



WELCOME TO OPEN ENROLLMENT

Plan Year: 2021



ILLINOIS WESLEYAN
UNIVERSITY



BENEFITS CHOICE & OPEN ENROLLMENT

Almost everything has had to be reimagined this year due to COVID, even our annual Benefits Fair. This year, our benefits representatives are unable to travel, we have social distancing requirements to follow and some employees are working from home.

Illinois Wesleyan University strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you’re getting the most out of your benefits and put together this Benefits Choice/Open Enrollment Guide for you to review. In addition to general benefit information, you will find links to benefit websites and plan summaries. Also included are enrollment forms to be completed for 2021 enrollments and changes.

Elections or changes you make during the open enrollment period will become **effective January 1, 2021**. If you have questions about any of the benefits mentioned in this guide, please don’t hesitate to reach out to Marie in Human Resources at mgiusti@iwu.edu or x3971.

As you review this guide, make sure to note the following:

- Virtual Open Enrollment Presentations – Wednesday, November 4 and Thursday, November 5.
- NEW – Optional Vision insurance through BCBS!
- Benefit Enrollment and Change forms due Friday, December 4, 2020.
- 2021 Flexible Spending Account (FSA) and Health Savings Account (HSA) forms due Friday, December 4, 2020.
- Emeriti and TIAA virtual meeting opportunities.

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MEDICAL, DENTAL AND THE NEW OPTIONAL VISION COVERAGE

Who is eligible?

If you are a full-time employee at Illinois Wesleyan, you are eligible for the medical, dental and vision benefits outlined in this guide.

- Full-time staff employees are those who work at least 30 hours per week for a minimum of 9 months per year.
- Full-time faculty employees are those contracted to teach at least 4.5 course units for a minimum of 9 months per year.

In addition, an eligible employee's spouse, domestic partner and dependent children under 26 are eligible for medical, dental and vision coverage.

When to enroll?

The 2021 Open Enrollment period begins November 2 and runs through December 4. All forms should be returned to HR by Friday, December 4. The benefits you choose during open enrollment will become effective January 1, 2021.

How to enroll in the IWU health plan?

You will need to complete an enrollment form if you want to change your current benefit elections:

- Enroll, change plan options or terminate coverage in the BCBS medical plan
- Enroll or terminate coverage in the optional Principal dental plan
- Enroll in the new optional BCBS vision plan
- Add or terminate dependent(s) on your coverage

If you do not wish to make any changes to your current benefit coverage, add the new optional BCBS vision coverage, or contribute to a Flex or HSA plan during 2021, you do not need to do anything.

- Enrollment forms are available on page 12 of this guide, on the Human Resources webpage under Current Employees & [Employee Benefits](#), or by contacting Marie in HR at mgiusti@iwu.edu or 309-556-3971.

How to make changes after the Open Enrollment period?

Unless you experience a life-changing qualifying event during the calendar year, you cannot make changes to your benefits until the next Open Enrollment period.

Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

If you do experience a life-changing qualifying event during the year, contact Marie mgiusti@iwu.edu for assistance.



Medical Insurance

Blue Cross-Blue Shield of Illinois

We are happy to inform you that there will be no coverage changes to the IWU medical plan options for Plan year 2021. Copays, deductibles and out-of-pocket limits remain the same for the [BCBS-IL Platinum, Gold \(HDHP\) and Silver Plans](#).

2021 Plan Designs: In-Network Overview

	Platinum Plan	Gold Plan (HDHP)	Silver Plan
Deductible:			
Individual	\$500	\$1,500	\$1,700
Family	\$1,000	\$3,000	\$3,400
Coinsurance			
	20%	20%	20%
Out-of-Pocket Maximum:			
Individual	\$2,000	\$3,000	\$3,400
Family	\$4,000	\$6,000	\$6,800
Office Visit:			
Primary Care	\$25	*20% coinsurance	\$30
Specialist	\$40	*20% coinsurance	\$50
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Urgent Care	\$25	*20% coinsurance	\$30
Virtual Visits	\$10	\$44 (applied to deductible)	\$15
Emergency Room	\$100	*20% coinsurance	\$100
Hospital Services:			
In-Patient	\$200	*20% coinsurance	\$200
Out-Patient	*20% coinsurance	*20% coinsurance	*20% coinsurance
Prescription Drugs:			
Generic	\$10	*20% coinsurance	\$20
Formulary Brand	\$30	*20% coinsurance	\$40
Non-Formulary Brand	\$50	*20% coinsurance	\$60

*Subject to deductible



2021 Medical Premiums

There will be no premium changes to the IWU medical plan options for Plan year 2021.

2021 Monthly Premiums	Employee Premium	Employer Premium	Total Premium
Platinum Plan			
Employee Only	\$150.12	\$700.00	\$850.12
Employee + Child(ren)	\$515.20	\$1015.00	\$1530.20
Employee + Spouse	\$575.24	\$1125.00	\$1700.24
Family	\$895.36	\$1740.00	\$2635.36
Gold Plan (HDHP)			
Employee Only	\$59.76	\$725.00	\$784.76
Employee + Child(ren)	\$427.58	\$985.00	\$1412.58
Employee + Spouse	\$469.52	\$1100.00	\$1569.52
Family	\$732.78	\$1700.00	\$2432.78
Silver Plan			
Employee Only	\$63.36	\$735.00	\$798.36
Employee + Child(ren)	\$387.04	\$1050.00	\$1437.04
Employee + Spouse	\$426.72	\$1170.00	\$1596.72
Family	\$659.88	\$1815.00	\$2474.88

*For 2021, Illinois Wesleyan University will contribute \$500 into an HSA account for employees choosing Employee Only coverage with the Gold BCBS medical plan (\$1,000 for Employee plus dependent(s) coverage).

Remember there are many additional benefits available to BCBS Members, including:

- Blue Access for Members portal at www.bcbsil.com – Gives you the ability to check the status of your claims, view/save Explanation of Benefits forms (EOBs), check coverage details and Rx information, and request a new ID card.
- Virtual Visits – With a virtual visit, you can meet and consult with a covered MD Live provider in the privacy of your own home. These providers can also write prescriptions and have them sent directly to your nearest pharmacy. Watch this YouTube video about [Virtual Visits](#) and sign up at www.MDLIVE.com.
- Member Rewards – Use [Member Rewards](#) online or call your health advocate to help find a lower-cost, quality provider for a recommended medical procedure. You select the provider and have the procedure or service done. The claim is paid and so are you!



DENTAL INSURANCE

The Principal

[Dental coverage](#) and premiums remain the same for plan year 2021.

The optional IWU dental insurance helps pay for your dental care. Studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Type of Service	Dental Plan Coverage
Preventive Services	Covered at 100% * Exams, cleanings (two times per calendar year) * X-rays (coverage may be limited depending on age of patient and type of service)
Deductible	\$50 for individual and \$100 for family (applies to Basic and Major Services)
Basic Services	Covered at 80% after the deductible * Fillings, root canals, oral surgery (including wisdom teeth)
Major Services	Covered at 50% after the deductible * Caps, crowns, bridges
Annual Maximum	\$1,000 maximum allowed per individual on an annual basis for Preventative, Basic and Major Services
Orthodontic Services	Covered at 50% with a lifetime maximum of \$1,000

2021 Monthly Premiums	Employee Premium	Employer Premium	Total Premium
Dental Plan			
Employee Only	\$3.40	\$37.50	\$40.90
Employee + Child(ren)	\$25.18	\$71.38	\$96.56
Employee + Spouse	\$25.18	\$71.38	\$96.56
Family	\$27.42	\$73.62	\$101.04



VISION INSURANCE

Blue Cross-Blue Shield (Eye-Med)

** NEW OPTIONAL BENEFIT in 2021 **

Illinois Wesleyan’s new optional vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures. It also provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you visit a provider listed in the BCBS-IL EyeMed directory, your benefits include the following:

- **Preventive Services:**
Routine Eye Exams – Covered 100% (once every 12 months)
(If you don’t have the IWU BCBS medical coverage, routine eye exam copay is \$10.)
- **Basic Services:**
Frames (once every 24 months) – up to \$130 allowance
Lenses or Contacts (once every 12 months) – See [Summary of Vision Benefits](#) for details on coverage.
- **Additional Benefits:**
Discounts on additional pairs of glasses and non-prescription sunglasses.
Discounts on Lasik vision correction.

2021 Monthly Premiums	Employee Premium
BCBS Vision Plan	
Employee Only	\$7.52
Employee + Child(ren)	\$15.06
Employee + Spouse	\$14.30
Family	\$22.14



DISABILITY INCOME BENEFITS

The Standard Insurance Company

Illinois Wesleyan provides full-time employees with [short-term and long-term disability income benefits](#). Without disability coverage, you and your family might struggle to get by if you miss work due to an injury or illness.

We want to do everything we can to protect you and your family. That’s why IWU pays for the full cost of short-term and long-term disability insurance—**you are not responsible for paying any monthly premiums.**

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, you are not eligible to receive short-term disability benefits if you are receiving worker’s compensation benefits.

	Short-term Disability	Long-term Disability
Benefits Begin	On the date you become a Member	On the date you become a Member
Benefits Waiting Period	30 days	180 days
Percentage of Income Replaced	70% of the first \$2,857 of your Pre-disability Earnings, reduced by Deductible Income	60% of the first \$20,000 of your Pre-disability Earnings, reduced by Deductible Income
Maximum Benefit	\$2,000 before reduction by Deductible Income	\$12,000 before reduction by Deductible Income

BASIC LIFE INSURANCE

The Standard Insurance Company

Illinois Wesleyan provides eligible employees with **two times your annual salary** in [group life and accidental death and dismemberment \(AD&D\) insurance](#).

IWU pays for the full cost of this benefit—**you are not responsible for paying any monthly premiums.**

Contact Marie at mgiusti@iwu.edu if you would like to update your life insurance beneficiaries.



FLEXIBLE SPENDING ACCOUNTS

BPC – Benefit Planning Consultants

A [Flexible Spending Account](#) (FSA) allows you to pay for predictable, eligible health care expenses or expenses related to the care of a dependent child or adult with pre-tax dollars, lowering your taxable income and saving you money.

HEALTH CARE FSA:

- You receive an FSA VISA debit card loaded with your full 2021 annual election. You can use the FSA VISA debit card to pay for copays, prescriptions and other qualified health care expenses.
- The maximum amount you can contribute to the Health Care FSA during 2021 is \$2,750. For employees paid monthly, this equals \$229.16 per month. For employees paid biweekly, this equals \$105.76 per pay.

DEPENDENT CARE FSA:

Dependent Care FSAs allow you to contribute pre-tax dollars to pay for qualified dependent care expenses. The maximum amount you can contribute each year is \$5,000 (or \$2,500 if married and filing separately).

HOW DO I ENROLL?

- Enrollment in an FSA account is an annual event. New elections must be made even if you participated last year. **You must re-enroll to participate in 2021.**
- Return the [Flex Enrollment form](#) to Human Resources (209 Holmes Hall) as soon as possible, but **no later than Friday, December 4, 2020.**
- If you do not want to participate in an FSA during 2021, you do not need to complete an enrollment form.

Things to remember about an FSA:

- Based on IRS guidelines, money set aside in an FSA is subject to a **use it or lose it** provision. However, the IWU FSA Plan allows a grace period so that expenses incurred on or before March 15 of one year may be submitted to account dollars set aside in the previous year.
- If you have a balance in your 2020 FSA and **choose the Gold plan option for 2021**, you must incur all reimbursable expenses by December 31, 2020.
- You cannot make a change to your FSA election during the year unless you incur a life-changing qualifying event.
- Most pharmacies send prescription files to the BPC VISA debit card system. **However, BPC VISA debit card users must submit documentation for other medical, dental and vision services to BPC to verify expense eligibility.** BPC may reach out to you to obtain any missing documentation. Failure to submit proper documentation may cause the debit card to be deactivated until expenses can be adjudicated.
- **FSA VISA debit cards from BPC are good for three years.** If your card is set to expire, you will receive a new card around the first of the year.



HEALTH SAVINGS ACCOUNTS

HSA Bank

[Health Savings Accounts](#) (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany the **IWU Gold medical plan option** (a high-deductible health plan - HDHP). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

- **An HSA is a tax-saver.** – HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you’ll pay less in taxes.
- **It is portable.** – The money in your HSA is carried over from year to year and is yours to keep, even if you leave IWU.
- **IWU Contribution** – During 2021, IWU will contribute \$500 into the HSA account for employees choosing Employee Only coverage with the Gold BCBS plan (\$1000 for Employee plus dependent(s) coverage).
- **2021 Annual Contribution Limit** – The maximum amount you can contribute to an HSA during 2021 is \$3,600 for employee-only coverage (\$7,200 for employee plus dependent(s) coverage).
 - This limit includes the contribution made by IWU.
 - If you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000.
 - You may change your contribution amount at any time throughout the year as long as you don’t exceed your annual maximum.

Return the [HSA Contribution form](#) to Human Resources (209 Holmes Hall) as soon as possible, but **no later than Friday, December 4, 2020.**

HSA CARRYOVER EXAMPLE

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan’s annual deductible is \$1,500 for individual coverage. Here is a look at the first two years of Justin’s HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

Year 1	
HSA Balance	\$1,000
Total Expenses:	
- Prescription drugs: \$150	
- Preventive care services: \$0 (covered by insurance)	(\$150)
HSA Rollover to Year 2	\$850
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	



Year 2	
HSA Balance	\$1,850
Total Expenses:	
- Office visits: \$100	
- Prescription drugs: \$200	(\$300)
- Preventive care services: \$0 (covered by insurance)	
HSA Rollover to Year 3	\$1,550
Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	



ADDITIONAL BENEFITS

Emeriti – Retiree Health Benefit

If you are nearing retirement and want to learn more about the [Emeriti Retiree Health Benefit](#), including the Aetna medical plan options, please join the upcoming **national webinar on November 11 at 1:00 p.m.**

- Add the meeting time to your calendar and then come back on 11/11 to click on the Zoom meeting link in the [invitation](#).

TIAA – Retirement Accounts

The TIAA website offers links to presentations and calculators to assist in developing the best retirement plan for Illinois Wesleyan employees. **Patrick Windle, TIAA Financial Consultant, will be available November 16, December 9 and December 10 for virtual one-on-one appointments.**

To set-up an appointment with Patrick:

- Call the TIAA Scheduling Desk at (800) 732-8353 or
- Login to your account at www.TIAA.org
 - Go to the Resources tab
 - Select: Support & Information, Retirement Consultations & Seminars
 - Choose: One-on-one consultations at work

Employee Assistance Program (EAP)

The [EAP benefit](#) provides counseling and consultation services. Services are available to help employees resolve personal difficulties that may be affecting their quality of life or job performance. Eligible employees and their immediate family members receive unlimited telephonic counseling and four face-to-face counseling sessions per issue per academic year. For confidential assistance, please call 800-252-4555 or 800-225-2527.

Tuition Benefits

See [Tuition Benefits](#) on the HR Webpage for details regarding eligibility, benefits and the enrollment process for Illinois Wesleyan Admissions, CIC Tuition Exchange and Tuition Exchange programs. If you have specific questions regarding tuition benefits, contact Londa at ldunlap@iwu.edu.

Voluntary Accidental Death & Dismemberment Insurance

This voluntary coverage through Zurich allows employees to secure additional [accidental death and dismemberment insurance](#) through the IWU group plan. An employee may enroll as an individual, or as a family with spouse and/or eligible dependents. Payment is by monthly payroll deduction. Complete the [enroll form](#) and return to Marie in the HR Office if you would like to enroll.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about any of the benefits described in this guide, please contact HR.



QUESTIONS & ANSWERS

What changes are effective January 1, 2021?

- Schnucks/CVS Pharmacy will no longer be covered as an in-network pharmacy
- New Optional Vision Coverage

What forms must be completed?

- [BCBS-IL medical plan enrollment/change form](#) – Complete if you want to enroll or terminate coverage for yourself and/or your dependents OR change medical plan options.
- [Principal dental plan enrollment/change form](#) – Complete if you want to enroll or terminate coverage for yourself and/or your dependents.
- [BCBS-IL vision enrollment form](#) – Complete if you want to enroll in the new optional vision coverage.
- [BPC Flexible Spending Account Enrollment Form](#) – Complete if you want to enroll in a health care or dependent care FSA during 2021.
- [HSA Bank Contribution Form](#) – Complete if you want to contribute to your HSA during 2021.

Where do I find these forms?

- Enrollment/change forms – links included in previous question above
Enrollment/change forms are on the Human Resources webpage under Current Employees and [Employee Benefits](#)
- Contact Marie at mgiusti@iwu.edu

When are the forms due and where do I return them?

- All forms are due by December 4, 2020 and must be returned to Human Resources (209 Holmes Hall).

Are there Educational Opportunities Available?

Yes. For an overview of the BCBS Medical Plan options and the new Vision insurance, please attend an open enrollment Zoom meeting. If you are unable to attend, the first session will be recorded and posted to the HR webpage.

Open Enrollment Meetings		
Date	Time	Location
November 4	12:00 PM	Join Zoom Meeting https://us02web.zoom.us/j/81830354136?pwd=dS9PU0laNU5Qa0RydSs2eVJ6clhsUT09
November 5	12:00 PM	Join Zoom Meeting https://us02web.zoom.us/j/81830354136?pwd=dS9PU0laNU5Qa0RydSs2eVJ6clhsUT09



Illinois Wesleyan University

1312 Park St
Bloomington, IL 61701
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Health Insurance Exchange Notice

For Employers Who Offer a Health Plan to Some or All Employees

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins each year in October for coverage starting as early as January of the next year.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer 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.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

Marie Giusti
1312 Park St – Holmes Hall 209
Bloomington, IL 61701
(309) 556-3971, mgiusti@iwu.edu

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Illinois Wesleyan University	4. Employer Identification Number (EIN) 37-0662594	
5. Employer address 1312 Park St	6. Employer phone number (309) 556-1000	
7. City Bloomington	8. State Illinois	9. ZIP code 61701
10. Who can we contact about employee health coverage at this job? Marie Giusti		
11. Phone number (309) 556-3971	12. Email address mgiusti@iwu.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - Some employees. Eligible employees are Full-time employee who work 30 or more hours per week.
- With respect to dependents:
 - We do offer coverage. Eligible dependents include an employee’s legal spouse and dependent children through age 26.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Note: Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.



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 toward 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 after the marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact Marie Giusti at 1312 Park St, Bloomington, IL 61701, (309) 556-3971, mgiusti@iwu.edu.



Employer’s Children’s Health Insurance Program (CHIP) Notice

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, 2020. Contact your State for more information on eligibility —

<p>ALABAMA – Medicaid</p>	<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>
<p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>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</p>
<p>ALASKA – Medicaid</p>	<p>FLORIDA – Medicaid</p>
<p>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</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>



<p align="center">ARKANSAS – Medicaid</p>	<p align="center">GEORGIA – Medicaid</p>
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
<p align="center">CALIFORNIA – Medicaid</p>	<p align="center">INDIANA – Medicaid</p>
<p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676</p>	<p>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</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p>	<p align="center">MONTANA – Medicaid</p>
<p>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</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p align="center">KANSAS – Medicaid</p>	<p align="center">NEBRASKA – Medicaid</p>
<p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>
<p align="center">KENTUCKY – Medicaid</p>	<p align="center">NEVADA – Medicaid</p>
<p>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: KIHIP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Medicaid Website: http://dhcfnv.gov/ Medicaid Phone: 1-800-992-0900</p>
<p align="center">LOUISIANA – Medicaid</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p>
<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>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</p>
<p align="center">MAINE – Medicaid</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p>
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p>	<p align="center">NEW YORK – Medicaid</p>
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MINNESOTA – Medicaid</p>	<p align="center">NORTH CAROLINA – Medicaid</p>
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739</p>	<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>



MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	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, 2020, 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



Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



General FMLA Notice

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

The United States Department of Labor Wage and Hour Division

Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered service member's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:



- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave; * and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



USERRA Notice

Your Rights Under USERRA

A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

C. Right to Be Free from Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
 - Initial employment;
 - Reemployment;
 - Retention in employment;
 - Promotion; or
 - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.



- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.