University of Richmond Benefits Guide Plan Year 2023

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Welcome to Your 2023 Benefits

We are dedicated to providing you with unique benefits that meet the needs of you and your family. We understand the importance of a well-rounded benefits program, and because of that, we offer a range of plans that help protect you in the case of illness or injury. You can learn about the details of these plan options by reading through this Benefit Guide.

Starting with the basics of how to enroll, followed by the details of each plan, this guide is a go-to resource for all things benefits related. Once you better understand the various options we offer, you can make an informed decision on which plans work best for you and your family.

I encourage you to read through this booklet in its entirety. Included you will find details about:

- Who is eligible to participate
- How to enroll and how to make changes during the year, if applicable
- Each benefit offered and a summary of what is covered under the plan
- The Insurance Companies who administer our benefits and how to contact them if you need assistance
- And much more!

You may also find information on **Benefits Open Enrollment** and all your benefit options at http://hr.richmond.edu/benefits/open-enrollment/index.html, including medical plan comparisons and premiums.

Sincerely,
Laura Dietrick
Director of Benefits and Employee Well-Being
University of Richmond

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 35 for more details.

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 the 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 questions about your benefits, contact Human Resources.

IMPORTANT PLAN UPDATES AND HIGHLIGHTS FOR 2023

Medical Insurance

- **New Fertility Benefits**
  We are partnering with WINFertility to provide member advocacy and clinical program support. This is an important enhancement for our employees and their families should they seek fertility/family building medical support.
- **New Formulary for Prescription Drug Benefits**
  Moving to a new formulary will keep overall premium costs lower than they might have been while providing little disruption to employee prescription drug benefits. Please see page 12 for more information and the link to the new formulary.

Dental Insurance will change for 2023

- The University has enhanced and broadened our dental insurance coverage.
- Delta Dental will be our new dental plan provider for 2023. Delta Dental has a broad network of providers in our region and across the country.
- Employees will now have a choice in the type of dental coverage they would like to purchase — a basic plan or an enhanced plan. Please see the details of each plan on page 23. The basic plan provides less coverage than our current plan but is less costly while the enhanced plan provides more extensive coverage, which employees have previously asked about. **Please note: If you are currently enrolled in the Anthem dental plan, you will be moved to the Delta Dental enhanced plan in the WEX Benefits Portal. If you wish to change or cancel your dental coverage, you may do so in the WEX Benefits Portal.**

Vision Insurance

- Premiums will decrease by 12.4% for 2023 while coverage will remain the same. Please see page 24 for more information.

Dependent Care and Medical Flexible Spending Accounts (FSA)

- Dependent Care and Medical Flexible Spending Accounts will be administered by WEX, effective Jan. 1, 2023. There will be a brief blackout period from January 1 - 13, 2023. During this time any 2022 balances will be rolled over to WEX and will not be available for reimbursement. If you have receipts you have not filed, you may wish to do so before Dec. 31, 2022.

ENROLLMENT: WEX BENEFIT PORTAL

All full-time employees must log into the https://benefitexpress.richmond.edu during Benefits Open Enrollment to update, confirm, and/or change your benefits for 2023. The Open Enrollment portion of the portal will be available starting Oct. 31.

Note: You will receive email notifications from WEX, not Human Resources, about Open Enrollment. Please be on the lookout for important emails from noreply@mybenefitexpress.com.

Eligibility & Enrollment

Who is Eligible

If you are a full-time employee, regularly scheduled to work 1511 or more hours per calendar year, you are eligible to enroll in the benefits described in this guide. Eligible dependents may enroll in some coverages.

Eligible dependents include:

- Legally married spouse
- Natural or adopted children*
- Children under your legal guardianship*
- Stepchildren*
- Children under a qualified medical child support order*
- Disabled children 19 years or older*
- Children placed in your physical custody for adoption*
- Foster children*

*See specific plan document for age details.

Ineligible Dependents:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Required Documents if adding a Dependent:

If you are adding a dependent not previously verified during Benefits Open Enrollment, because you are a new employee or have experienced a qualifying life event, documentation proving eligibility is required. Enrollment in the insurance plans will not be processed without required documentation. Please note that international documents without an official English translation will not be accepted. Documents must be provided no later than Friday, November 11, 2022 or 31 days after hire or after the qualifying life event occurs. See below for acceptable documentation for dependent verification.

Spousal Surcharge

Annually, if you are covering a spouse, you will be asked to complete the Annual Spousal Surcharge Affirmation in the WEX Benefits Portal.

Benefits Participation

Relationship	Eligibility Requirement	Documentation to Submit
Legal Spouse	Legal spouse of the Employee	The following document: • Employee's 2020 or 2021 filed federal income tax return Form 1040 – the first page only (social security numbers and financial information should be blacked out).
Children UNDER age 26	• Biological child(ren); • Stepchild(ren); • Legally adopted child(ren) or child(ren) placed in your home for final adoption; • Foster child(ren); • Child(ren) under legal guardianship; • Child(ren) covered under a Qualified Medical Child Support Order.	ONE of the following documents: • Birth certificate listing parents or adoption paperwork; issued by a State or County; or • Employee's 2020 or 2021 filed federal income tax return Form 1040 – the first page only listing the dependent children (social security numbers and financial information should be blacked out); or • Qualified Medical Child Support Order (QMCSO) which requires child support for benefit coverage; or • Court paperwork for legal guardianship.
Disabled Children OVER age 26	An unmarried child who became disabled before reaching age 26 and is incapable of self-sustaining employment by reason of mental or physical handicap.	BOTH of the following documents: • The required documentation for a child UNDER age 26 listed above; AND • Any documentation verifying a permanent disability that began before the child attained age 26.

Benefits Enrollment Information

Open Enrollment

Open Enrollment is the time once a year when employees may make changes to their benefits. The Open Enrollment period for University of Richmond runs from **October 31, 2022 through November 11, 2022**. The deadline for submitting your elections is **November 11, 2022**.

OPEN ENROLLMENT EVENTS

Information Sessions

Please join us for an Open Enrollment Information Session. We will provide a brief overview of your 2023 University benefits and the WEX Benefits Portal. We will hold one in-person session and one virtual session. Find details at https://hr.richmond.edu/benefits/open-enrollment/info-sessions-benefits-fairs.html.

- **Virtual**: Thursday, October 20th, 2 PM – 3:30 PM, Zoom link: https://sl.richmond.edu/e8
- **In Person**: Wednesday, October 26th, 9 AM – 10:30 AM in Tyler Haynes Commons: Alice Haynes Room

Use your phone to scan this QR code to join the Virtual OE information session!

Open Enrollment Benefits Fairs

Meet with HR and your benefits carriers to ask questions and find out more about your benefits.

- Thursday, November 3rd, 9 AM – 4 PM, Jepson Alumni Center
- Friday, November 11th, 9 AM – 4 PM, Queally Center, Breed Pavilions B & C

https://hr.richmond.edu/benefits/open-enrollment/info-sessions-benefits-fairs.html

Have Questions?

If you have any questions about the employee benefits described herein or would like more information, please refer to your plan documents and insurance booklets http://hr.richmond.edu/benefits/open-enrollment/index.html.

WEX Benefits Portal Support Center

- +1833-695-8747
  8:30 AM – 7:00 PM ET

Cigna Open Enrollment Hotline

- +1888-806-5042

Cigna One Guide

- +1800-244-6224
- Visit www.myCigna.com to chat directly with an agent

Download the myCigna app

- In the App Store for both Apple and Android phones

Delta Dental Customer Hotline

- +1800-237-6060

URHR

- URHR@richmond.edu
- +1804-289-8

New Hire Information

Enrollment Period

Once the 2022 Open Enrollment period has ended, only newly hired employees or those experiencing qualifying life events may enroll in or make changes to their benefits. As a newly eligible employee, you must enroll within 31 days of your hire date or you will be considered a late enrollee. Remember, this is your only opportunity to make changes to your elections until Benefits Open Enrollment, unless you or your family members experience an eligible "change in status".

Note: You may only change health plans during Open Enrollment

Beginning Of Benefits

If you are eligible for and enroll in benefits under the Plan (see page 6 for eligibility), your benefits will begin as of the following dates:

	Medical Plan Dental Plan Voluntary Vision Plan	Life/AD&D Insurance LTD Plan EAP STD Plan	Voluntary Life Insurance Program Flex Plan (HSAs and FSAs) Legal Resources	Voluntary Injury Insurance Voluntary Hospital Insurance
Newly hired employees **Employees who switch from part-time to full-time**	First day of the month following date of hire (or date of hire if hire occurs on first work day of a month) First day of the month following date of switch to full-time status (or date of switch if switch occurs on first work day of a month)			
Current Employees after Open Enrollment (usually late Fall)	January 1 of the following year	N/A	January 1 of the following year	January 1 of the following year

Have Questions?

If you have any questions about the employee benefits described herein or would like more information, please refer to your plan documents and insurance booklets https://hr.richmond.edu/benefits/index.html.

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- +1833-695-8747
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Cigna One Guide

- +1800-244-6224
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Download the myCigna app

- In the App Store for both Apple and Android phones

Delta Dental Customer Hotline

- +1800-237-6060

URHR

- URHR@richmond.edu
- +1804-289-8

How To Enroll

WEX Benefits Portal (Formerly Benefits Express)

Our mission is to make accessing your benefits as fast and easy as possible! We partner with WEX Benefits in order to make your annual elections and/or new hire and ongoing benefit activities easy and informative.

- All full-time employees must log into the WEXBenefits Portal during **Benefits Open Enrollment** and update, confirm, and/or change their benefits for 2023**.**
- Opt in for text reminders! In the portal, you can opt in to receive text messages from WEX Benefits to help you stay on track and meet deadlines.

You will receive email reminders/notifications from WEX Benefits Portal instead of Human Resources. Please be on the lookout for important emails from noreply@mybenefitexpress.com**.**

Document Library

The WEX Benefits Portal maintains all of your materials in one place! The document library allows you to access plan information, forms, or communication documents.

Life Event Changes

Several benefits may only be elected or changed within 31 days of your hire date, during Open Enrollment, or as the result of a qualified life event. You must make your change in the WEX Benefits Portal within 31 days of your qualifying event to make a change; otherwise, you must wait until the next Open Enrollment period. If you experience a Life Event change, simply log into the WEX Benefits Portal. On the Welcome page, click on the Life Changes link and declare the appropriate event. The Portal will walk you through the process and identify any additional steps necessary to complete your request.

Support Options

Everyone has questions, and we want yours to be answered. **You can contact the WEX Benefits Support Center through live chat, phone +1833-695-8747, 8:30 AM – 7:00 PM ET.**

Quick Checklist

PREPARE	
☐	We have single sign on (SSO) with WEX Benefits Portal. If you are unsure of your University netID and password, contact the Help Desk at +1804-287-6400 or helpdesk@richmond.edu to ensure you can log in.
☐	Read your materials and ensure you understand all of the options available to you.
☐	Visit https://hr.richmond.edu/benefits/index.html to learn more about your options.
☐	Visit http://hr.richmond.edu/benefits/open-enrollment/index.html to learn more about Open Enrollment.
☐	Important documents and notices regarding the University of Richmond Employee Welfare Benefits Plan (the "Plan") are available in the guide and at https://hr.richmond.edu/benefits/index.html. The documents and notices provide information about your enrollment opportunities, benefits coverage, rights, and obligations under the Plan. Because the documents are in PDF format, you may need to download Adobe Reader in order to be able to read the documents. You have the right to request a paper copy of the documents, free of charge, by contacting urhr@richmond.edu.
DECIDE	
☐	Review the three Cigna Medical plans and the Health Saving Accounts, which are available if you choose a High Deductible Health Plan (HDHP).
☐	Use the WEX Benefits Portal comparison tool to help you select a plan.
☐	If you are on the High Deductible plan, consider contributing to an HSA.
☐	Review your Delta Dental and Anthem Vision coverage options.
☐	Consider Voluntary Life, Accident, and/or Hospital Insurance coverage.
☐	If you are enrolled in the Traditional Plan, consider contributing to the Medical Care Flexible Spending Account.
☐	If you have child care expenses, consider enrolling in the Dependent Care Flexible Spending Account.
☐	Consider enrolling in the Legal Services Plan through Legal Resources.
ACT	
☐	Enroll in/confirm your benefits in the WEX Benefits Portal by November 11, 2022 for Open Enrollment or within 31 days of your hire date at https://benefitexpress.richmond.edu. Log in with your University netID and password.
☐	If you would like to participate in the Health Care and/or Dependent Care FSA, you will need to enroll or re-enroll.

Medical Plan Information

Cigna | + 1800- 244- 6224 | www.cigna.com

The chart below provides an overview of your available medical plans. Please refer to your plan document for specific details.

	High Deductible Health Plan - $4000	High Deductible Health Plan - $1750	Traditional Plan
Services	**In-Network**	**In-Network**	**In-Network**
Deductible • Individual • Family	Embedded* $4,000 $8,000	Non- Embedded** $1,750 $3,500	Embedded* $1,000 $2,000
Coinsurance • Plan Pays • You Pay	 80% 20%	 80% 20%	 70% 30%
Out-of-Pocket Max • Individual • Family	 $6,000 $12,000	 $4,000 $8,000	 $5,000 $10,000
Preventive Services	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care	20% after deductible	20% after deductible	$25
Specialist Visit	20% after deductible	20% after deductible	$50
Virtual Care	20% after deductible; $55 average cost per visit	20% after deductible; $55 average cost per visit	$25 Copay
Urgent Care	20% after deductible	20% after deductible	30% after deductible
Emergency Room	20% after deductible	20% after deductible	30% after deductible
Hospitalization	20% after deductible	20% after deductible	30% after deductible
Once Annual Eye Exam	$15 Copay	$15 Copay	$15 Copay
Services	**Out-of-Network**	**Out-of-Network**	**Out-of-Network**
Deductible • Individual • Family	Embedded $5,000 $10,000	Non-Embedded $3,000 $6,000	Embedded $2,000 $4,000
Coinsurance • Plan Pays • You Pay	 60% 40%	 60% 40%	 50% 50%
Out-of-Pocket Max • Individual • Family	 $10,000 $20,000	 $5,000 $10,000	$6,500 $13,000

*Embedded Deductible – In an embedded plan deductible, after each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan.

**Non-Embedded Deductible – In a non-embedded plan deductible, all family members contribute towards the family plan deductible. Once the family deductible has been met in full, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.

Plan Summaries

High Deductible Health Plan (HDHP) $4,000 Summary available here: https://hr.richmond.edu/benefits/open-enrollment/pdf/SBC-hdhp-4000.pdf

High Deductible Health Plan (HDHP) $1,750 Summary available here: https://hr.richmond.edu/benefits/open-enrollment/pdf/SBC-hdhp-1750.pdf

Traditional Health Plan Summary available here: https://hr.richmond.edu/benefits/open-enrollment/pdf/SBC-traditional.pdf

Pharmacy Information - Cigna

Formulary: https://www.cigna.com/static/www-cigna-com/docs/cigna-national-preferred-formulary-abridged.pdf

Enrolling in medical coverage provides prescription drug coverage through Cigna. The table below highlights information about the prescription drug plan offered.

	High Deductible Health Plan - $4000		High Deductible Health Plan - $1750		Traditional Plan	
Rx Deductible	Combined with medical		Combined with medical		$150 individual $300 family	
Rx Out-of-Pocket Max	Combined with medical		Combined with medical		$3,100 individual $6,200 Family	
	30-Day Retail	90-Day Retail	30-Day Retail	90-Day Retail	30-Day Retail	90-Day Retail
	After plan deductible		After plan deductible		After Rx deductible	
Tier 1 Generic	$15	$30	$15	$30	$15	$30
Tier 2 Preferred Brand	$40	$80	$40	$80	$40	$80
Tier 3 Non-Formulary Brand	20%, after deductible ($70 min & $300 max)	20%, after deductible ($140 min & $600 max)	20%, after deductible ($70 min & $300 max)	20%, after deductible ($140 min & $600 max)	20%, after deductible ($70 min & $300 max)	20%, after deductible ($140 min & $600 max)

Your Prescription Drug Benefits:

Prescription Drug Benefits offered through Cigna encourages the use of formulary medications. You can access your plan's Rx formulary by logging in to the myCigna℠ website and use the Price of Medication to see the medications your plan covers and specific coverage requirements. If your medication is not listed, ask your doctor about an equivalent medication that is listed on the formulary.

There are also certain preventive medications that are available at no cost to you. The list of preventive medications include both prescription and over the counter (OTC) medications. For the plan to cover these medications, you will need a prescription from your doctor, even for the OTC products that are typically available without a prescription. Medications include aspirin, contraceptives, smoking cessation products, and vaccines among others. Log onto the myCigna app or site to see the full list.

SaveOnSP – Traditional Plan

Certain specialty medications are eligible for the SaveOnSP program. There's no cost to participate! If you choose to participate, you'll pay $0 for your medication.

Conditions supported by SaveOnSP include, but are not limited to:

- Hepatitis C
- Multiple Sclerosis
- Psoriasis
- Inflammatory Bowel Disease
- Rheumatoid Arthritis
- Oncology

Pharmacy Home Delivery

Express Scripts | + 1800 - 835-3784 | www. express- scripts.com

Use home delivery and get your medication delivered to your door. Home delivery may be a convenient option when you are taking a medication every day to treat an ongoing health condition. Our home delivery pharmacy will ship your medication to you at no extra cost. And they'll send you reminders so you never miss a dose.

Cigna 90 Now

Cigna 90 Now SM | + 1800 - 835- 3784 | www. mycigna.com

The Cigna 90 Now[SM] program makes it easier for you to fill your maintenance medications. These are the medications you take every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma.

You choose the amount. A 30-day or 90-day supply.

- **If you choose to fill a 30-day supply**, you can use any retail pharmacy in your plan's network. You have the option of switching to a 90-day supply at any time.
- **If you choose to fill a 90-day supply**, you can use select in-network retail pharmacies that are approved to fill 90-day prescriptions. You can also use home delivery (if your plan allows).

You choose the pharmacy.

There are thousands of retail pharmacies in your plan's network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores. Every pharmacy in your plan's network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions. You can also go to www.Cigna.com/Rx90network to find more pharmacies in your plan's network.

Retail Pharmacy Discount Programs

Pharmacies offer generic medication programs for 30 and 90–day supplies for less than $10. Several popular maintenance medications are offered through these generic programs. In order to take advantage of these programs, take your prescription to one of the participating pharmacies and present to the pharmacist. You will not need to show your Provider ID card. It's that easy to start saving money!

GoodRx

GoodRx (https://www.goodrx.com/) is a savings site and app that allows you to shop for the best cost, offers additional savings with a drug discount card, and compares prices at different pharmacies. You receive instant access to the lowest prices for prescription drugs at more than 75,000 pharmacies, plus pharmacy hours and locations, pill images, promotions and discounts, and savings tips that can cut your prescription costs!

Your Cost

Your payroll deductions are shown below.

High Deductible Health Plan $4000

Coverage Tier	Employee Monthly Cost	Employee Per Pay Cost (24 Pays)
Employee Only	$46.77	$23.39
Employee/Child	$112.68	$56.34
Employee/Spouse	$186.02	$93.01
Employee/Spouse w/surcharge*	$286.02*	$143.01*
Employee/Children	$209.41	$104.71
Employee/Family	$385.87	$192.94
Employee/Family w/surcharge*	$485.87*	$242.94*

High Deductible Health Plan $1750

Coverage Tier	Employee Monthly Cost	Employee Per Pay Cost (24 Pays)
Employee Only	$89.29	$44.65
Employee/Child	$171.14	$85.57
Employee/Spouse	$262.56	$131.28
Employee/Spouse w/surcharge*	$362.56*	$181.28*
Employee/Children	$290.20	$145.10
Employee/Family	$490.04	$245.02
Employee/Family w/surcharge*	$590.04*	$295.02*

Traditional Health Plan

Coverage Tier	Employee Monthly Cost	Employee Per Pay Cost (24 Pays)
Employee Only	$97.80	$48.90
Employee/Child	$215.79	$107.90
Employee/Spouse	$357.17	$178.59
Employee/Spouse w/surcharge*	$457.17*	$228.59*
Employee/Children	$374.18	$187.09
Employee/Family	$563.39	$281.70
Employee/Family w/surcharge*	$663.39*	$331.70*

NOTE:

An employee may choose to waive his or her enrollment in the University's health insurance plans and receive five vacation days or a $500 taxable cash benefit. These amounts are annual benefits, which will be pro-rated for any portion of a year. Maximum vacation accrual limits apply. Employees must indicate waiver in the Wex Benefits Portal during Open Enrollment.

*Please note, UR charges a $100 per month surcharge to employees who elect to cover spouses who are eligible for group medical coverage through their own employers, or for spouses who are retired and have access to a health plan through their previous employers or retirement plans.

Virtual Care

Get quick care from anywhere with Cigna's telemedicine visits! A virtual care visit lets you see and talk to a doctor from your laptop or mobile device.

Virtual care doctors can treat cold and flu symptoms, bronchitis and other respiratory infections, sinus and ear infections, pinkeye, allergies, migraines, rashes and other skin irritations, urinary tract infections and much more!

How to Get Started

Create your account so that when you need care, you can get it quickly.

- **Online:** www.MDLiveforCigna.com or www.MyCigna.com
- **Phone:** +1888-726-3171
- **Mobile App:** MyCigna

Preferred Provider

When you are searching for a provider on the myCigna website, Cigna indicates those providers who have better outcomes, meet requirements for quality care, and are more cost effective. Look for the Tier 1 designation and the Cigna Care Designation (CCD) to reap the benefits of Cigna's most preferred providers. The Cigna Care Designation represents Cigna's commitment to providers that meet volume, care quality, and medical cost-efficiency standards.

Know Where To Go

If you need immediate medical attention, your first thought may be to go to the Emergency Room. However, if your condition is not serious or life threatening, you may have a less expensive choice. Use the chart below to identify where you should go for care!

Plan	Cost	When to Use
Primary Care	$	Routine, Primary, Preventive Care Regular Health Screenings Non-urgent treatment Chronic disease management
Virtual Visits	$	Cold, flu, fever, sore throat, diarrhea, rash, pink eye, sinus infections, cough, headache, stomachache or earache
Convenience Care	$$	Common infections (ear, pink eye, strep, bronchitis), flu shots, vaccines, rashes, screenings
Urgent Care	$$$	Sprains, small cuts, strains, sore throats, minor infections, mild asthma, back pain or strain, vomiting, flu, fever, sports injuries *After-hours care & no appointments necessary*
Emergency Room	$$$$	Heavy bleeding, large open wounds, chest pain, spinal injuries, difficulty breathing, major burns, severe head injuries, seizures, unconsciousness, poisoning *Life threatening emergency*

If you believe you are experiencing a medical emergency, go to your nearest emergency room or call 911, even if your symptoms are not as described here.

Click here to watch a video about Knowing Where To Go.

Cigna Benefits

The University offers a wide range of additional benefits to plan members through Cigna, including:

- Lifestyle Management Programs: Weight Management, Tobacco Cessation, and Stress Management
- Omada Diabetes & Heart Disease Prevention
- Total Behavioral Health: Happify and iPrevail
- Veteran Support Line & veteran mindfulness programs

View details here: https://hr.richmond.edu/benefits/insurance/medical-plans/cigna-benefits.html

Cigna One Guide

Cigna One Guide service can help you make smarter, more informed choices and get the most from our medical plan. It is Cigna's highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools and reminders can help you stay healthy and save money.

Your Cigna One Guide team is just a call or click away to help you:

Understand your plan

» Know your coverage and how it works
» Get answers to all your health care or plan questions

Save and earn

» Maximize your benefits and earn incentives
» Get cost estimates and service comparisons to avoid surprises
» Enhanced Cigna customer service at no additional cost

Get care

» Find an in-network doctor, lab or urgent care center
» Connect to health coaches, pharmacists and more
» Stay on track with appointments and preventive care
» Take advantage of dedicated one-on-one support for complex health situations

Cigna's One Guide team is here to help you 24/7!

» Call +1800-244-6224
» Visit www.myCigna.com to chat directly with an agent
» Download the myCigna app

Cigna's Healthy Pregnancies, Healthy Babies Program

Cigna* | *+ 1800- 615- 2906* | *www.mycigna.com

You're pregnant.

You are going to be choosing a name, looking for a doctor for your baby, and seeing big changes - to your body and your life.

Where do you start?

Sign-up for this program designed to help you and your baby stay healthy during your pregnancy and in the days and weeks after your baby's birth.

Find support early and often.

- Tell us about you and your pregnancy so we can meet your needs.
- Ask us anything - we have nurses here to support you during your whole pregnancy.
- Get a pregnancy journal with tips, charts and tools to help you have a happy nine months.

Learn as much as you want.

As a Cigna customer, you also have access to our Health Information Line where you can get live support 24 hours a day/7 day a week. Just call the number on your Cigna ID card to:

- Talk to a nurse who can help you with everything from tips on how to handle your discomfort during pregnancy to what foods to skip, birthing classes and maternity benefits.
- Listen to an audio library of maternity and a broad set of health topics.
- Visit www.myCigna.com for tools to help you track your pregnancy week by week, to prepare for giving birth, and to care for your baby.

Get rewarded for a good decision.

Cigna Healthy Pregnancies, Healthy Babies is part of an Incentive Awards Program. When you take part and finish the program, you'll be eligible for a:

- $250 gift card if you sign-up by the end of your first trimester
- $125 gift card if you sign-up by the end of your second trimester

Fertility

The journey to parenthood is not always easy. If you are struggling to conceive, WINFertility is here to help. University of Richmond families enrolled in the Cigna medical plan have benefits toward fertility treatments. WINFertility is there to support you in every step of your fertility journey.

How to contact WINFertility for details and eligibility: +1877-434-7063 or managed.winfertility.com/Richmond.

URWELL EMPLOYEE INCENTIVE PROGRAM - Motivate*Me*

Cigna's Motivate*Me* is an incentive program that helps improve your health while rewarding you for the healthy actions you take.

ALL full-time employees, regardless of medical coverage, may participate in programs and activities to reach your goals and earn up to **$200 annually in gift cards** to a wide range of stores.

View your incentives information by downloading the myCigna Mobile App or by going to www.mycigna.com to find:

- A list of available healthy actions and goals
- Details on how to get started
- Instructions on how to earn and redeem rewards

For more information, visit https://hr.richmond.edu/benefits/open-enrollment/motivateme.html, call your Cigna One Guide at +1800-244-6224, or visit www.myCigna.com to chat directly with an agent.

Sample of Motivate*Me* Activities

Category	Description	Gift Card $ Earned Cigna Enrolled Employees / Spouses	Gift Card $ Earned Non-Cigna Employees / Spouses
Health Assessment	**Complete the health assessment located at mycigna.com.** **Required before you are eligible to earn any of the dollars listed below.**	**Required**	**Required**
Annual Preventive Exam for Cigna Members	**- Annual Physical Exam** **- OB/GYN Well Woman Exam** **- Cervical Cancer Screening Exam** **- PSA/Prostate Screening Exam** **- Preventive Mammogram Exam** **- Preventive Colon Cancer Screening Exam**	**$50 (cap of 2, max of $100)**	**Self Report on my-Cigna.com** **$50 (cap of 2, max of $100)**
Take part in Tele-phonic Coaching	**Make progress toward a goal to overcome a health problem by working with a Cigna coach.** **Call +1855-246-1873 to enroll.**	**$25 (cap of 1)**	**N/A**
COVID-19 Vaccine	**Offered by your plan administrator. For award requirements, refer to your plan information or call Cigna Customer Service at the number on the back of your ID card.**	**$10 (cap of 1)**	**$10 (cap of 1)**
Flu Vaccine	**Get a preventive flu vaccine (Cigna will award you once your claim has been processed) and non-enrolled employees will need to self-report the goal.**	**$10 (cap of 1)**	**$10 (cap of 1)**
Dimensations of Wellness	**Physical, Intellectual, Financial, Occupational, Emotional, and/or Social/Spiritual/Environmental Goal(s)**	**$10 for 1 of each type of Wellness Di-mension**	**$10 for 1 of each type of Wellness Di-mension**
The Maximum Dollars an Employee is Eligible to Earn Annually =		**$200 max em-ployee**	**$200 max em-ployee**

Behavioral Health

Behavioral health is the promotion of mental health, resilience, and well-being, as well as the support of those who experience depression, anxiety, family or relationship issues, or substance abuse disorders. URWELL Employee, a partnership between Human Resources and Health Promotion, provides a behavioral health program that supports our employees' full mental and emotional well-being.

Get more information here: https://hr.richmond.edu/benefits/work-life/behavioral-health.html.

Onsite Behavioral Health Counselor

Short-term, onsite counseling is available to all employees for no additional charge. The onsite behavioral health counselor will assist employees maneuver through the Employee Assistance Program (EAP) and deliver a deeper level of engagement. They can also provide management consultation and training support.

Your appointments are confidential and private.

Contact our counselor directly for appointments: Jim Doran, L.C.S.W, +1804-240-8628 or jdoran2@richmond.edu.

Behavioral Health Toolkit

Challenges to mental well-being come in many forms, and so do the ways we can work through them. Whether you need help reducing stress, are feeling motivated to make a change in your life, or need to talk to someone, we offer a variety of behavioral support tools and services to help ensure you get the support that works best for you.

Download the toolkit here: https://employeewellbeing.richmond.edu/common/behavioral-health-toolkit.pdf

Health Savings Account (HSA)

Health Equity | + 1866- 346-5800| www.healthequity.com

If you enroll in one of the High Deductible Health Plans, you can open a Health Savings Account (HSA) to help pay for eligible medical expenses. Money is deposited in your HSA on a pre-tax basis. You must enroll in Wex Benefits Portal to receive the full employer contribution. The full employer contribution will be made on your first paycheck in January of 2023. If you are new hire, you will receive a prorated employer portion on your first paycheck. You may receive notification from Health Equity requesting additional information required to establish your account. **You must enroll in your HSA every year to contribute.**

How does an HSA work?	• You can make tax-free contributions via payroll deduction • You can use those HSA funds to pay eligible out-of-pocket medical, vision, and dental expenses for yourself and your eligible dependents

University of Richmond Contributions to Employee HSAs

	High Deductible Health Plan $4000			
Base Salary	Employee only	Employee + child(ren)	Employee + spouse	Employee + family
≥ $40,000	$1,000	$1,500	$1,500	$2,000
< $40,000	$1,500	$2,500	$2,500	$3,000
	High Deductible Health Plan $1750			
Base Salary	Employee only	Employee + child(ren)	Employee + spouse	Employee + family
≥ $40,000	$500	$750	$750	$1,000
< $40,000	$500	$750	$750	$1,000

Maximum HSA Contributions*

2023

$3,850

Individual Maximum

$7,750

Family Maximum

$1,000

Catch-Up Contribution if age 55 or older

**Includes employer contribution*

Are you eligible for an HSA?	• You cannot be covered under a non-HDHP plan (yours or your spouse's) • You cannot be enrolled in Medicare Part A and/or Part B • You do not receive health benefits under TRICARE • You cannot have received medical benefits from Veteran's Administration (VA) for any non-service-connected disabilities at any time during the previous three months • You cannot be claimed as a dependent on another person's tax return • You are not covered by a general purpose health care flexible spending account (FSA); a limited-purpose FSA is permitted
Advantages of a Health Savings Account	• You decide how much to set aside for health care costs • You control how to spend the money • You receive tax benefits, including maximizing your tax savings and carrying over your money tax-free each year • Any unused money stays in your account • The account balance rolls over from year to year • You own the account and the money is yours even if you change jobs • You can grow your money by saving
Qualified Medical Expenses	• The IRS maintains a list of all eligible expenses, common qualified expenses include acupuncture, ambulance services, dental treatment, contact lenses, doctor's fees and hearing aids. • View the complete list of qualified expenses at https://www.irs.gov/publications/p502/index.html.

Flexible Spending Accounts (FSA)

WEX | + 1866 - 451- 3399 | https://benefitexpress.richmond.edu

Dependent Care and Medical Flexible Spending Accounts will be administered by WEX effective Jan. 1, 2023. There will be a brief blackout period from January 1 – 13, 2023. During this time, any 2022 balances will be rolled over to WEX and will not be available for reimbursement. If you have receipts you have not filed, you may wish to do so before December 31, 2022.

More information is available here: https://hr.richmond.edu/benefits/open-enrollment/fsa.html

FSAs provide you with an important tax advantage that can help you pay for expenses on a pre-tax basis. By anticipating your family's costs for the next year, you can actually lower your taxable income. You may contribute to Flexible Spending Accounts (FSAs) to help with the cost of your eligible healthcare expenses. Contributions to your FSA are deducted from your pay prior to being taxed, which reduces your taxable income. You should contribute the amount of money you expect to spend on eligible expenses for the year.

You must enroll in your FSA every year to contribute. Your FSA plan options are shown below.

Dependent Care FSA

- Allows employees to use pre-tax dollars toward qualified dependent care such as caring for children under age 13 or caring for elders.
- **The annual contribution maximum is $5,000** (or $2,500 if married and filing separately).
- **Funds are only available after they are deducted from your paycheck. Funds are not eligible for carryover.**

Healthcare FSA

- Allows employees who are **not** enrolled in an HDHP or contributing to an HSA to pay for certain IRS-approved medical care expenses with pre-tax dollars.
- **The annual maximum contribution of $2,850* can be used for eligible health care related expenses, including medical, dental and vision expenses.**
- There is a $570 carryover for 2023.
- Services must be incurred between January 1 and December 31, 2023.
- All claims must be submitted by March 31, 2024.

*2023 FSA rates have not been released as of publication of this document.

Dental Plans

***Delta Dental* | *+ 1800 - 237- 6060* |** www.deltadentalva.com/

New for 2023, Delta Dental will be our dental provider. You have two options from which to choose under the new Delta Dental plan. ***If you are currently enrolled in the 2022 Anthem dental plan, you will be automatically enrolled in the Delta Dental Enhanced Plan; you have the opportunity to move to the Base Plan during Open Enrollment.***

See Delta Dental detailed benefits sheets for additional information:
https://hr.richmond.edu/benefits/open-enrollment/dental.html

Using an in-network provider will offer you the lowest service pricing.

Visit https://www.deltadentalva.com/dentist-search.html for a list of dentists near you.

	Delta Dental	
Benefits	**Base Plan** **Employee Costs**	**Enhanced Plan** **Employee Costs**
Annual Deductible • Individual • Family	 $50 $150	 $25 $75
Deductible Waived for Preventive	Yes	Yes
Preventive Services	Covered at 100%	Covered at 100%
Basic Services	20% after deductible	20% after deductible
Major Services	Not Covered	50% after deductible
Annual Maximum	$1,250	$2,000
Orthodontia	Not Covered	50% after deductible
Orthodontia Lifetime Maximum Adults and Children up to age 26	Not Applicable	$2,000

Your Cost

Your payroll deductions are shown below.

	Monthly	Employee Per Pay Cost (24 Pays)	Monthly	Employee Per Pay Cost (24 Pays)
	Basic Plan		Enhanced Plan	
Employee Only	$22.23	$11.12	$32.85	$16.43
Employee & Spouse	$40.27	$20.14	$59.51	$29.76
Employee & Child	$40.27	$20.14	$59.51	$29.76
	$68.95	$34.48	$101.89	$50.95

Vision Plan

Anthem | + 1888 - 884- 8428 | www.anthem.com

University of Richmond offers a comprehensive vision care benefit from Anthem. Enrolling in this coverage can help you manage the cost of eyeglasses and contact lenses, as well as eye examinations. Refer to your plan documents for full details.

See the Anthem detailed benefits sheets for additional information:
http://hr.richmond.edu/benefits/common/uniview-vision-summary.pdf

Visit http://www.anthem.com/ for a list of eye doctors near you.

	In-Network	Out-Of-Network Reimbursement
Benefits		
Exam – Every 12 Months	$15	Up to $35
Materials	$25	N/A
Frame Allowance – Every 24 Months	$150 allowance plus 20% off remaining balance	Up to $45
Lenses – Every 12 Months		
Single	$25	Up to $25
Bifocal	$25	Up to $40
Trifocal	$25	Up to $55
Contact Lenses – Instead of Glasses		
Contact Lens Exam	Up to $55	N/A
Conventional	$150 allowance	Up to $105

** Using a provider that is out of the network shown above, you may experience higher costs.*

Your Cost

Your payroll deductions are shown below.

	Monthly	Employee Per Pay Cost (24 Pays)
2023 Vision Employee Cost		
Employee Only	$4.83	$2.42
Employee & Spouse Employee/Child	$8.45	$4.23
Employee & Children	$9.66	$4.83
Family	$14.06	$7.03

Additional Programs

Employee Assistance Program (EAP)

Cigna | + 1877- 622- 4327 | www.cigna.com

As a UR employee, you have access to the valuable Cigna EAP at no cost to you. EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community, and more.

What our Program provides:

- **Face-to-face counseling**: 4 sessions with a counselor in your area, in person or virtually.
- **Legal assistance**: 30-minute consultation with an attorney face-to-face or by phone.
- **Financial**: 30-minute telephone consultation with a qualified specialist on topics, such as debt counseling or planning for retirement.
- **Parenting**: Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care, and more.
- **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- **Pet care**: Resources and referrals for pet sitting, obedience training, and veterinarian and pet stores.
- **Identity theft:** 60-minute consultation with a fraud resolution specialist.

University of Richmond is committed to your wellbeing and understands the challenge of balancing work and life obligations.
For more information, visit https://hr.richmond.edu/benefits/work-life/employee-assistance/index.html

Employees can take advantage of this resource with the full confidence that all information discussed with Cigna will be kept confidential.

Health Advocate

Health Advocate offers confidential resources and referral services for you and your family's healthcare needs. Personal Health Advocates (PHA) are healthcare experts with extensive experience supporting people with important medical issues and decisions, no matter how common or complex. Their Personal Health Advocates, typically a registered nurse supported by medical directors and benefits and claims specialists, are compassionate experts who are always there when needed most. Your PHA will work with you one-on-one to find solutions to time-consuming issues such as billing concerns, scheduling specialized treatments, transferring medical records, finding eldercare, Social Security questions, and more.

Eligibility

Health Advocate is a free service available to all full-time employees, their spouses, dependent children, parents, and parents-in-law. None of the eligible family members need to be on the same plan as the employee (they may be covered by their own employer, Medicare, etc.), and they do not need to live in the same home as the employee.

How to Enroll

To take advantage of this service, call Health Advocate directly at +1866-695-8622 or visit www.HealthAdvocate.com/uofrichmond.

Voluntary Programs

Voluntary Life Insurance

New York Life | + 1888- 842- 4462 | www.newyorklife. com

You are also eligible to elect Voluntary Life Insurance for yourself and your dependents. Employees pay the full cost for this plan; premiums will be deducted from your paycheck. **Employees must be enrolled in coverage in order to enroll dependents.** New hires may purchase up to $200,000 with no medical underwriting within the first 31 days of employment. If you wish to enroll, you must do so in the Wex Benefits Portal.

Additional coverage may be purchased above the guaranteed amount up to the lesser of 5 times the employee's base salary or $500,000. Coverage above the guaranteed amount will be subject to medical review.

If you purchase coverage above the guaranteed issue amount for you or your spouse, you will not be eligible or charged for that coverage until approved by New York Life. Please note that coverage begins to decrease at age 65.

Voluntary Life Coverage	
Employee	• Increments of $10,000 • Up to a max of 5X salary or $500,000, whichever is the lesser
Spouse	• Increments of $10,000 up to $50,000 • Coverage ends at age 70
Child	• Increments of $2,000 to $10,000 Max • Dependent Under 6 Months: $500 Max
Employee Age Reduction	• 65% at Age 65 • 45% at Age 70 • 30% at Age 75 • 20% at Age 80
Accelerated Benefits	• Yes
Conversion Privilege	• Yes
Waiver of Premium	• Yes

Monthly Life Rates			
Age Band	**Employee per $10,000 Benefit**	**Spouse Per $10,000 Benefit**	**Children Per $2,000 Benefit**
Under 30	$0.600	$0.600	$0.212
30-34	$0.800	$0.800	
35-39	$0.900	$0.900	
40-44	$1.200	$1.200	
45-49	$2.000	$2.000	
50-54	$3.200	$3.200	
55-59	$5.400	$5.400	
60-64	$8.300	$8.300	
65-69	$14.100	$14.100	
70-74	$22.000		
75 & Over	$33.300		

Voluntary Accident Plan

Cigna | + 1800- 754- 3207 | www.cigna.com

Voluntary Accident Insurance coverage from Cigna can give you peace of mind in the event of a covered accident. The plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills – expenses major medical may not cover. *Employees are responsible for the full cost of this coverage; premiums will be deducted from your paycheck.* Benefits cover accidents incurred by all family members covered under this policy. This benefit is payable directly to you. The full list of covered services is outlined in the Cigna summary at https://hr.richmond.edu/benefits/insurance/accident.html.

Examples of Available Benefits	Benefit Amount
Hospital Admission	$1,000 per day limited to 1 admit per accident
Hospital Stay	$200 per day to a max of 365 days; 1 stay per accident
Follow up Physician Office visit	$75 per visit, maximum of 10 visits
Fracture	Benefits range from $100 to $8,000 based on the location and type
Dislocations	Benefits range from $100 to $6,000 based on the location and type
Other benefits	There are benefits for transportation and travel if you are over 100 miles away from home for care.
This is a small illustration of the benefits paid by the Cigna Voluntary Accident Insurance. Refer to the full benefit summary for the entire list of benefits.	

Accident Rates

	Accident Insurance	
	Monthly Rates	Employee Per Pay Rates (24 Pays)
Employee	$10.29	$5.15
Employee/Spouse	$16.32	$8.16
Employee/Child(ren)	$20.28	$10.14
Family	$26.31	$13.16

Voluntary Hospital Indemnity Insurance

Cigna | + 1800- 754- 3207 | www.cigna.com

If enrolled, you receive a benefit paid directly to you to help pay for costs associated with a hospital or intensive care hospital stay. You can use the money to pay for anything not covered by your medical or other insurance such as deductibles, copayments and even living expenses.

The full list of covered services is in the Cigna summary at https://hr.richmond.edu/benefits/insurance/hospital.html.

Examples of Available Benefits	Benefit Amount
Pre-Existing Conditions Limit	None
Hospital Admission	$1,000 per day/limited to 1 day per 90 days
Hospital Chronic Condition Admission	$50 per day/limited to 1 day per 90 days
Hospital Stay (limit 30 days)	$100/day
Hospital ICU (limit 30 days)	$200/day
Hospital Observation Stay (24-hour elimination period – limited to 72 hours)	$100/day
This is a small illustration of the benefits paid by the Cigna Voluntary Hospital Indemnity. Refer to the full benefit summary for the entire list of benefits.	

Hospital Rates

	Hospital Insurance	
	Monthly Rates	Employee Per Pay Rates (24 Pays)
Employee	$18.91	$9.46
Employee/Spouse	$38.52	$19.26
Employee/Child(ren)	$30.96	$15.48
Family	$50.57	$25.29

Legal Resources

Legal Resources | + 1800- 728-5768 | www. legalresources.com

Legal Resources provides a variety of legal services to University of Richmond full-time employees with the cost of the attorney fees fully covered by the employee's monthly premium.

The cost is $18.00 per month for you, your spouse, and children up to age 26 for a 12-month commitment. There are no additional fees for the following basic covered services:

- Identity theft
- Unlimited consultation and advice
- Wills and estate planning
- Traffic court
- Real estate
- Family law
- Elder law

For more information, go to
https://hr.richmond.edu/benefits/work-life/Master%20Plan%20Contract%201.13.pdf

Employer Paid Benefits

Employer Paid Basic Life and AD&D Insurance

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance is available to all full-time employees at no cost to you. Employees are automatically covered with life and AD&D benefits of 2X your base salary rounded to the next higher $1,000 if not already a multiple, to a maximum of $100,000. Benefits will reduce to 65% at age 65, 45% at age 70, 30% at age 75 and 20% at age 80. Please refer to the plan documents for full details.

Disability

New York Life* | *+ 1800- 362- 4462* | *www.mynylgbs.com

University of Richmond provides all benefits eligible employees with Short-Term Disability (STD) and Long-Term Disability (LTD) benefits at no cost.

Visit: https://hr.richmond.edu/benefits/insurance/disability/index.html

	Short-Term Disability	Long-Term Disability
Benefits Begin	After 14 days of disability and approval from New York Life	After 180 days of disability and approval from New York Life
Benefits Payable / Duration	Up to the end of the 24th week benefit period, or until you no longer qualify for benefits, whichever occurs first.	Age 68.5 or under = The Employee's 70th birthday Age 68.5 or older = The date the 12th Monthly Benefit is payable
Percentage of Income Replaced	Faculty: 100% of pre-disability earnings Staff: 66 2/3% of pre-disability earnings	66 2/3% of pre-disability earnings Up to a maximum benefit of $10,000/month

403(b) University Retirement Plan

TIAA | + 1800 - 842- 2776 | https://www.tiaa.org/public/tcm/richmond

The University of Richmond Retirement Plan is a 403(b) defined contribution plan.

Employee Contributions

All employees, except for student employees, may make pre-and/or post-tax contributions to the retirement plan as soon as they become an employee and complete a salary reduction agreement. This includes contributing to a Roth option.

Employer Contributions

All employees who have completed one year of service (worked 1,000 hours during a 12-month period) and have reached age 21 are eligible to participate in the employer contribution portion of the Plan. Once employees have satisfied these eligibility requirements, they must complete the online enrollment process to participate in this portion of the Plan. If employees do not enroll, an account will be established for them and the University will make the 5% contribution into the Target Date Funds closest to the date of their retirement.

The year of service requirement will be waived if a new employee has been employed at an institution of higher education for the full 12 months immediately preceding their date of hire. In the case of a faculty member, the year of service requirement will be waived if they were employed at an institution of higher education for the full academic year immediately preceding their employment with the University.

All employee and employer contributions are vested immediately.

For more information, visit: https://hr.richmond.edu/benefits/retirement/.

Education Benefits: Tuition Remission & Tuition Exchange

As an institution of higher learning, the University of Richmond is able to offer a unique and valuable benefit to employees and dependents, Tuition Remission. The tuition remission benefit covers both credit and non-credit classes offered at the University of Richmond, with stipulations for both full-time and part-time employees. Click here for more information: https://hr.richmond.edu/benefits/education/remission/index.html.

The University of Richmond also participates in Tuition Exchange programs with other colleges and universities, making it possible for a full-time employee's dependent children to attend participating colleges or universities through a competitive scholarship process. Click here for more information: https://hr.richmond.edu/benefits/education/exchange/index.html.

Full-time employees, their spouses, and their dependent children are also eligible, as per the tuition eligibility guidelines, to take Executive Education courses at the University. Click here for more information: https://hr.richmond.edu/benefits/education/remission/executive.html.

For full eligibility requirements, visit: https://hr.richmond.edu/benefits/education/eligibility.html

For more information about these benefits, visit: https://hr.richmond.edu/benefits/education/index.html

Important Terms

Use the terms below to understand your benefits better!

Coinsurance	A percentage of the health care cost that the covered employee pays after meeting the deductible.
Copayment (Copay)	A fixed dollar amount for each doctor's visit that the covered employee pays for a health care service, usually when the service is received. For example, a primary care doctor may charge a nominal copay per visit.
Deductible	A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits for individual and other coverage tiers.
Explanation of Benefits (EOB)	A record of a person's past and current health events. A "detailed receipt." Ask for this whenever you have a medical service performed for your records. FSAs, HSAs and HRAs will sometimes need this additional verification.
Evidence of Insurability (EOI)	An application and approval process detailing your health status. The EOI process is required to purchase certain types or levels of insurance coverage.
Formulary	A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand name or specialty drugs.
Guaranteed Issue (GI)	The maximum amount of coverage you can obtain, regardless of health status.
In-Network	Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
Out-of-Network	A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than in-network providers.
Out-of-Pocket Maximum	The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
Preventive Care	Most health plans must cover a set of preventive services – like shots and screening tests – at no cost to you. Visit https://www.healthcare.gov/coverage/preventive-care-benefits to view free preventive services for all adults, women and children.
Premium	The amount the employee pays for health insurance.
Qualifying Life Event	A change in your life that allows you to make changes to your benefits coverage outside of the annual open enrollment period. These changes include a change in marital status (marriage, divorce, death of spouse), a change in the number of eligible children (birth, adoption, death, aging-out), and a change in a family member's benefits eligibility under another plan (losing a job, Medicare or Medicaid eligibility, etc.)

Employee Resources

Refer to this list when you need to contact one of your benefit vendors.

	Provider	Phone	Web
WEX Benefits Portal	WEX	+1833-695-8747	https://benefitexpress.richmond.edu
Medical & Pharmacy	Cigna One Guide	+1800-244-6224	www.cigna.com
Virtual Care	Cigna	+1888-726-3171	www.MDLIVEforCigna.com
Healthy Babies Program	Cigna	+1800-615-2906	www.mycigna.com
Dental	Delta Dental	+1800-237-6060	www.deltadentalva.com
Vision	Anthem	+1888-884-8428	www.anthem.com
Health Savings Account	Health Equity	+1866-346-5800	www.healthequity.com
Flexible Spending Accounts	WEX	+1833-695-8747	https://benefitexpress.richmond.edu
Group Life and AD&D **Voluntary Life** **Short-Term Disability** **Long-Term Disability**	New York Life	+1800-362-4462	www.mynylgbs.com
Voluntary Accident **Voluntary Hospital**	Cigna	+1800-754-3207	www.cigna.com
Employee Assistance Program	Cigna	+1877-622-4327	www.cigna.com
Health Advocate	Health Advocate	+1866-695-8622	www.healthadvocate.com
Legal Services Plan	Legal Resources	+1800-728-5768	www.legalresources.com
403(b) Retirement Plan	TIAA	+1800-842-2776	https://www.tiaa.org/public/tcm/richmond
HR Solutions Center	University of Richmond	+1804-289-8747	urhr@richmond.edu https://hr.richmond.edu/benefits/open-enrollment/index.html

Health and Welfare Benefits Annual Notices

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law for the 2023 plan year.

Enclosures:

- Medicare Part D Creditable Coverage Notice
- HIPAA Special Enrollment Rights Notice
- HIPAA Notice of Privacy Practices
- Children's Health Insurance Program (CHIP) Notice
- Women's Health and Cancer Rights Act (WHCRA) Notice
- Newborns' Mothers Health Protection Act (NMHPA) Notice
- General Notice of COBRA Continuation Rights
- Health insurance marketplace coverage options and your health coverage – New Hire only

University of Richmond will herein be referred to as "Employer"

Cigna will herein be referred to as "Medical Plan(s)"

Laura Dietrick will herein be referred to as "Plan Administrator"

The attached legal notices packet includes certain legal notices applicable to most employers that offer health and welfare benefit plans. We have prepared this packet for you based on our knowledge of your benefits as our client and our understanding of the notices requirements as a broker in the insurance industry and not as legal or tax advice. These notices may require certain modifications to fit your exact circumstances in order to fulfill your legal obligations. There may also be other legal notices applicable to you that are not included within this packet. We recommend you review these notices with your legal counsel prior to distributing them to your employees and plan participants, and we are happy to assist you and/or your legal counsel with this review process.

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your employer has determined that the prescription drug coverage offered by the Medical Plans are, 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 while enrolled in your Employer's coverage as an active employee, please note that your Employer's coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in your Employer's coverage as a former employee.

You may also choose to drop your Employer's coverage. If you do decide to join a Medicare drug plan and drop your current your Employer's coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with your Employer 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 This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your Employer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

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

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:	October 31, 2022
Name of Entity/Sender:	University of Richmond
Contact--Position/Office:	Director of Benefits and Employee Well-Being
Address:	Human Resources, 231 Richmond Way, University of Richmond, VA 23173-0002
Phone Number:	+1804-289-8747

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

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	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
ARKANSAS – Medicaid	**FLORIDA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid	**MINNESOTA – 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	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

IMPORTANT NOTICES

IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
KENTUCKY – Medicaid	**NEBRASKA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	**NEVADA – 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)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	**NEW HAMPSHIRE – Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	**SOUTH DAKOTA - Medicaid**
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	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	**TEXAS – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493

NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	**VERMONT– Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	**VIRGINIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	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
OREGON – Medicaid	**WASHINGTON – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	**WYOMING – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	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, 2022, 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

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment in your Employer's group health coverage 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

WOMEN'S HEALTH CANCER RIGHTS ACT (WHCRA) NOTICE

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

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, contact your plan administrator.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA) NOTICE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA WELLNESS PROGRAM REASONABLE ALTERNATIVE STANDARDS NOTICE

Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your Plan Administrator and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC WELLNESS PROGRAM NOTICE

URWell will herein be referred to as "Wellness Program"

Your Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may be asked to complete a biometric screenings, which may include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may receive a Wellness Incentive. Although you are not required to complete the Health Risk Assessment or participate in the biometric screening, only employees who do so will receive the Wellness Incentive.

Additional incentives may be available for employees who participate in certain other health-related activities or if they achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting your Plan Administrator.

The information from your Health Risk Assessment and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your Employer may use aggregate information it collects to design a program based on identified health risks in the workplace, your Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who may receive your personally identifiable health information is (are) a registered nurse, a doctor, or a health coach or Cigna in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event of a data breach, involving information you provide in connection with the wellness program, you will be notified immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your Plan Administrator.

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Employer sponsors certain group health plan(s) (collectively, the “Plan” or “We”) to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the “Notice”) describes the legal obligations of the Employer, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

(1) your past, present or future physical or mental health or condition;

(2) the provision of health care to you; or

(3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully-insured group health plans offered by they Employer, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the University's HIPAA Privacy Officer:

Laura Dietrick
Director of Benefits and Employee Well-Being
University of Richmond
Human Resources, Weinstein Hall
University of Richmond, Virginia 23173
804-289-8747

Effective Date

This Notice as revised is effective October 31 2022.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

For Payment

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research

We may disclose your protected health information to researchers when:

(1) the individual identifiers have been removed; or

(2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Notification of a Breach.

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

Other Disclosures

Personal Representatives

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

(1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;

(2) treating such person as your personal representative could endanger you; or

(3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the

Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

Right to Amend

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures

You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period ABC Company has been subject to the HIPAA Privacy rules, if shorter.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see Your Rights Under HIPAA**.**

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

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 must 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."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to University of Richmond and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

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;
- Commencement of a proceeding in bankruptcy with respect to the employer;; 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 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, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

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/agencies/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.

Health Insurance Marketplace Coverage Options And Your Health Coverage – New Hire Only

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 in October 2013 for coverage starting as early as January 1, 2014.

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.*

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.

** 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 the coverage offered by your employer, please check your summary plan description or contact Human Resources.

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 ordered to correspond to the Marketplace application.

Name of Entity/Sender:	University of Richmond
Contact--Position/Office:	Director of Benefits and Employee Well-Being
Address:	Human Resources, 231 Richmond Way, University of Richmond, VA 23173-0002
Phone Number:	804-289-8747

Your employer offers a health plan to eligible employees and dependents. See the Plan Information section of the SPD for details. This coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable based on employee wages.

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

**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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).*

Resources