrollment*. Click on this and it will take you to your benefits enrollment.

Paycor Enrollment

Log in to Paycor and Navigate to Benefits Enrollment

The Paycor benefits website is your online resource to confirm your benefit coverage, review benefit plan details and obtain benefits claims forms. This functional online tool puts your benefits at your fingertips. With just a few clicks you can:

- Review benefits plan documents and resources;
- Enroll in your benefits during the designated enrollment period;
- Review current benefits elections for your entire family; and
- Update your life insurance beneficiaries.

voluntary benefits

Now is your chance to sign up for accident and critical illness coverage offered through Lincoln Financial. Voluntary whole life is offered through UNUM.

How to enroll in Lincoln Financial Voluntary Benefits

Enroll Online: April 12 - May 17

To begin the enrollment process, please follow the link in paycor or login to: <https://lfg.benselect.com/lincolnu>

User ID: social security number or employee ID

Password: last four digits of social security number followed by last two digits of year of birth

Example: DOB: 01/01/1970
SS#: XXX-XX-1111
Password: 111170

You will need to reset your PIN/password once you log in.

How to enroll in UNUM Whole Life Benefit:

Enroll Online: April 12-May 17

- Follow the link in Paycor or go to www.enrollvb.com/lincoln.
- Your login information is the last 4 digits of your Social Security number, your last name, and your date of birth."

medical plan comparison

Lincoln University offers medical insurance through Independence Blue Cross. With the two EPO plans, you may go to any doctor within the Personal Choice or National BlueCard Network. No referrals are required.

With Keystone HMO, you must select a primary care doctor with Keystone and obtain referrals for all specialty and elective services in order to have those services covered. In addition, your primary care doctor is required to send you to

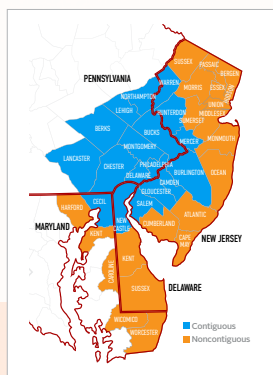
certain designated or “capitated” sites for diagnostic testing, imaging and therapies. Capitated sites are usually located within the primary care office locale.

Members may wish to utilize the member website at www.ibxpress.com for important member information, including explanation of benefits (EOBs). Claims and other member activity is also consolidated in the Member Health Statement, a single user-friendly statement that members can find on the portal.

Independence

	HMO PLAN (YOU PAY)	EPO BASE PLAN (YOU PAY)	EPO BUY-UP PLAN (YOU PAY)
Referrals Required	Yes	No	No
Preventive Care*	\$0	\$0	\$0
PCP / Specialist	\$20 copay / \$40 copay	\$20 copay / \$40 copay	\$15 copay / \$30 copay
Rehabilitation Services	\$20 copay	\$20 copay	\$15 copay
Labs / Radiology / Scans	\$0 / \$40 / \$40	\$0 / \$40 / \$40	\$0 / \$30 / \$30
Inpatient Hospital	\$250 per admission	\$250 per admission	\$200 per admission
Outpatient Surgery	\$125 copay	\$125 copay	\$100 copay
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)
Urgent Care	\$50 copay	\$50 copay	\$50 copay
Telemedicine	\$20 copay	\$20 copay	\$15 copay
Tele-behavioral Health	\$20 copay	\$20 copay	\$15 copay
Tele-dermatology	\$20 copay	\$20 copay	\$15 copay
Retail Clinic	\$20 copay	\$20 copay	\$15 copay

*Age and/or frequency limits apply.



Blue highlighted counties have a higher concentration of HMO providers versus the orange highlighted counties.

preventative care

Taking care of ourselves is extremely important!

what are preventive services?

Preventive services typically include yearly check-ups, screenings, and immunizations that can help you and your family members stay healthy and avoid or delay health problems.

what is covered 100% as preventive care under IBC?*

- Preventive Exams
 - Mammograms
 - Depression Screenings
- Cholesterol Testing
 - Immunizations
 - Well women exams

**Age and frequency schedules apply to all preventive care.*

HOW TO ACCESS

Access the Member Portal at www.ibx.com for more information.

provider options

Other than your Primary Care Physician

	TELEMEDICINE, TELE-BEHAVIORAL HEALTH, TELE-DERMATOLOGY	RETAIL CLINIC	URGENT CARE	EMERGENCY ROOM
When should I use this facility?	<ul style="list-style-type: none">• Cough• Cold• Flu• Bumps• Bruises• Bug Bites• Ear infections• Sinusitis• Allergies and rashes• Pink eye• Behavioral Health concerns	<ul style="list-style-type: none">• Cough• Cold• Strep• Flu• Vaccines• Sports physicals• Bumps• Bruises• Blisters• Bug bites	<ul style="list-style-type: none">• Non-life threatening injuries• Non-life threatening illnesses• Minor procedures• Simple bone fractures• Stitches• X-rays• Lab work	<ul style="list-style-type: none">• Life/limb threat• Chest pain• Diabetes complications• Head injuries• Seizures
Cost	\$15-\$20 copay to IBC members	\$15-\$20 copay to IBC members	\$50 copay to IBC members	\$100 copay to IBC members



MDLive virtual care **MDLIVE**[®]

Save time and money with virtual care from

With your virtual care benefits, you can talk to a medical professional for medical, behavioral health, and dermatological needs anytime, from anywhere in the U.S.

Skip the waiting room and use virtual care services from MDLIVE instead. When it's not an emergency, virtual care is fast, convenient, and affordable. MDLIVE has one of the largest virtual care networks in the U.S., with more than 1,800 licensed providers who are specially trained to treat you by phone, email, or video chat.

DON'T WAIT UNTIL YOU NEED AN APPOINTMENT!

Activate your MDLive account now using your member ID number. There are several ways to do it.



TEXT
IBX to 635-483



DOWNLOAD
the MDLive app on your smart device



VISIT
mdlive.com/ibx



CALL
1-877-764-6605

Virtual care services from MDLIVE[®]

Telemedicine

Day or night, you can talk to a board-certified doctor who can treat non-emergency conditions, such as sinus pain, pink eye, earaches, sore throat, and flu. MDLIVE also provides pediatric telemedicine services for non-emergency conditions.

Telebehavioral health

With 24/7 scheduling access, as well as appointment availability on off hours and on weekends, you can have a confidential virtual care visit from home or wherever you may be.

You get appropriate access to treatment for such conditions as anxiety, depression, and panic disorders.

Teledermatology

You might wait days, weeks, or even months for an appointment with a dermatologist. With MDLIVE teledermatology services, you'll get a diagnosis, treatment, and prescription (as needed) from a board-certified dermatologist for more than 3,000 skin, hair, and nail conditions in an average turnaround time of 18 hours.

Let Sophie help you activate your MDLIVE account

You're just a few steps away from anytime, anywhere access to local board-certified doctors. Here's how to activate your account with Sophie, your virtual Personal Health Assistant.

Step 1: Get started

Using your smartphone, text IBX to 635-483. Be sure to have your Independence Blue Cross member ID card on hand when you're activating your account.

Step 2: Connect with Sophie

You will receive a welcome text message, where you can tap to launch a web browser page, which will simulate a text conversation.

Step 3: Access your account

Answer a series of questions from Sophie to complete your registration. Once your account has been activated, you'll be ready to begin using your virtual care benefits.

meet
sophie!

YOUR VIRTUAL PERSONAL
HEALTH ASSISTANT!

Sophie makes creating your MDLIVE account quick and easy using your smartphone. Text IBX to 635-483 and Sophie will walk you through the process.



prescription drug coverage

Retail Prescription Drug Stores

You may have your prescriptions filled nationwide at any participating Futurescripts pharmacy. Quantities dispensed at the retail level will not exceed more than a 30-day supply of medicine per one retail copay. Please note: Certain medications may require prior authorization or limitations per the terms of the plan.

Prescription Drug Mail Order

The mail order program benefits individuals who are on long-term medication therapies, for those who have chronic conditions such as diabetes, asthma, or high blood pressure. By ordering prescriptions by mail, you will receive a three-month supply for only two times the retail cost. If you wish to take advantage of this benefit, it is recommended that you have your physician write out two prescriptions:

- One for a 30-day supply to be filled first at the pharmacy; and
- And a second prescription for a 90-day supply (or up to one year) to be used for mail order. Be sure to fill the 30-day supply before mailing the 90-day supply request to avoid fulfillment issues. This will ensure that you will not be without your prescription before you receive your order in the mail.

Complete the Mail Order Form with your first order only. Send the completed Mail Order Form plus the original prescription and the appropriate payment to Futurescripts. Your order will be processed and mailed to you within 10-14 days from the day you mailed your order, along with re-order instructions for future refills. To obtain a mail order form log on to: www.Futurescripts.com.

Specialty Drugs – Optum Specialty Rx Pharmacy

Specialty pharmacy drugs are typically drugs that are administered by the patient. These may include, but are not limited to, drugs that are taken orally, by injection, or infusion. Specialty drugs meet certain criteria including, but not limited to:

- Drugs used to treat rare, complex, or chronic diseases;
- Drugs that have complex storage and/or shipping requirements; and
- Drugs that require comprehensive patient monitoring and education.

Members will be allowed to obtain the first prescription at a retail pharmacy; however, subsequent refills will need to be obtained at a Optum Specialty Rx pharmacy. For additional information about the Independence Mandatory Specialty Pharmacy benefit program, members should call the phone number on their ID card.

FUTURE SCRIPTS.	RETAIL (30-day supply)	MAIL ORDER (90-day supply)
Generic	\$10	\$20
Preferred Brand	\$45	\$90
Non-Formulary	\$60	\$120
Specialty	\$100	N/A



blue cross value added programs **Independence**

GradFin Student Loan Services

GradFin student loan debt reduction solutions are available as a value-added benefit* at no cost to you from Independence Blue Cross (Independence), even if you do not have an Independence health plan. This service can help you and your family find the best strategies to save for college and reduce your student loan debt.

GradFin offerings

GradFin offers core and exclusive value-added student loan services that can improve your financial well-being. Each program helps you pay off your student loans faster so you can begin saving for the future.

Core services

- Student Loan Financial Education. You will learn about your options for reducing student loan debt during personal consultations, live webinars, and “town hall” meetings.
- Student Loan Refinancing. GradFin refinances and consolidates your student loan(s) through a lending platform made up of 11 lenders to maximize the chances for you being approved for a new loan and find the lowest rates.
- Public Service Loan Forgiveness (PSLF) Program. The PSLF keeps you compliant with federal loan forgiveness programs by enrolling your loans, verifying your employment, annually certifying your income-based repayment plan, and auditing your “qualified payments.” You and your family members can participate in this program if you or your family members are employed at a 501(c)3 nonprofit.

Exclusive value-adds from Independence

- Bonus towards principal. GradFin provides a \$100 bonus towards the loan principal when originating or refinancing loans through GradFin.
- PSLF pricing concession. If you’re employed at a 501(c)3 nonprofit, you can participate in the PSLF membership program for a flat rate of \$100 per year, which is more than half the rate of a regular membership. Your family members may also take advantage of this offer.
- Dedicated loan consultants and scheduling. You have access to one-on-one consultations and dedicated consultants and appointments.

LEARN MORE

Visit goto.gradfin.com/independence to sign up for a complimentary consultation and to learn about the services available to you.



blue cross value added programs (cont'd)

Money-back reimbursements

The Healthy Lifestyles Solutions reimbursements reward you for taking small steps that can add up to big changes in your health. We offer you up to \$150 back for completing 120 workouts at the gym; approved weight loss programs, including WeightWatchers online; and/or an approved program to help you quit tobacco.

It's easy and convenient to participate—no enrollment is required. As soon as you meet eligibility requirements for a program, visit www.ibx.com/reimbursements to request reimbursement.

How the program works:

- Members do not need to enroll in advance; when members meet requirements (i.e., 120 workouts in a 365-day period), they can register and request reimbursement;
- Members are eligible for one reimbursement per program per calendar year; and
- Requirements do not need to be met during same calendar year as reimbursement.

Visit ibx.com/reimbursements	Register or Login to Vendor Site	Submit for Reimbursements	Receive Payment	View Transactions
Read general info about reimbursement program	Register using email address Review program specifications & reimbursement instructions	Choice of direct deposit to bank account or a bank card (no longer a paper check)	Upload or fax receipts Can use facility-generated visit log; no phone-in required	Review status of current and past reimbursements Submit new requests for reimbursements as allowed

IMPORTANT DEADLINES

A child must be registered by **AUG. 31** of the year he or she enters 12th grade of high school. The last day to allocate tuition rewards to a registered student is **AUG. 31** of the year he or she enters 12th grade of high school. For more information, visit www.ibx.CollegeTuitionBenefit.com.

The COLLEGE TUITION benefit®

Helping Families Pay for College

As a subscriber of Independence Blue Cross (Independence) you will earn Tuition Rewards® that can be used at a SAGE Scholar's member college. This value-added benefit is being provided to you by your employer and The College Tuition Benefit®.

The program works much like a scholarship program, where the Tuition Rewards® are spread evenly over the four years of undergraduate education. The Tuition Rewards® can be used at one of approximately 400 participating colleges and universities nationwide, with 80% ranked among America's Best™ by U.S. News and World Report.

How it works:

- When you sign up, you earn 2,000 Points each year and an additional 2,500 Points in year four.² The longer you remain with your employer, the more Tuition Reward Points you can accrue.
- One Tuition Rewards Point equals a \$1 minimum discount off of the full price of tuition at a SAGE Scholars college or university.
- You can sponsor your children, grandchildren, nieces, nephews, stepchildren, and godchildren.
- Tuition Rewards Points can be used at over 400 participating SAGE Scholars private colleges and universities nationwide.



online education & information

Access the Member Portal at www.ibxpress.com for more information.

Health Management Center

Centralized lifestyle resource areas that direct individuals to consolidated, consistently organized sets of applications, health content, and other resources.

Message Boards

Integrated online discussion groups that provide answers and support on health issues from both experts and peers.

Videos

Over 3,000 videos covering emerging health trends and providing a review of various disease, condition and wellness areas.

Recipes

A collection of over 600 healthy recipes that are presented by category and which include nutritional information, required ingredients, and preparation tips.

Health Trackers

These tools provide graphs that track important health measurements over time. Members can create their own trackers or use one of the available templates, such as blood pressure or stress level.

Blue365®

Offers discounts on health and wellness products and services from nationally recognized brands. Helps members establish healthy behaviors through incentives and active participation. The program includes:

- Fitness Center memberships;
- Nutrition and weight management programs;
- Laser vision correction;
- Alternative medicine services;
- Parent and senior care; and
- Hearing aids.

Nutrition Sessions

Have up to 6 visits per year with a participating nutritionist with no out of pocket cost to you or your covered family members!

Blue Insider

Helps members save up to 60% on a wide range of services from national, regional, and local businesses, as well as attractions and events. Through CorCell®, Independence offers exclusive discounts for a program that preserves umbilical cord blood.

ovia Health™ oviahealth™

Providing you with coverage that enhances your whole health means offering solutions that go beyond your medical benefits. Ovia Health provides you and your family with 24/7 support throughout your parenthood journey. As an Independence Blue Cross (Independence) member, you have access to this service at no additional cost.

Download Ovia and launch your account

Ovia has three different apps for specialized support:



Support for reproductive health, fertility and menopause



ovia pregnancy

Ongoing support for your healthiest, happiest pregnancy



ovia parenting

Go to resource for family and working parents

1. Download the apps from the Apple Store or Google Play.



2. Sign up with your email and choose I have Ovia Health As A Benefit before clicking Sign up.

3. Enter your health plan and employer information to access the following features:

- Daily, personalized family health support
- Newborn health tracking, milestone checklists, and expert parenting articles
- More than 60 clinical programs
- Unlimited one-on-one coaching access
- Case Management integration with Independence Health Coaches

4. Already have the Ovia apps on your phone?

- Open your app and tap Health to take the Ovia Health Assessment.
- Click Update my healthcare information and enter your health plan and employer information.



ymca employee wellness program

The Employee Wellness Program through YMCA offers you numerous benefits, including:

- Full access to an on-demand library of hundreds of virtual health and fitness classes with more than 20 new classes added each week!
- A 10% discount on YMCA membership for your employee and their family – a savings of up to \$17 per month!
- NO JOIN FEES. A savings of up to \$100!

Enjoy all of the benefits of membership at a reduced cost, including:

- Hundreds of in-person group exercise classes such as Zumba, Pilates, yoga or cycling. Indoor swimming pools and aqua fitness classes.
- Program discounts on a wide range of offerings such as swimming lessons, childcare, summer camp and more.

TO ACTIVATE YOUR YMCA VIRTUAL WELLNESS ACCOUNT

STEP 1: <https://ymcagbw.org/virtual>

STEP 2: Enter your Lincoln email address*

STEP 3: Click on the link sent to your email to confirm. You are ready to go!

*If you are already a member, you can use your email on file.

dental insurance

Lincoln University offers dental insurance through Delta Dental. You may go to any dentist you choose. Your choice will impact your out-of-pocket costs for services:

PPO Network Providers:

Employee will have LESS out-of-pocket costs and no balance billing above copay amount

Premier Network Providers:

Employee will have MORE out-of-pocket costs than PPO network providers and no balance billing above copay amount

Out of Network Providers:

Non-Delta Dental dentists may balance bill for amounts above the usual, customary and reasonable payment from Delta Dental.

BENEFIT PROVISION	BASE PLAN		BUY-UP PLAN	
Plan Type	PPO Plus Premier		PPO Plus Premier	
Annual Deductible (waived for Preventive Services)	\$50 / \$200		\$50 / \$200	
Annual Maximum (per person)	\$1,000		\$2,500	
Orthodontia Lifetime Maximum (covers dependent children to age 19)	\$1,500		\$1,500	
Out of Network Reimbursement	MAC		MAC	
	IN NETWORK	OUT OF NETWORK*	IN NETWORK	OUT OF NETWORK*
Preventive Services: Exams, cleanings, X-rays, sealants	100%	100%	100%	100%
Basic Services: Fillings, Denture repair, endodontics, periodontics, oral surgery	80%	80%	80%	80%
Major Services: Crowns, inlays, bridges, dentures, implants	50%	50%	60%	60%
Orthodontia: (Dependents to age 19)	50%	50%	50%	50%

*Out of network services are subject to plan allowance.

HOW TO ACCESS:

Access the Member Portal at www.deltadentalins.com for more information.

Value Added Benefits

- Delta Dental on the go: www.deltadentalins.com
- SmileWay Wellness Program
- Grin Newsletter
- Enhanced dental benefits for pregnant women

vision insurance

Comprehensive vision coverage for yourself and your dependents through VSP. If you plan to see a provider other than a VSP doctor, for details visit www.vsp.com. Please note: Benefit frequency is based on the policy year, 7/1/23–6/30/24.



Value Added Benefits

- Average 20-25% savings on all non-covered lens options
- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam
- Average 15% off the regular price, or 5% off the promotional price, of laser vision correction services
- Discounts only available from contracted facilities
- Tru-Hearing discount hearing aid program.

HOW TO ACCESS:

Access the Member Portal at www.vsp.com for more information.



YOUR COVERAGE WITH A VSP DOCTOR			
	BASE PLAN		BUY-UP PLAN
WellVision Exam® focuses on your eye health and overall wellness	\$10 copay (every 12 months)		\$10 copay (every 12 months)
Prescription Glasses Lenses	\$25 copay (every 12 months) Single vision, lined bifocal, lined trifocal, polycarbonate for children		\$25 copay (every 12 months) Single vision, lined bifocal, lined trifocal, polycarbonate for children; scratch-resistant coating anti-reflective allowance
Frame	\$130 allowance; 20% off the amount over your allowance (every 24 months)		\$150 allowance; 20% off the amount over your allowance (every 24 months)
OR			
Contacts (Instead of glasses) If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.	Up to \$130 copay for your contact lens exam (fitting and evaluation) \$60 allowance for contacts (every 12 months)		Up to \$150 copay for your contact lens exam (fitting and evaluation) \$60 allowance for contacts (every 12 months)
YOUR COVERAGE WITH OTHER PROVIDERS			
Exam	Up to \$45	Lined Trifocal Lenses	Up to \$65
Single Vision Lenses	Up to \$30	Frame	Up to \$70
Lined Bifocal Lenses	Up to \$50	Contacts	Up to \$105

flexible spending accounts (FSA)

Health Care FSA

Lincoln University provides you the opportunity to pay for out-of-pocket medical, dental, vision and some approved over-the-counter expenses with pre-tax dollars through a Health Care Flexible Spending Account (FSA). You must enroll/re-enroll in the plan to participate for the plan year July 1, 2023 to June 30, 2024. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA. Your actual savings will be based on your personal tax situation.

A Health Care FSA is used to reimburse out-of-pocket medical, dental, vision and approved over the counter expenses incurred by you and your dependents. For a list of approved expenses go to <https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses>.

Contributions you make to your FSA come out of your paycheck before any taxes are taken. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your pay you contribute to your FSA. You should carefully estimate the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the money you contributed to the FSA, up to \$610 can be carried forward to

the next plan year. Any dollar amount over the \$610 carry-over will be lost if not used by June 30, 2024. This is the "use-it-or-lose-it rule", as stipulated by the IRS.

The IRS maximum for a Health Care Flexible Spending account for 2023 is \$3,050.

Dependent Care FSA

If you pay for daycare or after school care, consider enrolling in the Dependent Care Account. A Dependent Care Flexible Spending Account allows you to be reimbursed on a pre-tax basis for child care for children under the age of 13 or adult dependent care expenses for qualified dependents that are necessary to allow you or your spouse/domestic partner to work, look for work, or attend school full-time.

It can also be used for children of any age who are physically or mentally incapable of self-care, as well as adult day care for senior citizen dependents who live with you, such as parents or grandparents, if the expenses for your dependents meet the IRS definition of dependent care expenses for income tax purposes.

The Dependent Care FSA maximum is capped at \$5,000 per year, per household per the IRS. Married spouses/domestic partners can each elect an FSA, but their total combined elections cannot exceed \$5,000. At tax time, all withdrawals in excess of \$5,000 are taxed.



USE IT OR LOSE IT

If you do not use your funds by the expiration of the plan year, you may run the risk of forfeiture. IRS regulations are very strict about this provision.

Please note: Our Healthcare FSA does permit up to a \$610 carry-over of unused funds into the next plan year, per IRS guidelines.

savings example:



An FSA participant with \$1,000 of out-of-pocket expenses		
	Without FSA	With FSA
Gross pay	\$25,000	\$25,000
FSA Contribution	\$0	-\$1,000
Taxable Income	\$25,000	\$24,000
Taxes	-\$9,413	-\$9,036
Take Home Pay after Taxes	\$15,587	\$14,964
Healthcare Expenses	\$1,000	\$1,000
Available Income	\$14,587	\$13,964
Tax-free Reimbursement from FSA	\$0	\$1,000
Net Income	\$14,587	\$14,964

university paid benefits

Lincoln University provides, at no cost to you, a Life and Accidental Death Benefit, as well as short- and long-term disability coverage.

Disability insurance can provide a sense of security, knowing that if the unexpected should happen, you can still provide for yourself and your family.

*REDUCTION AT AGE 70
65% of the amount of life insurance you had prior to age 70.
65% of the amount of life insurance shown above if you become insured on or after age 70 but before age 75.
*REDUCTION AT AGE 75
50% of the amount of life insurance you had prior to your first reduction.
50% of the amount of life insurance shown above if you become insured on or after age 75.

**Same Age Reduction schedule used for the Basic Life applies to the Voluntary Life coverage.*

Basic Life Insurance and AD&D

One times your annual base earnings, rounded to the next higher \$1,000, to a maximum of \$200,000*. You name a primary and secondary beneficiary within Paycor and may change that designation at any time. You should review your beneficiary each year.

Short-Term Disability

If you are disabled due to an illness or accident that occurred off the job, you may receive benefits through the Short-Term Disability Plan. Benefits begin on the 31st day of a disability due to an illness or accident. The maximum benefit duration is 9 weeks. The plan provides 60% of your pre-disability earnings up to a \$1,000 weekly maximum

Long-Term Disability

If you are disabled for longer than 90 days, you may receive benefits through the Long-Term Disability Plan, which provides a monthly benefit of 60% of pre-disability earnings, to a maximum of \$5,000 per month.

voluntary life insurance and ad&d

Lincoln University offers a Voluntary Life/AD&D insurance benefit through Lincoln Financial which provides you with the opportunity to purchase additional life insurance for yourself, your spouse, and your dependent children at group rates via a payroll deduction (with post-tax dollars)

	BENEFITS PURCHASED in increments	MAXIMUM BENEFIT*	GUARANTEE ISSUE (No Medical Question)**
Employee	\$10,000 Increments	Not to exceed 5x salary or \$500,000	\$110,000
Spouse or Domestic Partner	\$5,000 Increments	Not to exceed 100% of EE election and approved to \$500,000	\$30,000
Children	\$2,000 Increments	\$10,000	\$10,000

Guarantee issue applies to employee, spouse/domestic partner and child(ren), when the employee is first eligible from date of hire.

**Same Age Reduction schedule used for the Basic Life applies to the Voluntary Life coverage.*

***Each Open Enrollment, an employee that is already enrolled in the voluntary coverage may elect up to the guarantee issue without medical questions.*



voluntary group critical illness

Critical Illness provides enrollees a lump-sum benefit at the time of the diagnosis of a covered illness.* You may choose a lump-sum benefit from \$5,000 to \$50,000; you may then use that benefit any way you see fit.

You can use the coverage more than once. If you receive the full benefit for a covered illness, your coverage can be continued for remaining conditions. The diagnosis of new conditions must occur at least 90 days after the most recent diagnosis. Each condition is payable once per lifetime.

Enroll Online: April 12 - May 17

To begin the enrollment process, please follow the link in paycor or login to: <https://lfg.benselect.com/lincoln>

User ID: social security number or employee ID

Password: last four digits of social security number followed by last two digits of year of birth

Example: DOB: 01/01/1970
 SS#: XXX-XX-1111
 Password: 111170

You will need to reset your PIN/password once you log in.

WHAT TYPE OF COVERAGE IS AVAILABLE?			
Employee		\$5,000 to \$50,000 in \$1,000 increments	
Dependent Children (newborn until 26th birthday, regardless of marital status or student status)		Automatically covered at 25% of the employee amount (no additional cost)	
Spouse (ages 17-64 with purchase of employee coverage)		\$5,000 to \$30,000 in \$1,000 increments	
COVERED CONDITION	SUPPLEMENTAL CONDITIONS	ADDITIONAL CHILDHOOD CONDITIONS	ACCIDENTAL INJURIES BENEFIT
<ul style="list-style-type: none"> • Heart attack • Sudden cardiac arrest resulting in death • Stroke • Invasive Cancer • End Stage Renal (kidney) Failure • Major organ failure (heart, lung, liver, pancreas, or intestine) 	<ul style="list-style-type: none"> • Advanced Huntingtons • Advanced COPD • AIDS • Advanced ALS/ Lou Gehrig's disease • Advanced Alzheimers • Advanced Parkinsons • Advanced Multiple Sclerosis • Benign brain tumor • Loss of sight, hearing and/or speech 	<ul style="list-style-type: none"> • Cerebral palsy • Cleft lip, cleft palate • Cystic Fibrosis • Down syndrome • Muscular dystrophy • Spina bifida • Type 1 Diabetes 	<ul style="list-style-type: none"> • Severe burns, permanent paralysis or traumatic brain injuries (includes coma) <div>OCCUPATIONAL DISEASE (employee only)</div> <ul style="list-style-type: none"> • HIV • Hepatitis (B, C, D)

**Pre-existing Condition Limitation: This means a sickness or physical condition that existed within 3 months before the coverage effective date. The Condition would be pre-existing if (1) Symptoms existed that would cause a person to seek advice or treatment from a doctor; or (2) You were treated, received advice from a doctor, or took prescribed medicine. This limitation means that the critical illness benefit will not be paid during the first 12 months the policy is in force for a pre-existing condition.*



voluntary accident insurance

Accident Insurance provides a lump-sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need.

Coverage available for:

- **Employee**
- **Spouse:** Ages 17 to 64
- **Children:** Dependent children newborn until their 26th birthday, regardless of marital or student status.

Do you know who your beneficiaries are?

Your Beneficiary is the person (or persons) who will receive your Basic and Voluntary Term Life Insurance benefits if you die. You can name anyone you want as your Beneficiary(ies)—and designate as many people as Beneficiary(ies) as you wish—for your Basic and Voluntary Term Life Insurance.

You must specify the percentage of the benefit to be paid to each Beneficiary (up to a maximum of 100% for all allocations). You are automatically the Beneficiary for payment of any Spouse Term Life Insurance and/or Child Term Life Insurance coverage you elect.

health screening benefit rider

Available to all members covered under the Accident and/or Critical Illness Insurance. Each covered insured individual will automatically receive The Health Screening Benefit Rider*, which can pay \$50 per calendar year (Accident) or \$75 per calendar year (Critical Illness) per insured individual if a covered health screening test¹ is performed. Screening tests include, but are not limited to:

- Colonoscopy
- Mammography
- Pap smear
- Skin cancer biopsy
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine LDL and HDL levels
- Stress test on a bicycle or treadmill.

*The Health screening benefit rider is not available in NH.
¹ Insured individuals are eligible for benefits 30 days after the effective date of coverage.

Some Covered Injuries Include:	Some Covered Expenses Include:
<ul style="list-style-type: none"> • Broken bones • Torn ligaments • Cuts repaired by stitches • Coma due to a covered injury • Eye injuries • Ruptured discs • Concussion • Burns 	<ul style="list-style-type: none"> • Emergency room visit • Outpatient surgery facility • Doctor office visit • Chiropractic visit • Occupational therapy • Speech therapy • Physical therapy • Hospitalization





whole life insurance

Valuable features

- Policy builds cash value
- Accidental Death Benefit Rider (optional)
- Long Term Care (LTC) Rider*
- Living Benefit Option—automatically included
- Portable—you own the policy.



AVAILABLE FAMILY COVERAGE	
Individual Employee Coverage (Ages 15-80)	You can purchase coverage for as low as \$3 a week.
Individual Spouse/Domestic Partner Coverage (Ages 15-80)	Coverage is available for as low as \$3 a week. Spouse/Domestic Partner coverage amount can not exceed the employee base coverage amount.
Individual Child Coverage No employee or spouse/domestic partner purchase needed. Available to eligible children, stepchildren, legally adopted children, and grandchildren (14 days until 26th birthday).	You can purchase coverage for as low as \$1 a week.
Child Term Life Benefit With purchase of employee or spouse/domestic partner policy, available to eligible children, legally adopted children, and step-children (14 days until their 25th birthday).	\$1,000 to \$10,000— One rider covers all children.

**Long Term Care (LTC) Rider allows access to death benefit after receiving long term care for 90 days. Pays a monthly benefit for a period of long term care. Benefit amount and duration based on the type of care you receive.*

PLEASE NOTE

Remember to review and update your dependents and beneficiary designations.

ENROLL FOR UNUM WHOLE LIFE ONLINE: APRIL 12 - MAY 17

- Follow the link in Paycor or go to www.enrollvb.com/lincoln.
- Your login information is the last 4 digits of your Social Security number, your last name, and your date of birth.



employee assistance program (EAP)

When you call Health Advocate, you will be connected to an EAP professional who will confidentially help you with your concerns and issues such as counseling, parenting, caregiving, legal and financial issues, substance abuse, stress, anxiety, and depression.

Services available to you

- Professional evaluation for the nature and scope of employee personal problems, (1-3 sessions) and referral, if needed, to appropriate professional counseling or other necessary care. This service is available for employees referred by Lincoln University; for employees recognizing their own problems and wanting help to solve them; and for eligible dependents of Lincoln University employees.
- Legal services such as wills, living trusts, power of attorney, landlord/tenant agreement, name change, and much more. You have unlimited access to state specific self-help legal forms, educational content, and a legal library.
- Case management for inpatient and outpatient medical treatment.
- 24-hour emergency hotline 877-240-6863.

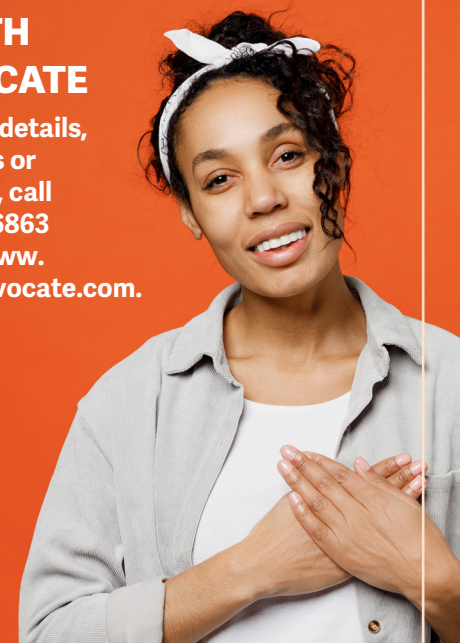
WORK / LIFE SERVICES

Behavioral Health	<ul style="list-style-type: none">• Emotional wellbeing• Anxiety• Depression• Relationships	<ul style="list-style-type: none">• Grief/Loss• Drug & Alcohol• Stress Management
Child Care	<ul style="list-style-type: none">• Child care centers• Family child care homes	<ul style="list-style-type: none">• Community resources
Elder Care	<ul style="list-style-type: none">• Nursing homes• Assisted living facilities• Independent living facilities	<ul style="list-style-type: none">• Community services and resources
Legal	<ul style="list-style-type: none">• Family law issues• Real estate• Criminal matters	<ul style="list-style-type: none">• Estate planning• Motor vehicle• Elder law
Financial	<ul style="list-style-type: none">• Debt management• Budgeting• College funding	<ul style="list-style-type: none">• Retirement strategies• Life insurance needs
Identity Theft Assistance	Information through online resources, and consultation with a fraud recovery specialist.	
Individual Health Risk Assessment	Online information and tools for employees wanting to develop an accurate assessment of health and fitness.	



CONTACT HEALTH ADVOCATE

For more details, questions or concerns, call 877-240-6863 or visit www.healthadvocate.com.



403(b) Retirement plan

Lincoln University offers a Defined Contribution Retirement Plan through TIAA.

- **Eligible employees:** All employees, with the exception of employees who normally work less than 20 hours per week and student employees
- **Plan entry:** The first of the month following employment
- **Contribution schedule:** Lincoln contributes 5% of your salary even if you do not contribute. Lincoln will match dollar for dollar the first 5% of your salary that you contribute.
- **Contribution limits:** \$22,500 under age 50; \$30,000 age 50 or older
- **Vesting:** Immediate
- **Loans:** Loans are permitted
- You may change your contribution any time during the year by completing a change form and submitting to hrbenefits@lincoln.edu
- Forms are available on the Lincoln website under Human Resources/forms and notices
- Please update your beneficiaries at www.tiaa.org/lincoln

Virtual one on one investment consultations available. For information please contact HR benefit specialist.



CONTACT

Michael Pennyman, Liberty Mutual Insurance

Office: 610-864-8066, Option 1 • Email: Michael.Pennyman@LibertyMutual.com

auto / home insurance

Receive home, auto, and renters insurance discounts through Liberty Mutual Insurance.

Here's how

- Get exclusive group savings.
- Extra savings on your home insurance when you insure both your car and home.
- Obtain additional discounts based on your driving experience, car, home safety features, and more.

Service and support

- Service convenient for you by phone, at a local sales office, online, or with one of our on-site representatives.
- Your choice of payment options, including direct billing, electronic withdrawal, or online payment.



lincoln perks

Below are some additional benefits available to you through Lincoln University:

Wellness Center

Lincoln University employees have access to the on-campus fitness center, which features a weight room, indoor track, rock climbing wall, cardio equipment, and fitness classes.

Campus Store Discount

As a member of the Lincoln University team, you will receive a 10% discount in the campus store.

Banking

All Lincoln employees are given easy access to Sun East Credit Union and PNC Bank.

YMCA of Greater Brandywine

You are an important component of our success, which is why we invested to make membership at the YMCA of Greater Brandywine easier and more affordable for you and your family. Some of the great benefits of your YMCA corporate membership include:

- No join fee—a savings of \$99;
- Hundreds of group exercise classes, including yoga, pilates, cycling and more;
- Special rates on most Y programs, including swim lessons, youth sports leagues and camp; and
- Child Watch babysitting services led by trained and caring staff while you work out.
- Bring proof of your employment to any YMCA of Greater Brandywine branch.
- Sign up for your reduced-rate membership.
- Jump in and have fun!
- Visit ymcagbw.org to learn more.

Verizon Wireless Discount

Go to www.verizonwireless.com to sign up under corporate discounts to receive:

- 18% on mobile plans excluding unlimited plans; and
- 25% off accessories ordered online.

Dell Computer Employee Purchase Program (EPP)

Make the most of your work perks. The Dell Employee Purchase Program (EPP) allows you to purchase monthly specials with a lot of great features at a member-only price. Customize a system and save an additional 7% on top of the generally advertised Dell Home and Home Office promotional prices. Saving is as easy as 1, 2, 3.

Here's how it works:

Step 1: Visit: www.dell.com/eppbuy

Enter Member ID: KS125342

Call: 1-800-695-8133

Step 2: Choose from the monthly specials which are preloaded with many excellent features. These systems offer additional savings, providing you with the best value on a Dell Home PC.

Step 3: Or, customize your system and get an additional 7% discount on top of the generally advertised Dell Home and Home Office promotional prices on systems, electronics, and accessories.

Working Advantage

This cost-free benefit provides you access to thousands of exclusive travel and entertainment discounts, so you can make the most of your time away from work. Take advantage of great savings on:

Hotels, Theme Parks, Concerts, Sporting Events, Movie Tickets, Retail, Restaurants, Spas, Sightseeing Tours, Activities, Rental Cars, Gift Cards, Broadway Shows, Vegas Shows & More!

Become a member:

- Visit workingadvantage.com and click "Become a Member."
- Use your company code **LincolnPerks** or work email to create an account.

Need help?

Email: customerservice@workingadvantage.com

employee contributions

For Medical/Rx insurance, Lincoln covers 90% of employee-only coverage and 70% of employee-plus-dependent coverage.

EMPLOYEE CONTRIBUTIONS – MEDICAL (IBX)						
		Monthly	LU Pays	Monthly	Bi-Weekly*	9-Month
Employee Only	HMO	\$930.17	\$837.15	\$93.02	\$46.51	\$124.02
Employee + Child(ren)	HMO	\$1,658.49	\$1,160.94	\$497.55	\$248.77	\$663.40
Employee + Spouse/Domestic Partner	HMO	\$2,140.32	\$1,498.22	\$642.10	\$321.05	\$856.13
Employee + Family/Domestic Partner	HMO	\$2,729.12	\$1,910.38	\$818.74	\$409.37	\$1,091.65
Employee Only	BASE EPO	\$982.73	\$884.46	\$98.27	\$49.14	\$131.03
Employee + Child(ren)	BASE EPO	\$1,752.22	\$1,226.55	\$525.67	\$262.83	\$700.89
Employee + Spouse/Domestic Partner	BASE EPO	\$2,261.26	\$1,582.88	\$678.38	\$339.19	\$904.50
Employee + Family/Domestic Partner	BASE EPO	\$2,883.32	\$2,018.32	\$865.00	\$432.50	\$1,153.33
Employee Only	BUY-UP EPO	\$997.96	\$898.16	\$99.80	\$49.90	\$133.06
Employee + Child(ren)	BUY-UP EPO	\$1,779.38	\$1,245.57	\$533.81	\$266.91	\$711.75
Employee + Spouse/Domestic Partner	BUY-UP EPO	\$2,296.30	\$1,607.41	\$688.89	\$344.45	\$918.52
Employee + Family/Domestic Partner	BUY-UP EPO	\$2,928.00	\$2,049.60	\$878.40	\$439.20	\$1,171.20
EMPLOYEE CONTRIBUTIONS – DENTAL (DELTA DENTAL)						
		Monthly	LU Pays	Monthly	Bi-Weekly*	9-Month
Employee Only	BASE	\$30.09	\$25.58	\$4.51	\$2.26	\$6.01
Employee + Family/Domestic Partner	BASE	\$75.03	\$25.58	\$49.45	\$24.73	\$65.93
Employee Only	BUY-UP	\$35.07	\$25.58	\$9.49	\$4.75	\$12.65
Employee + Family/Domestic Partner	BUY-UP	\$87.45	\$25.58	\$61.87	\$30.94	\$82.49
EMPLOYEE CONTRIBUTIONS – VISION (VSP)						
		Monthly	LU Pays	Monthly	Bi-Weekly*	9-Month
Employee Only	BASE	\$5.42	\$0.00	\$5.42	\$2.71	\$7.23
Employee + Family/Domestic Partner	BASE	\$11.66	\$0.00	\$11.66	\$5.83	\$15.55
Employee Only	BUY-UP	\$7.53	\$0.00	\$7.53	\$3.77	\$10.04
Employee + Family/Domestic Partner	BUY-UP	\$16.20	\$0.00	\$16.20	\$8.10	\$21.60

*Contributions will be deducted from 24 of the 26 paychecks for the year.

The University's "Medical Opt-Out Provision" as detailed in the Summary Plan Description ("SPD") entitles you to receive a lump-sum payment of taxable compensation if you choose to waive your participation in the University's group health insurance plan. To receive such payment for the waived coverage year, you must provide the University with proof of coverage from another plan (such as from a spouse's coverage).

next steps

Changes that can be made effective July 1, 2023:

- Update your personal information and make any necessary changes;
- Review your beneficiaries online and update, if needed; and
- Enroll or terminate individual and/or dependent coverage in the medical/dental/vision/flexible spending accounts/voluntary plans.
- Make your enrollment changes online using www.paycor.com
- Open Enrollment will run from April 12 to May 17.
- Questions or log-in issues, please contact Human Resources: Mary-Michael Rosling at 484-365-5189 or mrosling@lincoln.edu.

termination of benefits

When you leave Lincoln University, your medical, dental, and vision coverage ends on the last day of the month in which your employment ends.

All other benefits will terminate the day of

employment separation.

Please contact the Office of Human Resources at hrbenefits@lincoln.edu if you have questions about benefit continuation options after employment.

contact information

BENEFIT	CARRIER / NAME	PHONE	WEBSITE / E-MAIL	POLICY #
Internal HR	Mary-Michael Rosling	484-365-5189	mrosling@lincoln.edu	N/A
Medical Insurance	Independence Blue Cross	800-275-2583	www.ibx.com	EPO Base: #10206288 EPO Buy-Up: #10206287 HMO: #10514834
Prescription Drug	Futurescripts	800-275-2583	www.futurescripts.com	N/A
Dental Insurance	Delta Dental	800-932-0783	www.deltadentalins.com	#00551
Vision Insurance	VSP	800-877-7195	www.vsp.com	#30033701
Group & Voluntary Life and AD&D	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com	
Disability	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com	
Accident, Critical Illness	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com	
Whole Life Insurance	UNUM	866-679-3054	www.unum.com	#R0245852
Employee Assistance Program (EAP)	Health Advocate	877-240-6863	www.healthadvocate.com	N/A
Flexible Spending Accounts	WEX	866-451-3399	www.wexinc.com	#14879
403(b) Retirement Plan	TIAA	800-842-2252	www.tiaa.org	N/A

Model General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA **

Introduction

Note: This does not replace the COBRA notification letter from your employer.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage are required to pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events: The end of employment or reduction of hours of employment; Death of the employee; or the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation

coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

If you have questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

legal notices

Important Notice from Lincoln University 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 with Lincoln University 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:

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.

Lincoln University has determined that the prescription drug coverage offered by Lincoln University 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 October 15th to December 7th. 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 Lincoln University coverage will not be affected. You can keep this coverage even if you elect Part D; the plan will coordinate with Part D coverage. If you are an active associate and decide to join a Medicare drug plan and drop your current Lincoln University coverage, be aware that you and your dependents will be able to get this coverage back, provided you are still eligible to participate in the Lincoln University Medical Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current

coverage with Lincoln University 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 to wait until the following October to join.

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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	May 2023
Name of Entity/Sender:	Lincoln University
Contact:	Mary-Michael Rosling
Address:	1570 Baltimore Pike Lincoln University, PA 19352
Phone Number:	484-365-5189

legal notices

Health Insurance Marketplace Coverage Options and Your Health Coverage

Dear Lincoln University Associate:

Key parts of the Affordable Care Act, also known as the healthcare reform law, that went into effect January 1, 2014. As of this date, the healthcare reform law will require almost all Americans to have healthcare coverage or be subject to a penalty tax. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace for buying health insurance and about health coverage at Lincoln University.

If you are eligible for health coverage through Lincoln University, your coverage will likely be more affordable through Lincoln University health plans, or if applicable and available, through your spouse's or your parent's employer plan (if you are under the age of 26).

If you are not eligible for Lincoln University health plans, you should consider other options available to you, such as coverage through your spouse's employer plan, your parent's employer plan (if you are under the age of 26), Medicaid, Medicare or your state's Marketplace. Enrollment in the Marketplace will begin in October. You may be eligible for a federal subsidy (in the form of a tax credit) in order to make buying insurance through the Marketplace more affordable. The subsidy you may be eligible for depends on your household income. If you are eligible for health coverage from Lincoln University you will not be eligible for the subsidy (tax credit) through the Marketplace. Therefore, you may wish to enroll in Lincoln University health plan.

If you decide to enroll through the Marketplace, you should be prepared to provide the Marketplace with the following information about Lincoln University and our plans:

Employer Name:	Mary-Michael Rosling, Benefits Administrator, Lincoln University
Employer Identification Number (EIN):	23-1352655
Employer Address:	1570 Baltimore Pike, Lincoln University, PA 19352
Employer Telephone Number:	484-365-5189
Name of contact for employee health coverage:	Mary-Michael Rosling

What Is The Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. It offers "one-stop shopping" to find and compare private health insurance options. All U.S. citizens and legal residents will have access to individual health insurance policies through their state's Marketplace.

Open enrollment for health insurance coverage through the Marketplace begins November 1, 2021 through December 15, 2021 for coverage starting January 1, 2022. To find out more about the Marketplace in the state where you live, visit www.healthcare.gov.

Can You Save Money On Health Insurance Premiums In The Marketplace?

If you are not eligible for benefits at Lincoln University, you may be eligible for a federal subsidy (in the form of a tax credit) that lowers your monthly premium for coverage purchased through the Marketplace.

Are There Situations When I Can Qualify For A Tax Credit Even Though I Am Eligible For Coverage Through My Or My Spouse/ Parent's Employer's Health Plan?

Under the healthcare reform law, some people may be eligible for a tax credit that lowers their monthly premiums or deductibles if their employer does not offer coverage at all or does not offer coverage that meets certain standards. You may be eligible for a federal subsidy if the cost of a plan from an employer for employee-only coverage is more than 9.56% of your household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the healthcare reform law. Lincoln University health coverage will meet the requirements (cost and "minimum value") of the healthcare reform law.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Lincoln University, then you won't be eligible for Lincoln University contribution to the Company-offered coverage. Also, this Company contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

Why Are You Sending This Information?

Most U.S. employers are required to send this notice to employees to raise awareness of the new Marketplace and to help them understand how having access to their employer's healthcare plan may limit their eligibility for a subsidy in the Marketplace.

How Can I Get More Information?

Visit www.healthcare.gov.

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Protecting Your Health Information Privacy Rights

Lincoln University is committed to the privacy of your health information. The administrators of the your benefits use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

Women's Health and Cancer Rights Act (WHCRA)

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

All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your Plan Administrator.

Notice Regarding the Newborns' Act

Under federal law, health care plans may not restrict any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal 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 and with the mother's consent, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

HIPAA Special Enrollment Rights Notice

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).

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.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact human resources.

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

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

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

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

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

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, 2022. Contact your State for more information on eligibility.

legal notices

ALABAMA—Medicaid

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

ALASKA—Medicaid

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

ARKANSAS—Medicaid

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

CALIFORNIA—Medicaid

Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
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://www.colorado.gov/pacific/hcpf/child-health-plan-plus-CHP+> Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA—Medicaid

Website: <https://www.flmedicaidtprerecovery.com/flmedicaidtprerecovery.com/hip>
Phone: 1-877-357-3268

GEORGIA—Medicaid

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

INDIANA—Medicaid

Healthy Indiana Plan for low-income adults 19-64 Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid Website: <https://www.in.gov/medicaid/>
Phone: 1-800-457-4584

IOWA—Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members> Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS—Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

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: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx> Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

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.maine.gov/dhhs/of/applications-forms>
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/of/applications-forms>
Phone: -800-977-6740. TTY: Maine relay 711

MASSACHUSETTS—Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>
Phone: 1-800-862-4840

MINNESOTA—Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI—Medicaid

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

MONTANA—Medicaid

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

NEBRASKA—Medicaid

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

NEVADA—Medicaid

Medicaid Website: <http://dhcfp.nv.gov> Medicaid
Phone: 1-800-992-0900

NEW HAMPSHIRE—Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY—Medicaid and CHIP

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

NEW YORK—Medicaid

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

NORTH CAROLINA—Medicaid

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

NORTH DAKOTA—Medicaid

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

OKLAHOMA—Medicaid and CHIP

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

OREGON—Medicaid

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

PENNSYLVANIA—Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND—Medicaid

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

UTAH—Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/CHIP>
Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT—Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA—Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON—Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA—Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN—Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

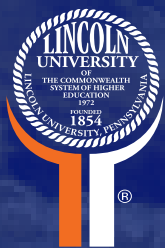
WYOMING—Medicaid

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

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 May 2022. Contact your State for more information on eligibility –

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



Lincoln University

2023-2024 BENEFITS GUIDE

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



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