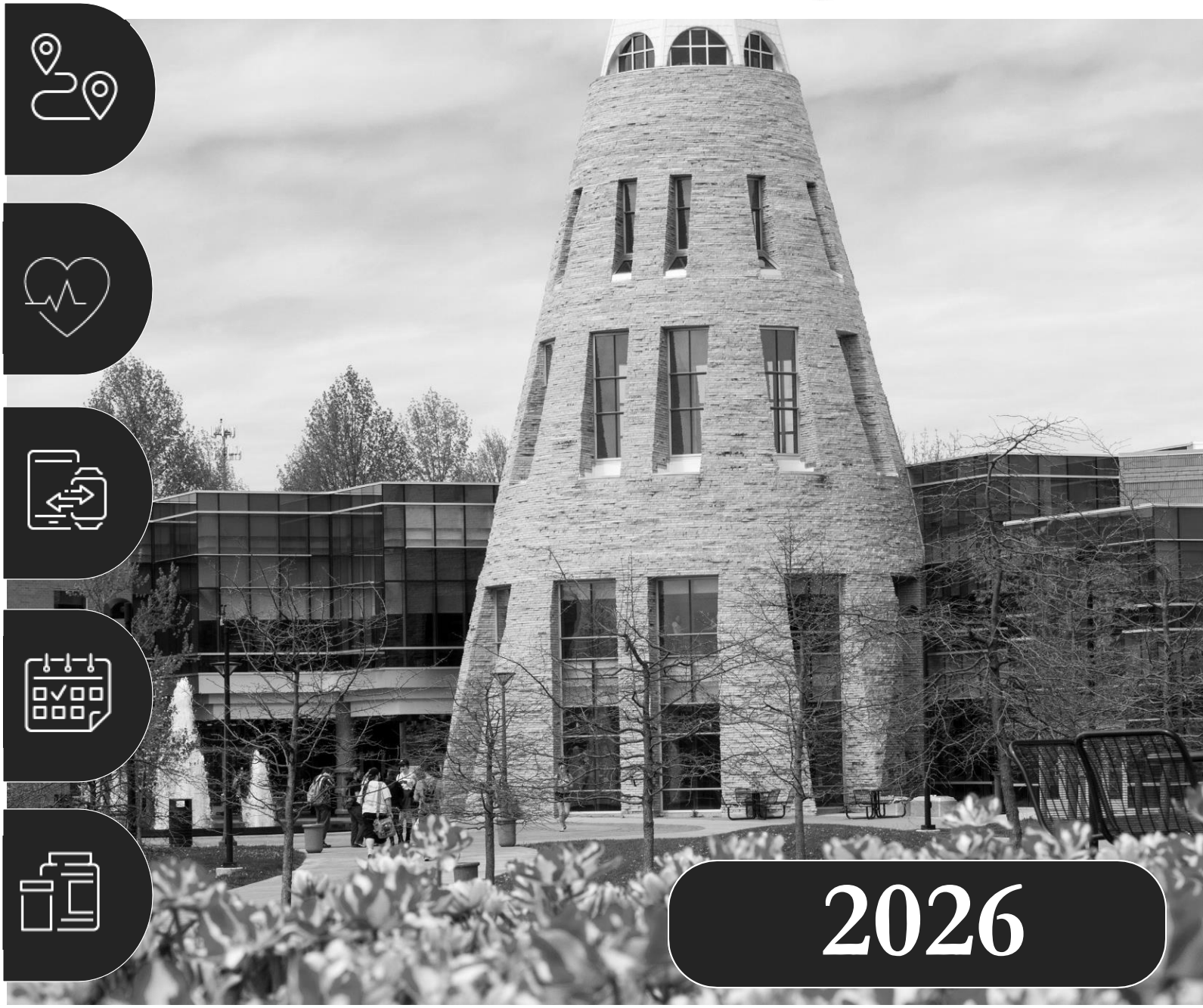
UNIVERSITY OF SOUTHERN INDIANA®



2026

BENEFITS ENROLLMENT GUIDE

This publication contains important information about your employee benefit program. Please read thoroughly.

Introduction

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Your 2026 Benefits Guide

At the University of Southern Indiana, we value our faculty, support staff and administrators, and recognize them as our greatest asset. USI provides a competitive benefits package for eligible employees, including medical, dental, vision, and life and disability insurance. This benefits guide summarizes our program to help you understand your benefits.

New Hire Enrollment

Welcome to our team! As a new employee, you may be eligible for coverage. **You must enroll in benefits within 30 days of your date of hire**.

Benefits Eligibility

Eligible Employees

You may enroll in the benefits program if you are a regular employee working at least a 75% academic or fiscal year schedule.

Eligible Dependents

Eligible dependents include your legal spouse and your children up to age 26 for medical, dental, vision and life plans (natural, stepchildren, foster children, adopted children or any child for which you have legal custody). Children may be covered on the medical, dental, vision and life plans until the end of the month in which they turn age 26. For life insurance, children must be unmarried.

Social Security Number Required

You must provide a valid Social Security number for yourself and each enrolled dependent. Employers are required to provide names and Social Security Numbers to the federal government for each individual enrolled for medical coverage.

Welcome

Benefits Offered

My Health

Medical | **UMR/Surest**
Provider Network | **UHC**
Prescription | **CVS Caremark**
Dental | **HRI Dental/Vision**
Vision | **Anthem Blue View**
Virtual Visits | **Teladoc**
Flexible Spending Accounts | **Voya**
Health Savings Accounts | **UMB**

My Life

Basic Life and AD&D | **Sun Life**
Voluntary Life and AD&D | **Sun Life**
Short-and Long-Term Disability | **Sun Life**
Accident | **Sun Life**
Critical Illness | **Sun Life**
Hospital Indemnity | **Sun Life**
Employee Assistance Program | **TimelyCare**
Retirement Plans | **TIAA and INPRS**

Your Benefit Period

January 1, 2026 – December 31, 2026

Enrollment Instructions

- Review the information in this guide and benefit plan summaries.
- You must complete your online enrollment, by logging into Benefitfocus through myUSI, even if you are waiving coverage.
- You will not be allowed to make changes outside of your initial enrollment or open enrollment period, unless you experience a qualifying life event.
- **Important: you must notify HR and change elections within 30 days of a qualifying event.**

To obtain benefits you must satisfy the following:

- You must be a full-time employee working 28.12 hours or more per week
- If eligible, you may enroll your spouse and dependent children on the offered benefit plans
- Dependent children are eligible if less than 26 years of age

Eligible Dependents

- Legally Married Spouse
- Children until they turn 26 regardless of student, marital or employment status. This includes natural children, stepchildren, adopted children (or those placed for adoption) and children for whom you are legal guardian.
- The term "child" refers to any of the following:
  - A natural (biological) child;
  - A stepchild;
  - A legally adopted child;
  - A foster child;
  - A child for whom legal guardianship has been awarded to the participant or the participant's spouse; or
  - Disabled dependents may be eligible if requirements set by the plan are met.

Line of Coverage	When Coverage Ends
Medical, Vision, Dental	The **last day of the month** the child turns **age 26**
Child Life Insurance	The **last day of the month** the child turns **age 26**

Open Enrollment

During open enrollment, you may enroll in or make changes to your benefit programs. Open enrollment is the only time that you may add or change benefits during the year unless you have a qualifying life event. Make sure that you understand the offerings and enroll yourself and your eligible dependents in the programs that you would like for the upcoming plan year.

Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify Human Resources and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event. Common life events include: marriage, divorce, new dependent, loss/gain of available coverage by you or any of your dependents.

Medical Plans

UMR CORE PLAN | In-network and Out-of-network Benefits Available

The UMR Core Plan offers the freedom to see any provider when you need care. When you use providers from within the PPO network, you receive benefits at the discounted network cost. Most expenses, such as office visits, emergency room and prescription drugs are covered by a copay. Other expenses are subject to a deductible and coinsurance.

UMR HSA PLAN | In-network and Out-of-network Benefits Available

The UMR HSA Plan is similar to the UMR Core Plan in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all healthcare expenses, including expenses for prescription drugs.

All expenses are your responsibility until the deductible is reached, with the exception of preventive care, which is covered at 100% when you visit a physician in the network. Once the deductible is met, you are responsible for coinsurance for medical and prescription drug expenses.

Enrolling in this plan allows you to contribute tax-free dollars to a health savings account (HSA). Any dollars that you (and your employer) wish to contribute can be used towards any eligible medical, Rx, dental and vision expenses that you may incur while covered under the plan. See HSA section of this guide for additional details.

To easily see your claims and find providers, members can download the app, scan the QR code to help find the UMR app.

Google play

Download on the App Store

SUREST PLAN | In-network and Out-of-network Benefits Available

Like the PPO option, you have freedom to see any provider within the PPO network when you need care. The Surest plan is designed to let you see prices before a visit. Prior to seeking care, use your mobile app to find the copay for the provider and location you're visiting. By evaluating providers in advance, you can make more informed decisions about care that fits your lifestyle and budget.

To easily see your claims and find providers, members can download the app. Scan the QR code to help find the Surest app.

Available on the App Store

GET IT ON Google Play

How do I find an In-network Provider?

UHC Website

In-network providers can be found on UHC.com.

- Click on "Find a Doctor"
- Then click "Search as a Guest"
- Then click "Medical Directory"
- Then click "Employer and Individual Plans"
- Select the "Choice Plus" Network
- Then enter the provider's name

How do I review benefits and claims?

Surest Mobile App and Website

Download the Surest app or visit Benefits.Surest.com to search for care and supplies – see the price before the service.

- From the search bar, type your condition or symptoms.
- Results will show care options for you to consider.
- Select a doctor or location to see the copay.
- You can also search by providers name to see prices and if they are in-network.
- Turn on filters like specialty and distance to find care that suits you.

UMR Mobile App and Website

Download the UMR app or visit UMR.com to search for care and supplies.

- Access your digital ID card
- View claims information
- Find out if there is a co–pay for your upcoming appointment
- See how much you've paid toward your deductible, and more

Health Savings Account

Take charge of your healthcare spending with a Health Savings Account (HSA). Contributions to an HSA are tax-free, and no matter what, the money in the account is yours! A Health Savings Account (HSA) is a tax-free savings account owned by you, is 100% vested from day one and let's you build up savings for future needs. The funds may be used to pay for qualifying healthcare expenses not covered by insurance or any other plan for yourself, your spouse or tax dependents. You decide how much you would like to contribute, when and how to spend the money on eligible expenses, and how to invest the balance.

Understanding Your HSA

- Pre-tax contributions are deducted through payroll and deposited into your HSA account.
- You can use your HSA available funds to pay for qualified medical expenses tax-free.
- HSA funds can be used for non-eligible expenses but will be subject to regular income taxes and a 20% excise tax penalty.
- Unused funds remain in your account for future use and roll over each calendar year.
- HSAs remain with you even if you change medical plans or companies. If you open an HSA and later become ineligible to make contributions, you can still use your remaining funds.
- You can change your HSA contribution at any time during the plan year for any reason.

HSA Eligibility Requirements

To have an HSA and make contributions to the account, you must meet several basic qualifications.

- To be eligible to open and contribute to an HSA, you must have coverage under a qualified High Deductible Health Plan (HDHP).
- Participants cannot be covered by any other medical plan (this exclusion does not apply to certain other types of insurance, such as dental, vision, disability or long-term care coverage);
- Participants cannot participate in a Healthcare FSA or spouse's Healthcare FSA or Health Reimbursement Account (HRA).
- Participants cannot be enrolled in Medicare or Medicaid.
- You cannot be eligible to be claimed as a dependent on someone else's tax return.
- You have not received Department of Veterans Affairs Medical benefits in the past 90 days, unless the Veteran has a disability rating (*There may be additional special circumstances, check with your tax preparer*).

2026 HSA Funding Limits

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts.

HSA Contribution Limits	
Employee	$4,400
Two Person/Family	$8,750

HSA "Catch-Up" Contributions	
Age 55 or older	$1,000 a year

Employer HSA Contribution	
Employee	$750
Two Person/Family	$1,500

Contribution Maximum (after employer contribution)	
Employee	$3,650
Two Person/Family	$7,250

Source: IRS, Rev. Proc. 2025-19

Health Savings Account

Eligible HSA Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Automobile modifications for a physically handicapped person
- Birth control pills
- Blood pressure monitoring device
- Braille books and magazines
- Chiropractic care
- Christian science practitioner
- COBRA premiums
- Contact lenses and related materials
- Crutches
- Dental treatment
- Dentures
- Diagnostic services
- Drug addiction treatment
- Eye examination
- Eyeglasses and related materials
- Fertility treatment
- Flu shot
- Guide dog or other animal aide
- Hearing aids
- Hospital services
- Immunization
- Insulin
- Laboratory fees
- Laser eye surgery
- Long-term care premiums or expenses
- Medical testing device
- Nursing services
- Obstetrical expenses
- Organ transplant
- Physical exam
- Physical therapy
- Prescription drugs
- Psychiatric care
- Retiree medical insurance premiums
- Smoking cessation program
- Surgery
- Wheelchairs and more*

*A full list of qualified expenses can be found in IRS Publication 502 at irs.gov.

Maintaining Health Records

To protect yourself in the event that you are audited by the IRS, keep records of all HSA documentation and itemized receipts for at least as long as your income tax return is considered open (subject to an audit), or as long as you maintain the account, whichever is longer.

The IRS requires HSA funds to be used for qualified expenses only. If you use HSA funds for non-eligible expenses, you will be subject to regular income taxes and an additional 20% excise tax penalty.

Opening an account at UMB

To receive University HSA contributions, an account at **UMB** must be opened within 30 days of enrollment.

When an employee enrolls in the UMR HSA Plan, an email will be sent with detailed instructions on how to open the UMB HSA Account.

For those that want to get a head start, go to UMB.com/HSA and click on “Open an HSA” and enter the enrollment verification number: THA0001 – 160616.

Surest Medical Plan

Access to care and cost of care are among the biggest obstacles to managing your health. The **Surest plan** is built on the idea that if people know more about their healthcare options, they'll be more inclined to seek the care they need.

The Surest approach to health insurance leads with information, like cost and care options and removes things that can get in the way of care like deductibles, referrals and complicated math.

The Surest plan is designed for the way we engage with other services – where we can see options and costs in advance. Using the United Healthcare (UHC) Choice Plus network, it puts you in the driver's seat so you can search and find the care you need, at prices you can see.

How does the Surest plan work?

Surest is designed to give members power over their health experience. There is no deductible, no coinsurance, and no-cost-shifting. Instead, members search on the app or website, see what they'll owe in advance, compare options within the national UHC provider network, then decide. With this information they can plan ahead and choose what works best.

Clinical Advocates

If you need help navigating care and support, the Surest Clinical Advocacy team can help. Our clinical advocates can offer guidance on providers, locations, and treatment options to support all types of care needs – from family planning to physical therapy to cancer treatment. Contact a clinical advocate at 866-683-6440.

Language Support

Surest Member Services offers support to members in English and Spanish, as well as 240 other languages via an interpretation service. Call 866-683-6440 for language support.

Upfront pricing

No deductibles. No coinsurance.
Copay only plan.

Find care quickly

Find the care you need on
the Surest app or website

Compare and save

Check costs and compare options
before you make and appointment.

Tips to avoid copay confusion:

- Use the Surest app or go to **Benefits.surest.com** to find the copay for the provider and location you're visiting. Tip: Take a screenshot of the provider price on your device and save it for reference.
- At check-in, confirm the provider copay matches what's displayed on your Surest app or website. If the copay matches your plan, then pay it at the visit or ask to be billed.
- If the amount doesn't match your plan, ask the office to bill you for the visit. This will allow the claim to be submitted, process and then charged back to you at the correct copay.

If payment is required at time of your visit, ask the office staff to call Surest Provider Services at 844-368-6661. They can confirm the correct copay amount before making a payment.

Does your provider know the Surest plan?

Surest is a UnitedHealthcare company. However, some providers may not recognize the surest name at first glance.

Give your doctors office your Member ID card at your visit, it will have all the information they need to process your claims.

Need more information?
Visit **join.surest.com/Indiana**
Use code: **Indiana2026**

Flexible Spending Account

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket healthcare and dependent care expenses for yourself, your spouse and your dependent children. In order to participate in the FSA, you must enroll each year. Your annual contribution stays in effect during the entire year **(January 1 through December 31)**. The only time you can change your election is during the enrollment period or if you experience a qualifying life event. Also, you must elect this benefit within **30 days** of your hire date or first date of benefits eligibility.

Healthcare FSA

Maximum Annual Contribution | $3,400

All eligible healthcare expenses – such as deductibles, medical and prescription copays, dental expenses and vision expenses – can be reimbursed from your general-purpose FSA account.

With the Healthcare FSA you can spend up to the full amount of your annual election as soon as your account has been set up.

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible **dependent care expenses** with tax-free dollars so that you and your spouse can work or attend school full time.

Unlike the Healthcare FSA, funds in a Dependent Care FSA are only available once they have been deposited into your account and you cannot use the funds ahead of time.

- You may set aside up to **$7,500** annually in pre-tax dollars, or **$3,750** if you are married and file taxes separately from your spouse.
- If you participate in a Dependent Care FSA, you cannot apply the same expenses for a dependent care tax credit when you file your income taxes.

Important FSA Rules

"Use It" Or "Lose It"

You need to plan carefully before you participate in an FSA, because you forfeit any unused funds at the end of the year, as legally required under the "use it or lose it" rule. You may only change your FSA election during the year if you have a qualified life event that permits the change.

Both the Healthcare and Dependent Care FSA have a 75 day "grace period" at the end of the plan year to file your claims.

Retaining Receipts

For expenses you paid using a Healthcare FSA, you'll want to keep receipts to show that the funds were spent on qualified expenses.

Flexible Spending Account

Eligible Health FSA Expenses

- Acupuncture
- Alcoholism treatment
- Artificial teeth/dentures
- Blood pressure monitors
- Braces
- Braille-books and magazines
- Breast pumps and lactation supplies
- Chiropractors
- Co-insurance, co-pay and deductibles
- Cost of operations and related treatments
- Crutches
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eyeglasses, contacts
- Hearing devices and batteries
- Hospital services
- Operations
- Pregnancy tests
- Radial keratotomy and lasik eye surgery
- Smoking cessation programs
- Speech therapy
- Surgical fees
- Vaccines
- Walkers and wheelchairs
- X-rays and more

A full list of qualified expenses can be found in IRS Publication 502 at www.irs.gov.

Paying for eligible services and expenses

Visit the FSA Store at **FSAstore.com,** where you can purchase FSA-eligible products without a prescription online.

Although you do not need to file for reimbursement when using your FSA debit card, you may be required to submit documentation, so be sure to save your receipts.

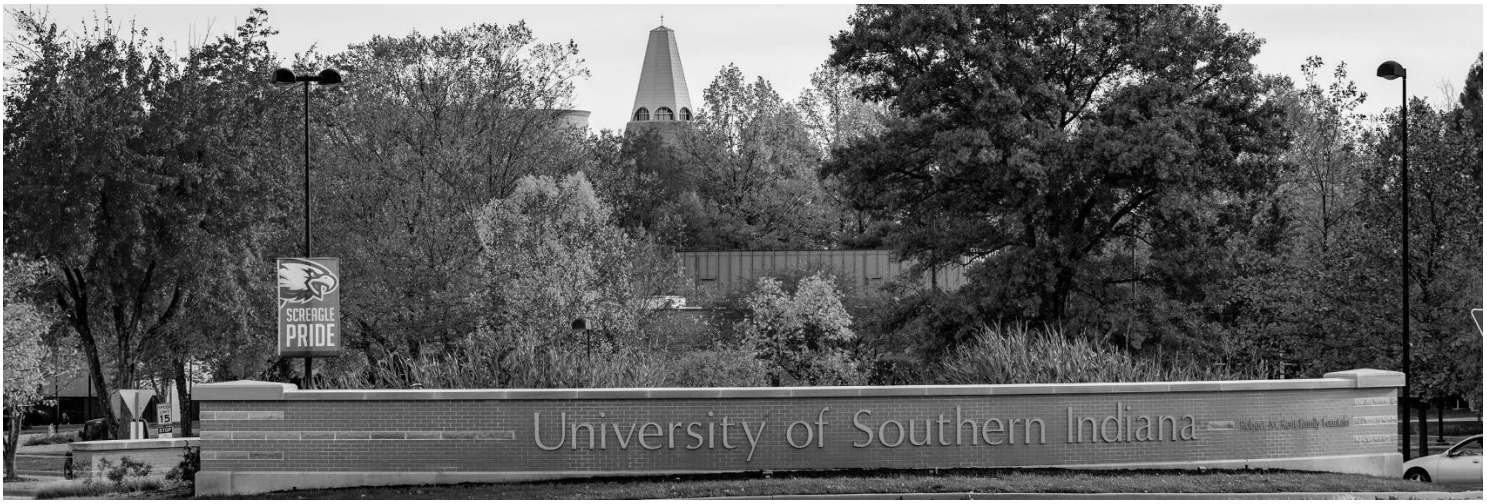
If you use a personal form of payment to pay for eligible expenses out-of-pocket, you can submit an FSA claim form along with your original receipts for reimbursement.

Over-the-Counter (OTC) Medication Reminder

Effective for purchases on or after January 1, 2022, thousands of items, including pain relievers, cold and flu medications, antacids, acne remedies and allergy medicines are now reimbursable from an FSA, per section 2013 (d) of the IRS, or HSA without a prescription.

In addition to eliminating the prescription requirement on OTC drugs and medicine, the new CARES Act has added hundreds of menstrual products to the list of approved expenses, including tampons, pads, liners, cups, sponges and similar items.

As was the case prior to the passage of the ACA, vitamins and supplements will continue to require a physician's "prescription" indicating that they are being taken to treat a diagnosed medical condition (e.g., anemia) rather than for general health and wellness.



Medical

The University of Southern Indiana offers a robust medical insurance program to our employees. New this year, we are partnering with **UMR and Surest** to offer this coverage. You now have the option of choosing one of three medical plans. The plans are administered by UMR and Surest with the UHC Preferred Provider Organization (PPO) Choice Plus network of doctors and medical facilities. The wide range of in-network providers offers you access to quality care with the least amount of out-of-pocket expenses to you when you receive services from in-network providers.

Employee Contributions

Below are the bi-weekly employee deductions for each plan. The first set is for employees with salary below $41,000 and the second set is for employees with salary $41,000 and above.

	Bi-Weekly
Salary below $41,000	Core Plan
Employee Only	$73.33
Employee and Spouse	$160.94
Employee and Child(ren)	$121.35
Employee and Family	$200.34
	HSA Plan
Employee Only	$33.85
Employee and Spouse	$74.58
Employee and Child(ren)	$56.18
Employee and Family	$92.89
	Surest Plan
Employee Only	$28.47
Employee and Spouse	$62.73
Employee and Child(ren)	$47.25
Employee and Family	$78.14
Salary $41,000 and Above	Core Plan
Employee Only	$85.67
Employee and Spouse	$188.76
Employee and Child(ren)	$142.17
Employee and Family	$235.11
	HSA Plan
Employee Only	$42.46
Employee and Spouse	$93.55
Employee and Child(ren)	$70.46
Employee and Family	$116.51
	Surest Plan
Employee Only	$39.16
Employee and Spouse	$86.26
Employee and Child(ren)	$64.97
Employee and Family	$107.44

Medical Benefits

This plan summary is intended to be a brief outline of your in-network coverage. The entire provisions and out-of-network benefits are contained in the group contract. Coinsurance percent reflects the employee share.

	Core Plan	HSA Plan	Surest Plan
Annual Deductible	Embedded	Embedded	
Single	$750	$3,400	$-0-
Family	$1,500	$6,800	$-0-
Out-of-Pocket Limit (Includes Deductible)			
Single	$4,500	$5,000	$4,000
Family	$9,000	$10,000	$8,000
Lifetime Maximum		Unlimited	
Hospital			
Inpatient	20% after Deductible	20% after deductible	$10 -$2,000 copay
Outpatient	20% after Deductible	20% after deductible	$10 -$2,000 copay
Emergency Room	$250 copay	20% after deductible	$180 copay
Physician Visits and Ancillary Services			
Preventive Care	0%	0%	0%
Virtual Visit	$15 copay	20% after deductible	$-0-
Primary Care *(family, general practitioner, internal medicine, pediatrician, OB/GYN)*	$30 copay	20% after deductible	$5 - $40 copay
Specialist Visits	$30 copay	20% after deductible	$5 - $40 copay
Chiropractic Care	$30 copay	20% after deductible	$10 copay
Urgent Care	$75 copay	20% after deductible	$20 copay
Routine Diagnostic Tests (e.g. X-ray, Lab, Ultrasound)	20% after deductible	20% after deductible	$-0-
Complex Imaging (e. g. MRI, CT)	20% after deductible	20% after Deductible	$40 - $280 copay
Advanced Tests (e.g. EKG, Sleep Study)	20% after deductible	20% after Deductible	$5 - $450 copay

Prescription Benefits

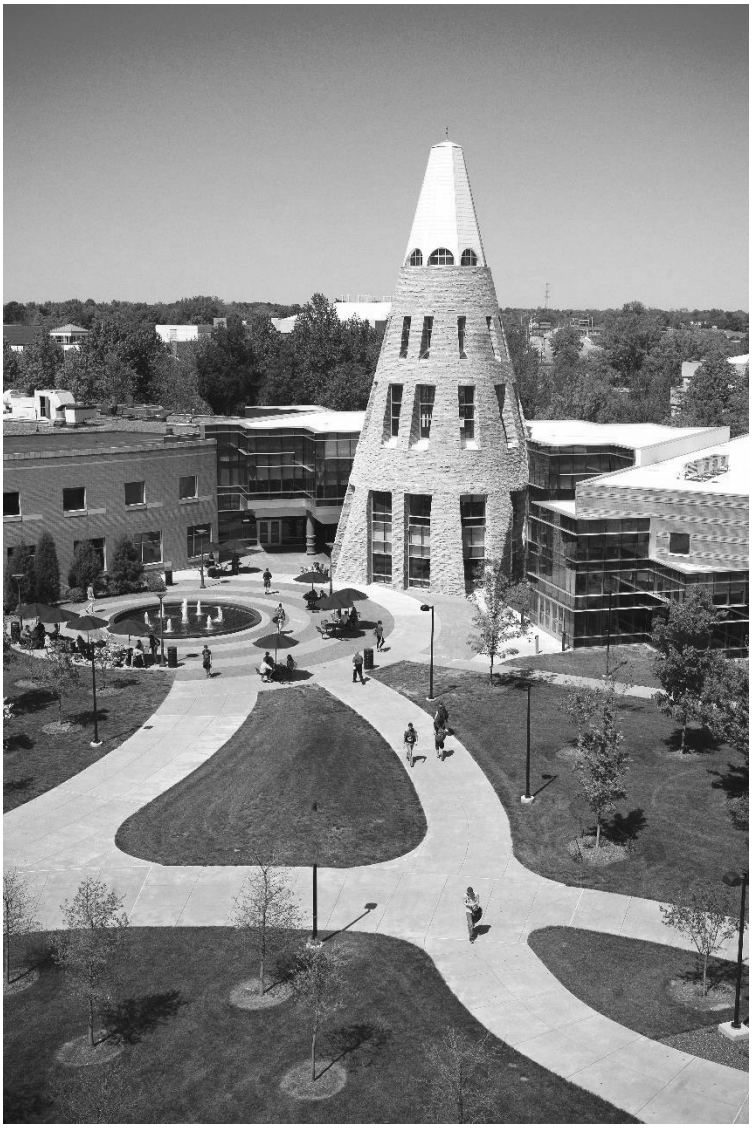
Where can I learn more about my medicines?

Typically, a full listing of covered drugs is found on your provider's website at **Caremark.com**. A drug list, also called a formulary, is a list of generic and brand-name drugs covered by a medical plan. Although a drug may be on the drug list, it might not be covered under every plan. Review the plan materials for details on specific benefits.

You can use drug lists to see if a medication is covered by your health insurance plan. You can also find out if the medication is available as a generic, needs prior authorization, has quantity limits and more.

Prescription Drugs	Core Plan	HSA Plan	Surest Plan
Retail (30-day supply)			
Tier 1	$10	20% after deductible	$5
Tier 2	$40	20% after deductible	$20
Tier 3	$60	20% after deductible	$40
Tier 4—Specialty	30%	30% after deductible	30%
Mail Order (90-day supply)			
Tier 1	$20	20% after deductible	$15
Tier 2	$80	20% after deductible	$50
Tier 3	$120	20% after deductible	$100

When you fill your prescriptions at an out-of-network pharmacy, you are responsible for payment of the entire amount charged. You will pay 50% coinsurance if you file a claim.



Helpful Rx Cost Savings Tools and Tips:

Mail Order - Many drugs are available in a 90-day supply, rather than the 30-day retail supply. Typically, you will pay less if you choose to get a mail order 90-day supply.

Ask Your Doctor - Make sure to ask if there are cost savings alternatives to the prescription they are providing. Many times there are generic or different manufacturers that will save you money at the pharmacy.

Good Rx - There are many tools online that you can use in order to save on prescription costs. One being GoodRx.com, an online Rx database that allows you to find what pharmacy is the cheapest for your specific prescription. Additionally, you may be able to find a coupon that will greatly reduce your cost. It is important to remember that many of the coupons can only be used outside of your plan (will not count towards your maximums).

Teladoc

See a doctor when you need a doctor

Teladoc® HEALTH

A virtual visit lets you see and talk to a doctor from your mobile device or computer.

When you use one of the provider groups in our virtual visit network, you have benefit coverage for certain non-emergency medical conditions. Costs must be paid by you at the time of the virtual visit and will apply toward your deductible and out-of-pocket maximum.

Teladoc is covered under the UMR Core and HSA plans as a virtual visit.

*If on the Surest plan there are multiple options for zero cost share, just type in virtual visit on the Surest webpage.

For questions regarding online healthcare, contact:

Teladoc.com or 1-800-Teladoc

Download the Mobile App

Get the information you need on the go by downloading Teladoc from the App Store for Apple℠ products or on the Google Play™ Store for Android products.

Download on the App Store | GET IT ON Google Play

When can I use a virtual visit?

When you have a non-emergency condition and:

- your doctor is not available;
- you become ill while traveling;
- when you are considering visiting a hospital emergency room for a non-emergency health condition.

**Your covered children may also use Virtual Visits when a parent or legal guardian is present for the visit.*

Examples of Non-Emergency Conditions:

General Medical	Dermatology	Mental Health
Flu	Eczema	Stress & Anxiety
Bronchitis	Acne	Depression
Allergies	Skin Rash	Grief Counseling
And More	And More	And More

How does it work?

The first time you use **Teladoc** you will need to set up an account by registering at **Teladoc.com** or using the free mobile app. You will need to complete the patient registration process to gather medical history, pharmacy preference, primary care physician contact information and insurance information.

Each time you have a virtual visit, you will be asked some brief medical questions, including questions about your current medical concern. If appropriate, you will then be connected using secure live audio and video technology to a doctor licensed to deliver care in the state you are in at the time of your visit. You and the doctor will discuss your medical issue, and, if appropriate, the doctor may write a prescription* for you.

Teladoc doctors use e-prescribing to submit prescriptions to the pharmacy of your choice. Costs for the virtual visit and prescription drugs are based on, and payable under, your medical and pharmacy benefit.

**Prescription services may not be available in all states.*

How do I get access?

Learn more about virtual visits by registering at **Teladoc.com.**

Employee Assistance Program

TimelyCare Mental Health and Wellness

Life brings new questions and challenges every day. Living a productive and fulfilling life requires a healthy mind and a healthy body.

The EAP available through **TimelyCare** is a confidential, third-party administrator, and is available for you should you need assistance at any time. From help with a relationship to managing overload at work, TimelyCare can help you with almost any personal or work-related issues.

TalkNow
On-demand, mental and emotional support.

Scheduled Counseling (6 sessions)
Appointments with diverse, credentialed and licensed mental health professionals are available in less than 7 days.

Health Coaching
Coaching to support lifestyle changes and developing healthy habits.

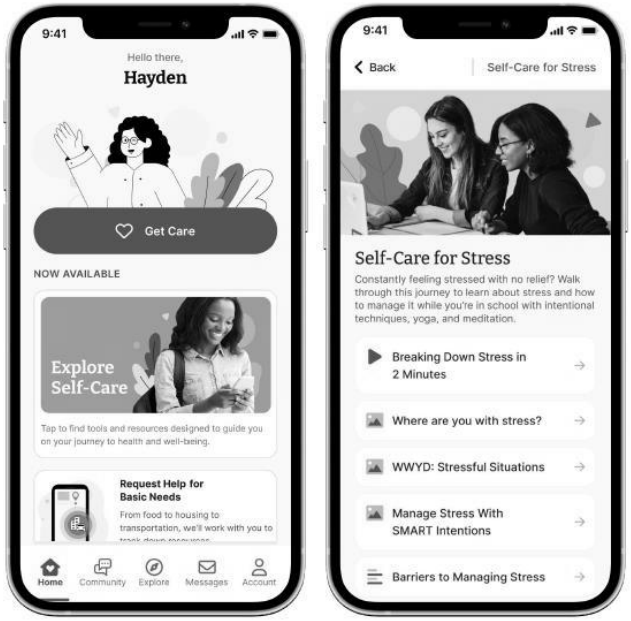
Digital Self-Care
Self-serve, well-being content designed to enhance a sense of calm, rest, and self-esteem both live and on-demand.

- **On-Demand Content -** Self-care content including yoga, and meditation, articles and clinical discussions designed to empower employees to manage the stresses of their daily life. All available on-demand so there's always an option for self-care.
- **Care Journeys -** Structured care journeys that guide employees on learnings paths to address stress, anxiety, depression and other mental health challenges that uniquely affect employees.

Reach out through the mobile app by phone, online, or live chat. You can get referrals to support groups, a network counselor, community resources or your health plan.

Contact TimelyCare anytime
Call: 1-833-4-TIMELY
Online: help@timely.md

Scan the QR Code.



WellBridge Surgical

Surgical Services from WellBridge Surgical – **zero cost share for UMR Core and Surest members** and **reduced cost for UMR HSA members**

Indiana is the fourth most costly state in which to have surgery.* WellBridge Surgical was created to change that by providing quality surgical services transparent, up-front prices. Now these services and benefits are available to UnitedHealthcare members:

TRANSPARENT, UP-FRONT PRICING
WellBridge tells you up front what each procedure will cost. And designed to be more affordable for both patients and employers.

QUALITY SURGICAL SERVICES
WellBridge offers over 3,500 procedures within 16 surgical specialties.

WELLBRIDGE SURGEONS
WellBridge hand-picked its Surgical Team from quality surgeons in the area, many performing the same procedures at nearby Indiana hospitals. One of the main differences is that WellBridge may be a more affordable location.

The WellBridge Process

WellBridge puts you in control throughout the process. Here's how it works:

PATIENT IS CONSIDERING SURGERY
Whether you have been referred by your doctor, or you simply think you might need surgery, call WellBridge and schedule a consultation.

CONSULT WITH A WELLBRIDGE SURGEON
The surgeon performs an examination and discusses your options with you.

YOUR PROCEDURE IS SCHEDULED
The WellBridge team will take it from there!

If the time comes when you need surgery, you'll be glad you have UnitedHealthcare and WellBridge Surgical on your side. Contact WellBridge today for more information or visit their website.

Phone: 317.480.4200
Email: info@wellbridgesurgical.com
Website: wellbridgesurgical.com

WellBridge Surgical provider is a great **option** for employees enrolled in UMR or Surest plans.

wellbridge surgical

Dental

We partner with HRI Dental/Vision (formerly known as Paramount) to offer you and your family members dental insurance. Visit **Insuringsmiles.com and click "Already a member?"** to find in-network providers and access a variety of online tools and programs.

Prevention first! Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits. Preventive care services are covered at 100% if you visit an in-network provider. They are also not subject to the annual deductible.

How do I find an In-network provider?
This dental plan offers deeper discounts when you visit a provider that is in-network. in-network providers can be found on **Insuringsmiles.com and click "Already a member?"** then "Find a Dentist". Search by ZIP code or specialty.

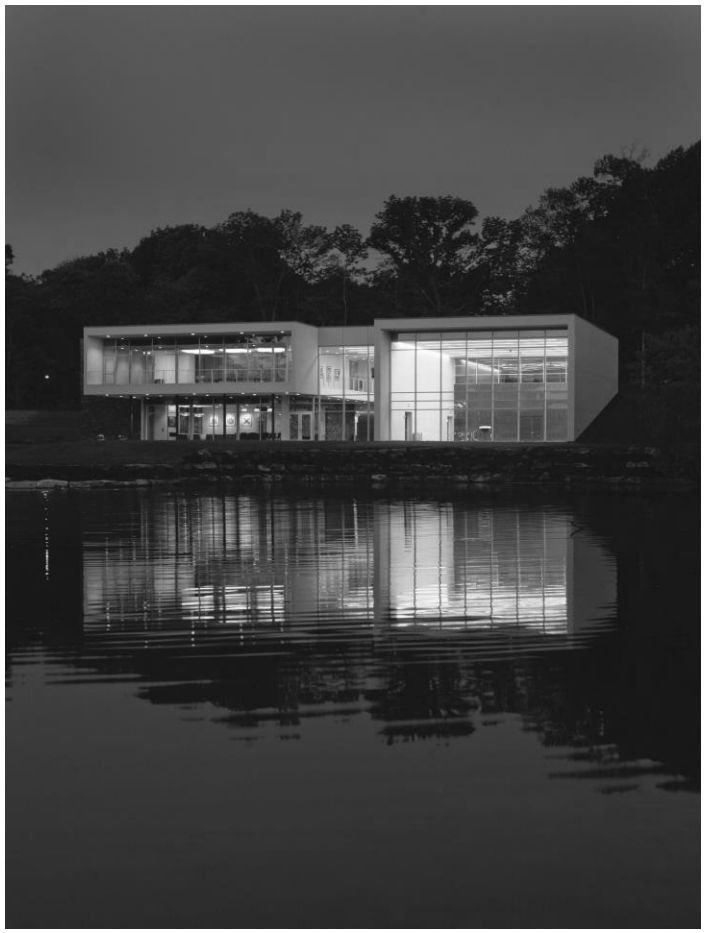
If you receive dental care outside of HR Dental/Vision in-network dentists, you will likely pay a greater amount for dental care and the provider may balance bill you.

Plan Features

	In-network	Out-of-network
Network Details	PPO Dentists HRI Dental/Vision network	Dentists who do not participate in network.
Benefit Period	Calendar Year	
Deductible		
Single	$0 in-network / $0 out-of-network	
Two Person	$0 in-network / $0 out-of-network	
Family	$0 in-network / $0 out-of-network	
When does it apply?	When receiving Basic or Major services (Does not apply for Preventive services)	
Covered Services		
CLASS I: Preventive Services *Routine oral exams and cleanings, x-rays (bitewing), sealants and fluoride treatments*	Covered at 100%	Covered at 100% *With possible balance billing*
CLASS II: Basic Services *Periodontics (surgical and non-surgical), endodontics (root canals), oral surgery, fillings, prosthetic maintenance and x-rays (full mouth)*	Covered at 50%	Covered at 50% *With possible balance billing*
CLASS III: Major Services *Prosthodontics, crowns, inlays/onlays, Dentures, and bridges*	Covered at 50%	Covered at 50% *With possible balance billing*
Annual Maximum		
Maximum Benefit *Allowed per Benefit Period*	$1,350 per covered individual	
Orthodontia (adults and children)	Coinsurance 50%	Lifetime Maximum $1,200

Employee Contributions

	Bi-Weekly
Employee Only	$3.10
Employee and Spouse	$6.54
Employee and Child(ren)	$7.72
Employee and Family	$11.23



Vision

The vision plan is administered by Anthem Blue View and pays benefits for both in-network and out-of-network services. When you visit an in-network provider, benefits are greater and there are no claim forms to file. Visit **Anthem.com** to find in-network providers and access a variety of online tools and programs. Once on the website, click on "log In".

Extra Savings! Plan participants also receive access to discounted Lasik eye surgery from in-network providers. You can also receive additional discounts on glasses and sunglasses.

Plan Features

	In-network	Out-of-network
Vision Exam	$10 copay	Up to $42
Lenses and Frames		
Single-Vision	$10 copay	Up to $40
Bifocal	$10 copay	Up to $60
Trifocal	$10 copay	Up to $80
Frames	$150 allowance	Up to $45
Contact Lenses (in lieu of glasses)		
Elective	$150 allowance	Up to $105
Elective Contact Lens Fitting and Evaluation	$39	Contact lens fitting applies to the evaluation and follow-up exam.
Medically Necessary	$0 copay, covered in full	Up to $210
Benefit Frequency		
Exam	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contacts	12 months	

How do I find an In-network provider?
Choosing the right vision provider is important. This vision plan includes eye doctors and other eye care professionals so that finding an in-network provider is easy. in-network providers can be found on **Anthem.com.** Once on the website, click on "Find Care"

You may also choose providers such as Lens Crafters, Pearle Vision, and Target Optical. You also have access to on-line providers including Glasses.com, Contacts Direct, 1-800 CONTACTS and Ray-Ban.com

Employee Contributions

	Bi-Weekly
Employee Only	$2.95
Employee and Spouse	$5.88
Employee and Child(ren)	$6.18
Employee and Family	$8.58

Basic Life and Accidental Death & Dismemberment

Life insurance is an important part of your financial security.

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental Death & Dismemberment (AD&D) insurance is equal to your Life benefit in the event of your death the result of an accident and may also pay benefits for certain injuries sustained.

Beneficiary(ies)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction. A guide to changing beneficiaries can be found at **USI.edu/HR/Benefits**.

A beneficiary is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent Beneficiary.** A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages and other expenses.

**You designate your beneficiary(ies) when enrolling for your benefits.*

Company Paid Benefit - Provided to you at no cost	
Coverage Amount	• 1 ½ times your salary up to $100,000. • 2 times salary up to $100,000 if hired before Feb. 1, 1988 and elected to keep coverage
Accidental Death and Dismemberment (AD&D)	Amount equal to your Life benefit
Benefit Reduction Schedule	Your insurance will reduce to: • 65% of the original amount at age 66
Additional Plan Provisions	
Portability	If your employment ends, you may be eligible to continue your term insurance at group rates. If you retire and are eligible for retiree insurance, portability is not available.
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.

Travel Assistance

Travel Assistance Program

Things can happen on the road. Luggage or documents get lost or stolen. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Emergency Assistance can help you navigate the issues and more at any time of the day or night. Assist America provides state of the art 24/7 assistance when traveling 100 miles or more from home.

Security that Travels with You

This travel emergency assistance program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling 100 miles away from your permanent residence, or in another country..

- **Medical Consultation, Evaluation & Referral:** Calls to Assist America's Operation Center are evaluated by medical personnel and referred to qualified doctors and/or hospitals.
- **Foreign Hospital Admission Assistance:** Assist America fosters prompt hospital admission outside the U.S. by validating the member's health coverage or by advancing funds to the hospital as needed.
- **Emergency Medical Evacuation:** If adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.
- **Medical Monitoring:** Assist America's medical personnel will maintain regular communication with the member's attending physician and/or hospital and relay information to the family, as appropriate.
- **Medical Repartition:** If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate them home or to a rehabilitation facility with a medical or non-medical escort, as necessary.
- **Prescription Assistance:** If a member needs a replacement prescription while traveling, Assist America will help in filling that prescription.
- **Care or Minor Children:** Assist America will arrange for the care of children left unattended as the result of medical emergency and pay for any transportation costs involved in such arrangements.

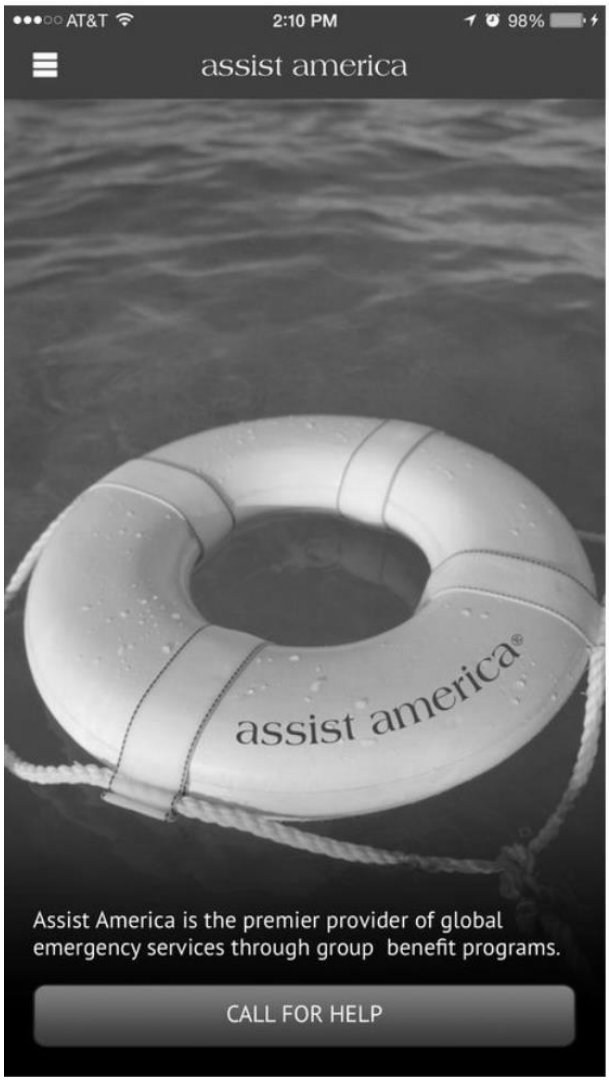
Travel Assistance is available if you travel more than 100 miles from home or in a foreign country.

Coverage is free with Basic Life Coverage

Global Emergency Services
Reference# 01-AA-SUL-100101

CONTACT
1-609-986-1234 (outside USA – Collect Call)
1-800-872-1414 (inside USA – Toll free)
Email: medservices@assistamerica.com

Download the Assist America mobile apps for iPhone or Android



ID Theft Protection

ID Theft Protection Services

Assist America offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

- **24/7 Access to Identity Protection Experts** - You have 24/7 direct emergency access to ID Theft Protection experts who can provide guidance in dealing with identity fraud issues
- **Credit Card and Document Registration -** Register your details using our secure website to store information from credit cards, banks and other important document in a single, centralized and secured location
- **Internet Fraud Monitoring -** Upon registration, we use a real-time web-crawling technology to monitor any sign of your registered personal data on suspicious sites. You will receive automatic warning notifications if it is discovered that your data is being used fraudulently
- **24/7 Identity Fraud Support -** If you are a victim of identity fraud, a dedicated ID Theft Protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

Coverage is free with Basic Life Coverage

To activate these identity protection services, visit:
assistamerica.com/sunlife

Reference# 01-AA-SUL-100101

In today's world, despite consumers realizing the need to become more vigilant in scrutinizing emails received from retailers or banks, an email that is not caught by a spam filter can cause a false sense of security, leading a person to believe it's from a legitimate source. These emails then request more personal information or prompt the consumers to update their account, on a site set up by the hackers. Once they have passwords to bank accounts or retailers, they can clean out accounts or make fraudulent purchases. This practice is known as "spear-phishing."

Unfortunately, these types of cyber-attacks can happen at any time, but there is a two-step process available to you that will help safeguard your name and credit history:

1. Register your credit cards online with Card Patrol provided by Assist America.

2. Register your credit cards by phone with Lost and Stolen Assistance.

You can also take some steps on your own to make sure any future database breaches won't affect you.

- Get out of marketing databases. Go to www.privacyrights.org to see which data brokers are selling your name and explore each broker's opt out policy.
- Unsubscribe from any commercial lists you're on. All commercial lists are required to give you an "unsubscribe" option link which is usually found at the bottom of their emails.
- Stop most direct mail. Go to www.dmachoice.org and sign up to opt out of various offers for a 5-year time period.
- Stop your bank from sharing your name. You must provide your bank with notification, in writing, that you do not give them permission to sell your name to any of its affiliates.
- Stop phone calls from telemarketers. Sign up with the National Do Not Call registry at www.donotcall.gov.
- Opt out of credit card offers. You can stop receiving them by signing up at www.optoutprescreen.com. This free service is run by the consumer credit reporting industry.

Voluntary Life and Accidental Death & Dismemberment

Employees have the opportunity to enroll in Voluntary Life and Accidental Death & Dismemberment (AD&D) life insurance. If you choose to enroll in employee coverage, this will be in addition to your employer provided Basic Life coverage. Coverage is also available for your spouse and/or child dependents. You must elect coverage for yourself in order to be eligible for coverage on your dependents.

Plan Options

Cost of Coverage	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
Coverage Options	Employee Coverage Choose in $10,000 increments up to $500,000	Spouse Coverage Choose in $5,000 increments up to the lesser of 50% of the amount you elect for yourself or $200,000	Dependent Coverage Choose $5,000 or $10,000 in coverage
Do I have to take a health exam to get coverage?	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions.		
Guaranteed Issue	Employee $250,000	Spouse $50,000	Dependent $10,000

Plan Provisions

Cost Calculation	Age Rated Benefit (Spouse Life based on spouse's age)	
Benefit Reduction Schedule	Employee Coverage Will Reduce To: – 65% of the original amount at age 65 – 50% of the original amount at age 70 – 25% of the original amount at age 75	Spouse Coverage Will Reduce By: – 65% of the original amount at age 65 – 50% of the original amount at age 70 – 25% of the original amount at age 75

How Much Your Voluntary Life and AD&D Coverage Will Cost Per Month

Age	Rates Per $1,000 of Coverage Employee	Spouse
<25	0.065	0.070
25–29	0.066	0.071
30–34	0.067	0.072
35–39	0.074	0.079
40–44	0.101	0.106
45–49	0.136	0.141
50–54	0.217	0.222
55–59	0.343	0.348
60–64	0.459	0.464
65–69	0.802	0.807
70+	1.727	1.732
Child Monthly Cost Per $1,000 of Coverage		
All Ages	0. 080	

The guarantee issue amount is available for new hires only. If you do not elect this coverage within the first 31 days of becoming first eligible, you will be required to submit evidence of insurability (EOI) or proof of good health to enroll at a later date.

Cost Calculation Example

	Rate Per $1,000		Benefit Amount				Estimated Monthly Cost
Employee Age 33	$0.067	×	$100,000	÷	1,000	=	$6.70

Coverage will not take effect until approved by the carrier. Age reductions will apply to benefit amounts and guarantee issue amounts.

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) for yourself and your spouse without providing proof of good health (EOI). If you elect voluntary life coverage, and are required to complete an EOI, it is your responsibility to complete the EOI. A link can be located on the Life and Disability page of the benefits website. (USI.edu/hr/benefits/voluntary-life-insurance) In addition, your spouse will need to provide EOI to be eligible for coverage amounts over GI, or if coverage is requested at a later date.

Voluntary Short Term Disability

Everyday illnesses or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs. Short Term Disability coverage provides financial protection for you by paying a portion of your income, so you can focus on getting better and worry less about keeping up with your bills. If you elect voluntary short term disability as a late entrant, you are required to complete an EOI, it is your responsibility to complete the EOI. A link can be located on the Short Term Disability page of the benefits website. USI.edu/hr/benefits/short-term-disability-insurance

Plan Features	Voluntary Short Term Disability (STD)
Cost of Coverage	Voluntary Benefit Employee is responsible for 100% of the cost
Elimination Period *This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.*	Benefits begin on the 15th day of an accident and the 15th day of an illness (including pregnancy)
Benefit Duration *The maximum number of weeks you can receive benefits while you are sick or disabled.*	Payments may last up to 180 days You must be sick or disabled for the duration of the waiting period before you can receive a benefit payment.
Coverage Amount	Covers 60% of your weekly income, up to a maximum benefit of $1,500 per week.
What's covered?	A variety of mental or physical conditions and injuries. Typical claims would include pregnancy, injuries, joint, back and digestive disorders.
Definition of Earnings	Base Salary *(excludes commissions and bonuses)*
Additional Plan Provisions	
Benefit Payment Frequency	Weekly benefit may be reduced or offset by other sources of income.
Cost Calculation	Composite Rate per $10 of Benefit
Return to Work	Your disability benefit will not be reduced by any work earnings you receive until the combined amount of the benefit, earnings and other sources of income exceeds 100% of your pre-disability earnings.

How Much Your Coverage Costs

Because this insurance if offered through USI, you 'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premiums costs depends on a number of factors, such as your age and benefit amount.

Age	Rate Per $10 of Benefit
Under 30	$0.595
30 – 34	$0.624
35 – 39	$0.371
40 – 44	$0.244
45 – 49	$0.264
50 – 54	$0.293
55 – 59	$0.390
60+	$0.498

Short-Term Disability Cost Calculation Example—Premium Per Month

Example	Rate Per $10 of covered Weekly Benefit		Weekly Benefit (Annual Earnings/52 x 0.60)			Estimated Cost
Example Age 42 Annual Salary $50,000	$0.244	×	$577	÷	10 =	$14.08

Long Term Disability

Long Term Disability (LTD)

Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months – even years. Long Term Disability provides financial protection for you by paying a portion of your income, so you have financial support to manage your disability and your household.

Plan Features	Long Term Disability (LTD)
Cost of Coverage	Employer Benefit Employer is responsible for 100% of the cost
When does coverage begin?	There is a 3-year eligibility period, unless employee participated in another employer sponsored plan within 100 days. Employee must submit acceptable documentation of prior coverage within 60 days of hire.
Elimination Period *This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.*	Your elimination period is 180 days (this will be the benefit duration of Short-Term Disability)
Benefit Duration *The maximum number of weeks you can receive benefits while you are sick or disabled.*	Payments will last for as long as you are disabled, or until you reach your Social Security Normal Retirement Age (65 or greater), whichever is sooner You must be sick or disabled for the duration of the elimination period before you can receive a benefit payment.
Coverage Amount	Covers 60% of your monthly income, up to a maximum benefit of $6,000 per month
What's covered?	A variety of mental or physical conditions and injuries. Typical claims would include cancer, back disorders, injuries and poison, cardiovascular and joint disorders
Definition of Earnings	Base Salary *(excludes commissions and bonuses)*
Additional Plan Provisions	
Benefit Payment Frequency	Monthly benefit may be reduced or offset by other sources of income
Cost Calculation	Employer provided – No cost to you.
Mental Health/ Substance Abuse	The mental health and substance abuse benefits are limited to a lifetime max of 24 months

NOTE for Newly Hired: If you have been a member of a previous employer Long Term Disability group plan within 3 years of your hired date, the waiting period may be waived, if sufficient documentation is submitted within 60 calendar days of the first day of employment.

Other Features and Services

- Cost of Living Adjustment Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit

More Details

- You must be unable to perform with reasonable continuity the material duties of your own occupation
- You suffer a loss of at least 20% of your pre-disability earnings when working in your own occupation
- After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation
- LTD benefits will be reduced by any other income you are eligible to receive, such as Social Security
- Since USI pays 100% of the monthly premium, any disability benefits from the plan are considered taxable income

Voluntary Hospital Indemnity

Why Hospital Indemnity Coverage?

Hospital Indemnity coverage, available through Sun Life, pays a benefit when you or your covered dependents are admitted to the hospital for a covered stay. This coverage can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds which can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays and deductibles.

Plan Features

- Delivers a tax-free lump sum benefit
- No pre-existing condition exclusion
- Coverage is portable; if you leave USI, you can take this with you

Summary of Benefits	
Benefit Type	Benefit Amount
Hospital Admission (Payable once per year)	$1,000
Hospital Confinement	$200 per day, up to 31 days
ICU Confinement	$200 per day, up to 10 days

Employee Contributions

	Bi-weekly
Employee Only	$7.68
Employee + Spouse	$16.17
Employee + Child(ren)	$12.88
Family	$21.37

Voluntary Critical Illness

Critical Illness Insurance

How would you pay your bills if you were suddenly diagnosed with cancer and couldn't work? Critical illness insurance doesn't pay your medical bills. It pays you if you're diagnosed with a covered illness. The benefit is paid directly to you and you choose how to spend it.

What's Covered?

Critical illness can vary widely from one another. Some may focus on a single specific diagnosis, while others may provide you with coverage for a range of possible diagnoses, such as:

Critical Illness	Percent of Benefit Paid
Heart attack	100%
Stroke	100%
Coronary artery bypass surgery	25%
Invasive cancer	100%
Non-invasive cancer	25%
Benign brain tumor	100%
End stage renal (kidney) failure	100%
Major organ failure	100%
Coma	100%
Blindness	100%
Additional covered conditions for dependent children: cerebral palsy, cystic fibrosis and down syndrome	100%

What is the Cost of Critical Illness Insurance?

Depending on your age and how much coverage you want, the cost of critical illness insurance can vary significantly.

Employee Coverage	$10,000 increments up to $40,000
Spouse Coverage	$10,000 increments up to 100% of employee's coverage amount or $40,000
Child(ren) Coverage	$5,000 increments up to 50% of employee's coverage amount or $20,000

More Details

- Delivers a tax-free lump sum benefit upon diagnosis
- No pre-existing condition exclusion; benefits are paid based on date of diagnosis
- Coverage is portable; if you leave the University of Southern Indiana, you can take this with you
- Rates are based on your age, election tier and the coverage amount you elect. Please refer to the tables on the next page for more detailed rate information

$50 WELLNESS BENEFIT Per Covered Individual

For screenings such as: blood tests, chest x-rays, stress tests, colonoscopies, mammograms and other tests listed in your policy.

The Wellness Benefit

Enrollees of the Accident, Hospital and Critical Illness plans may receive a wellness benefit of $50 per enrolled person per plan! Each member can claim one of the covered screenings once per year.

For example, a member enrolled in Accident plan submits a covered screening then the member would receive $50!

Filing a Claim for Wellness Benefit

To get the $50 Wellness Benefit, register for a Sun Life Account, then log-in and click "submit a claim" then select "a wellness / cancer screening benefit claim" and follow the prompts!

Voluntary Critical Illness Rates

Employee Coverage

Age	$10,000 Bi-Weekly	$20,000 Bi-Weekly	$30,000 Bi-Weekly	$40,000 Bi-Weekly
Under 24	$2.40	$4.80	$7.20	$9.60
25-29	$2.85	$5.70	$8.55	$11.40
30-34	$3.20	$6.40	$9.60	$12.80
35-39	$3.85	$7.70	$11.55	$15.40
40-44	$4.45	$8.90	$13.35	$17.80
45-49	$5.10	$10.20	$15.30	$20.40
50-54	$7.40	$14.80	$22.20	$29.60
55-59	$7.30	$14.60	$21.90	$29.20
60-64	$13.95	$27.90	$41.85	$55.80
65-69	$23.75	$47.50	$71.25	$95.00

Spouse Coverage

Age	$10,000 Bi-Weekly	$20,000 Bi-Weekly	$30,000 Bi-Weekly	$40,000 Bi-Weekly
Under 24	$2.15	$4.30	$6.45	$8.60
25-29	$2.65	$5.30	$7.95	$10.60
30-34	$3.00	$6.00	$9.00	$12.00
35-39	$3.65	$7.30	$10.95	$14.60
40-44	$4.25	$8.50	$12.75	$17.00
45-49	$4.90	$9.80	$14.70	$19.60
50-54	$7.20	$14.40	$21.60	$28.80
55-59	$7.10	$14.20	$21.30	$28.40
60-64	$13.75	$27.50	$41.25	$55.00
65-69	$23.55	$47.10	$60.75	$94.20

Child(ren) Coverage

Age	$5,000 Bi-Weekly	$10,000 Bi-Weekly	$15,000 Bi-Weekly	$20,000 Bi-Weekly
All	$0.20	$0.40	$0.60	$0.80

Voluntary Accident

Accident Insurance

A serious injury can cost you a lot of money – not only in medical bills but in things like income from lost work hours. Some injuries are minor, but others are debilitating and require significant medical care. If you get hurt, accident insurance pays you money that you can use to cover personal expenses, bills and out-of-pocket medical costs.

Who Gets Paid?

You get paid. When you have a covered accident or injury, your health insurance company pays your doctor or hospital, but your accident insurance company pays you.

What's Covered?

Not all accidents are "qualifying injuries." The kinds of accidents that are covered can vary by plan. Here are some services that an accident insurance plan covers. For a complete list of covered services, refer to your plan certificate.

Plan Pays You	
Emergency room	$200
Hospital confinement	$1,000 + $200 per day (up to 365 days)
Intensive care confinement	$300 per day (up to 14 days)
Fractures	
Skull (depressed)	$3,000
Hip or thigh	$2,000
Vertebrae	$800
Hand, wrist, forearm, foot, ankle or kneecap	$700
Coccyx, rib, finger, or toe	$400
Dislocations	
Hip	$4,000
Knee	$2,000
Shoulder	$1,000
Ankle or foot bones	$2,000
Finger or toe	$200

What it Doesn't Cover

Accident insurance will not typically cover things like check-ups or hospitalization due to illness. Accident insurance will not cover you for injuries suffered before you purchased the plan.

What is the Cost of Accident Insurance?

	Bi-Weekly
Employee Only	$3.03
Employee + Spouse	$4.75
Employee + Child(ren)	$6.22
Family	$7.94

Retirement Plans

Support Staff Employees

Defined Contribution Plan (TIAA)

Eligible support staff members hired on July 1, 2014 and after may participate after one year of employment. If you have been a member of a university-sponsored retirement plan or TIAA for at least one year, the waiting period may be waived, if sufficient documentation is submitted within 60 calendar days of the first day of employment. The University contributes 7% of annual salary to this plan.

To enroll go to **TIAA.org/usi** and select University of Southern Indiana Defined Contribution Retirement Plan for Support Staff, the access code for this plan is **406555**.

Indiana Public Retirement System (INPRS)

Support staff members in eligible positions hired on or before June 30, 2014 participate in the Indiana Public Employee's Retirement System (INPRS). The University contributes 11.2% of the employee's gross earnings towards a pension and 3% towards an annuity savings account, for a total contribution of 14.2% into the Indiana Public Employee's Retirement System. Access the INPRS website at **IN.gov/inprs/** for detailed information regarding benefits, vesting, newsletters, account management, benefit calculator and forms.

Faculty And Administrative Employees

Defined Contribution Plan (TIAA)

Eligible faculty and administrators may participate after one year of employment. If you have been a member of a university-sponsored retirement plan or TIAA for at least one year, the waiting period may be waived, if sufficient documentation is submitted within 60 calendar days of the first day of employment. The University contributes 11% of annual appointment salary to this plan.

To enroll go to **TIAA.org/usi** and select University of Southern Indiana Defined Contribution Retirement Plan for Faculty and Administrators. The access code for this plan is **150771**.

All Employees

Supplemental Retirement Plan

All full-time and part-time employees are eligible to enroll in this plan except for student workers and non-resident aliens. This plan is used to defer your income on a pre-tax or post-tax basis for retirement savings purposes. To enroll, complete the Voluntary Salary Deferral Form and submit it to Human Resources. You will then need to set up an account online with TIAA. There is no waiting period.

To enroll go to **TIAA.org/usi** and select the plan of your choosing. The University provides two plans in which employees may contribute. The first is a 403b, which employees can elect to contribute pre-tax or post-tax dollars; the code for this plan is **150772**. The other plan is a 457b, which employees can contribute pre-tax or post-tax dollars; the code for this plan is **150774**.

To Schedule a Meeting with a TIAA Representative:

Call 800-732-8353 or go to tiaa.org/schedulenow and sign up to meet with our TIAA representative virtually or when circumstances allow on-campus meeting.

On-campus meetings are typically held in the Wright Administration Building near the HR offices.

Tuition Fee Waiver

Eligible employees and official USI retirees receive a full waiver of tuition for undergraduate and graduate courses, some restrictions apply per Fee Waiver Policy. The Tuition Fee Waiver also covers some of the fees, but not all of them.

Spouses and dependents of employees receive a waiver of 75% of student tuition for undergraduate and graduate courses, some restrictions apply per the Fee Waiver Policy. Undergraduate and graduate level tuition fee waivers will be automatically applied, per the fee waiver policy, for eligible employees and dependents listed with Human Resources.

You will need to ensure your dependent is listed in the **BANNER** system. If your dependent is on one of your insurance plans, they will automatically be in the system. If you are unsure, please reach out to a Human Resources representative at **feewaivers@USI.edu.**

Eligible employees and official USI retirees also may receive a waiver of fees for noncredit courses held on campus through Outreach and Engagement.

Applicable Fee Waivers should apply automatically once the invoices are created. This is typically 2-4 weeks before the term begins.

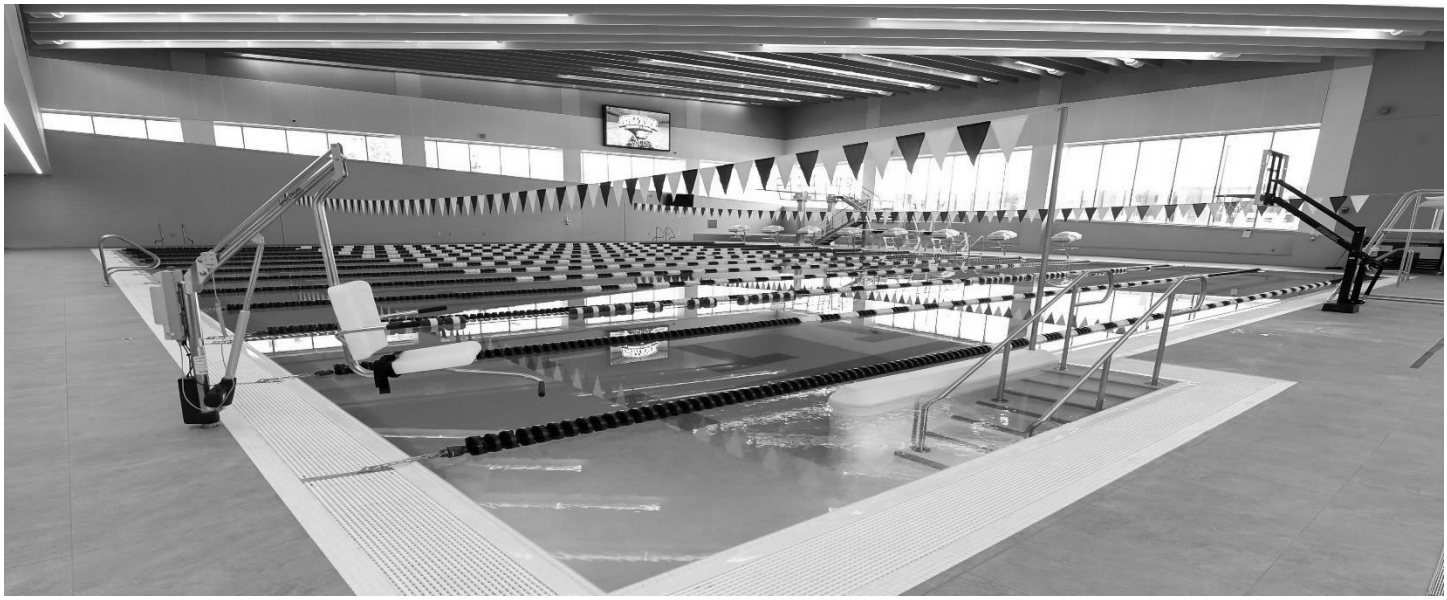
Apply online for fee waivers for non-credit courses at **USI.edu/hr/benefits/tuition**.

What if the Fee Waivers Do Not Process Correctly?

There are many factors that cause fee waivers to be denied, be sure to check these common issues:

- For employees, ensure that no more than 15 credit hours per academic year have been attempted
- For employees, ensure that no more than six credit hours per semester (Fall and Spring); and/or no more than six credit hours per summer term or a maximum of 12 summer credit hours have been attempted
- For dependents, ensure no more than 132 credit hours have been attempted
- For dependents, ensure that your dependents are listed with Human Resources
- For children, ensure they are under 24 years of age and are an eligible dependent

For more details of rules that apply, the guidelines for fee waivers are outlined in the University Handbook, Section C.11. For questions regarding fee waiver policy, please reach out to a Human Resources representative at **feewaivers@USI.edu.**



Indiana 529

Make the decision to plan for a child's future.

Start planning for the future by opening an Indiana529 Direct account for the student in your life.

Learn: Go to **Indiana529direct.com** and click on the 'Enroll Now' button.

Choose: Review the Disclosure Booklet and decide which investment approach is best for you.

Enroll: Complete the requested information to complete the enrollment process.

Indiana529 Direct Savings Plan

Scan here to get started

Special State Tax Credit

Only available to Indiana529 savers, Indiana taxpayers may be eligible for a state income tax credit equal to 20% of their contributions to an Indiana529 plan account, up to $1,500 per year ($750 for married filing separately).[1] Third party contributors like grandparents, godparents, or other family and friends who are also Indiana taxpayers may also be eligible for the tax credit for contributions to your account!

For whatever path they're on

Indiana529 savings can be used at any eligible higher education institution in the country or abroad, including 2- and 4-year colleges, graduate schools, vocational/technical schools, and even registered apprenticeships. And it's not just for tuition! Savings can be used for a variety of qualified education expenses, including tuition, fees, certain room & board costs, computers, and course-related software.

Savi – Public Service Loan Forgiveness

The Savi Plan

The path to reducing your monthly student loan payment and working toward loan forgiveness could be getting much easier. That's because you and your family members have access to a robust solution that helps you find the best federal repayment and forgiveness programs for your financial situation.

For Employees of the University

Brought to you by USI through TIAA and powered by Savi, this tool helps strengthen your financial footing in the short term and positions you for student loan forgiveness.

- Reduces payment based on income and family size
- Frees up funds to direct towards financial goals, such as retirement or emergency savings.
- Removes the complexities of forgiveness and handling all the paperwork, employment certifications and e-file – all for a small fee
- DIY tool is free and helps find the forms and provides a guide to navigate the complex forgiveness rules.

DIY - $0.00 per year

- Personalized repayment calculator
- Forgiveness eligibility detection
- Basic federal enrollment guide
- Student Loan Dashboard
- Live educational workshops

Essential - $74.00 per year

- Everything in DIY
- Digital Application with Savi-e-file enrollment
- Maximize forgiveness credits
- Personalize support from Savi student loan experts
- Ongoing plan monitoring and management
- Annual enrollment reminders and policy updates
- Money back guarantee

Getting Started is easy

Enrolling

First, simply provide your income and monthly payment, and see your estimated savings instantly. From there, you can finish the online application and enroll.

Just be sure to have handy your:

- Most recent tax return or tax transcript
- Student loan information

Benefits of the Savi Essential Services

Take the stress out of filing with the Savi Essential service and receive 1-on-1 support from student loan experts. All the paperwork, employment certifications and e-filing will be handled each year for a small annual fee:

- Digitally prefill and submit all paperwork on your behalf
- Yearly recertification of repayment and forgiveness plans
- Ongoing application monitoring to ensure you cross the forgiveness finish line
- Get annual enrollment reminders and updates on new programs and policy changes

To calculate your savings, visit: TIAA.org/usi/student

Time To Get Fit

The ***Time To Get Fit Program*** is designed to encourage employees to exercise by participating in exercise programs sponsored by the University. Each employee is given the option of electing one hour per week of paid time to devote to pre-approved fitness activities. Improving the health of employees through exercise should result in decreased utilization of the health care system associated with high-risk lifestyle behavior and will enhance employees' morale, motivation and productivity.

Eligible Activities:
Eligible activities include all University-sponsored wellness programs and activities, intramural events, and exercise programs engaged in on campus.

Examples include:
- USI Recreation, Fitness and Wellness Center usage and activities
- University intramural events occurring during working hours
- Independent exercise activities conducted on campus
- USI Screaming Eagles Complex and Aquatics Center usage

How to Apply:
An interested employee must submit an application for the program prior to being granted any time off. The applications for Time to Get Fit can be found on the USI website listed below.

If the employee decides to discontinue the fitness activity prior to the end of the program, the supervisor should be informed and Human Resources notified in order to accurately track the total release time used.

As part of the application form, the employee agrees to hold the University harmless in the event injury or illness occurs as a result of participation in a fitness program.

Program Guidelines:

1. The program is open to full-time University employees. Full-time is defined as having a 75% or greater academic or fiscal year appointment.

2. A total of one hour of paid time to exercise per week is the limit under this program. This one hour can be used in four 15-minute periods, two 30-minute periods or one 1-hour period and cannot vary from one week to the next. The time off must occur during the employee's normal work week and can extend the total lunch or break time or be an independently designated time period, except at the start or end of the work shift. Under no circumstances may overtime or compensatory time result from participation in this program. No adjustments will need to be made on the timesheets of those employees who elect paid fitness release time.

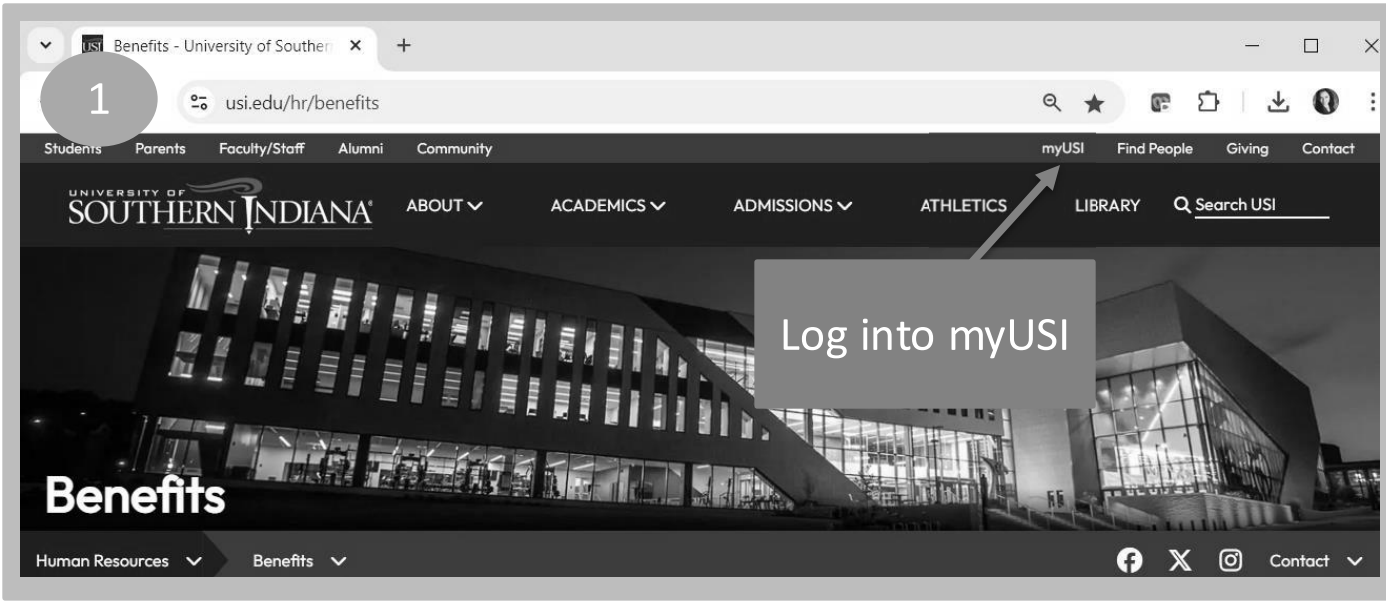
3. Based on the nature of the work assignment, specific employees may not be able to participate in this program. No additional compensation will be paid to those individuals who are not able to participate. Additionally, employees working during periods of minimal staffing may be excluded from participating during certain time periods. Under no circumstances will the fitness release time that is forfeited due to work obligations be allowed to carry over or accumulate from one week to the next.

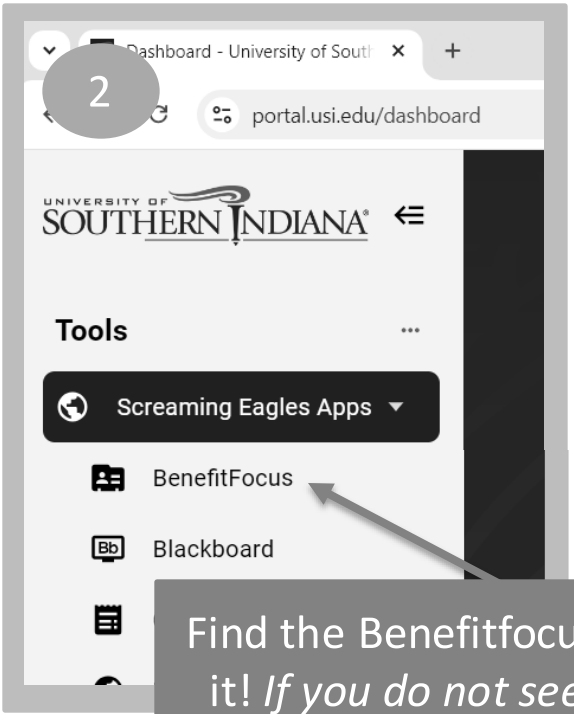
4. The University reserves the right to terminate this program at any time and without notice.

For more information visit: USI.edu/hr/benefits/time-to-get-fit-program

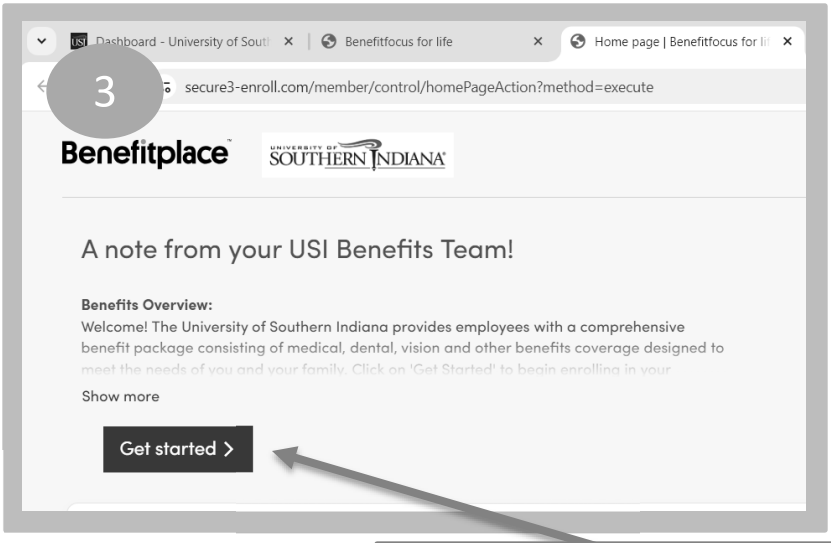
How to Enroll in Your Benefits

- Employees enroll in USI Benefits online through Benefitfocus.
- Once enrollment information is available in Benefitfocus, new employees will get an email from benefits@benefitfocus.com, ***please allow at least 5 business days!***
- Once the email is received, employees can can log-in and enroll
- Employees are required to provide documentation for dependents (birth certificates, marriage license, etc.)
- For any questions or concerns please email benefits@usi.edu





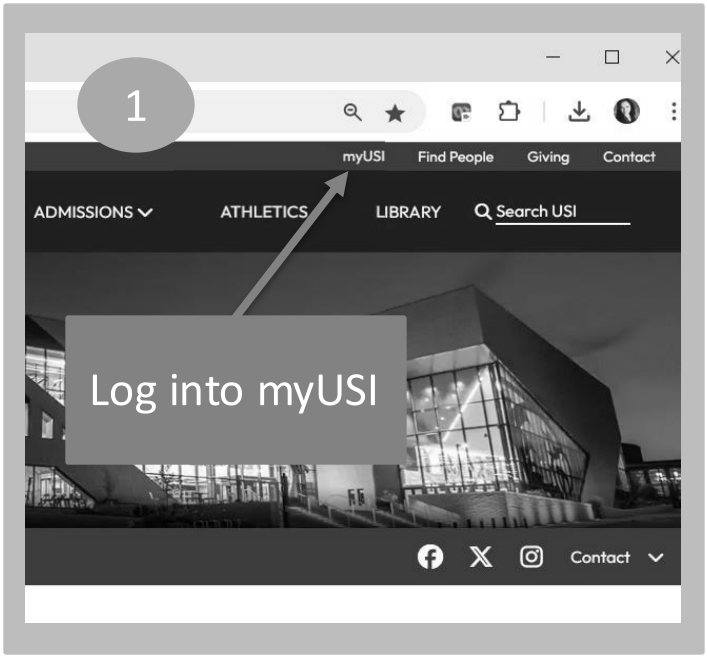
Find the Benefitfocus App and click it! *If you do not see Benefitfocus, use the search bar and type Benefitfocus to find it.*

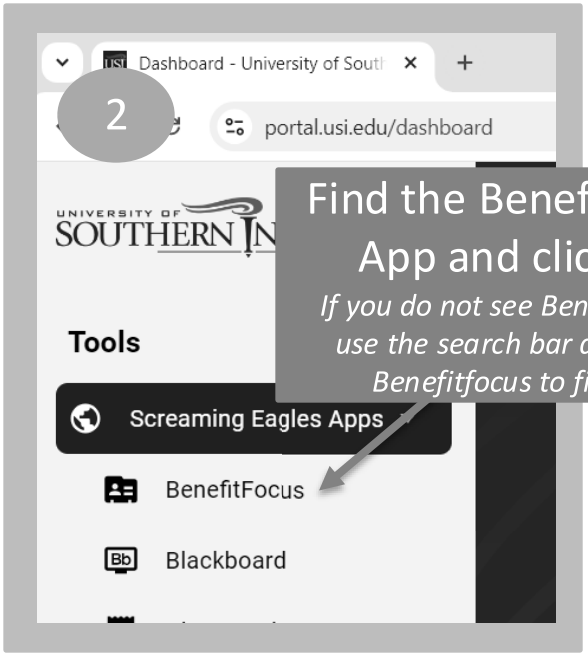


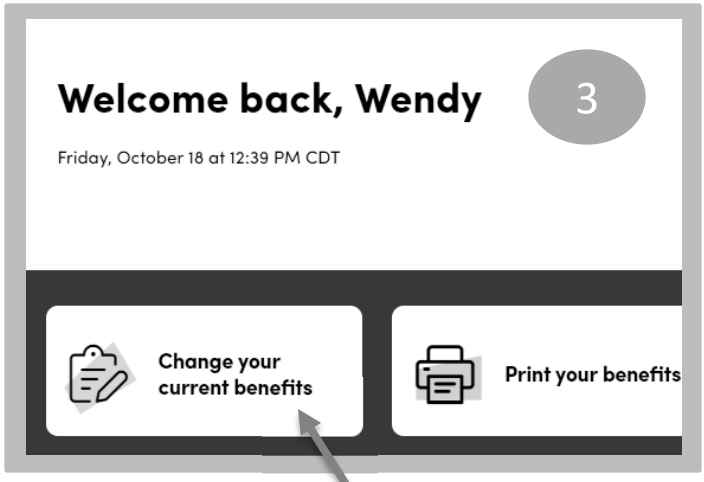
Once you are in, click "Get Started" and follow the prompts

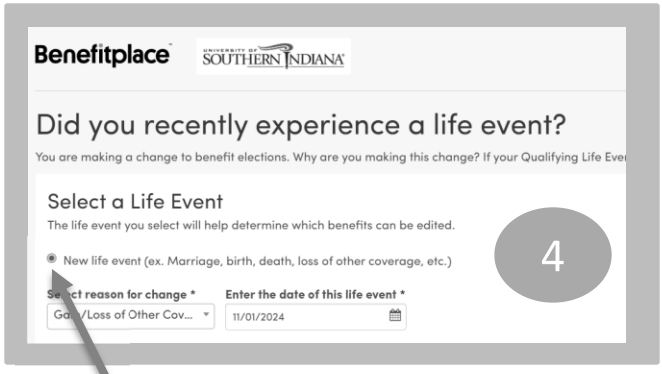
How to Change Benefits Mid-Year

- Employees that experience a Qualifying Life Event can make changes in insurance mid-year, changes include:
  - Marriage
  - Divorce
  - Loss/Gain of Coverage
  - Birth or adoption of a child
- Gather documentation of the qualifying life event
- Enter the change in Benefitfocus
- For any questions or concerns please email benefits@usi.edu









On Campus Benefits

Athletic Events

Employees are eligible for a reduced price on season tickets for men's and women's basketball tickets. For all other Screaming Eagles athletic teams' home events, employees get in free.

Campus Dining

USI offers a variety of dining and snack locations throughout the University. From Chic-fil-a at the UC to The Red Mango at the Wright Admin Building, there are delicious options.

USI Aquatic Center

The Aquatic Center, located between the Screaming Eagles Arena and the Recreation, Fitness and Wellness Center, is available at no cost to employees. Outside of competition, the Aquatic Center will be available for open swim to the USI community during the week.

Recreation, Fitness and Wellness Center

The RFWC provides quality programs, services, and facilities to the diverse campus community by offering many recreational, fitness, and wellness activities. USI employees receive free access to the facility resources. Guest Passes are available for limited facility use.

Campus Emergency Information

USI RAVE Alert gives immediate notification via email, text message, and voice message about emergencies, severe weather, and other incidents impacting the University community. Everyone with a USI email address is automatically enrolled in the RAVE Alert system, but you must register your mobile phone number(s) to receive text and voice alerts.

David L. Rice Library

The Library supports the mission of the University of Southern Indiana by assisting the instruction and research efforts of the university's students and faculty through the provision of appropriate collections and services. Many resources are available for faculty research and teaching. USI employees enjoy many library privileges.

Dental Clinic

The Dental Hygiene Clinic offers affordable dental hygiene services to adults and children of all ages. All services are performed by students and are supervised and evaluated by dental hygiene faculty.

USI Deaconess Clinic

The Faculty/Staff waiting room is in the Fitness Center Room 261, (student waiting room is 260) the USI Deaconess Clinic is a full-service clinic offering medical services and health related information to students, faculty and staff.

Pedestrian, Bike and Nature Trails

USI boasts many miles of multi-use trails on its scenic 1,400-acre campus. The most popular trail is the USI-Burdette Trail connecting with Vanderburgh County's trail to Burdette Park.

The USI Website

The University has a very robust website with information regarding benefits, the latest version of the handbook, academic schedules, board of trustees meeting minutes and much more!

Employee Discount Program

The University's Procurement department maintains a listing of current discounts and offers for USI employees.

Athletic and Theater Tickets

The University offers discounted tickets for USI employees

For more information visit: USI.edu/hr/benefits/on-campus-benefits

Contact Information

Medical

UMR/United Healthcare
800-826-9781
UMR.com

Medical

Surest/United Healthcare
866-683-6440
benefits.surest.com

Prescription Drug

CVS/Caremark
866-475-0056
caremark.com

FSA

Voya
833-232-4673
HASinfo@voya.com

Vision

Anthem Blue Vision
833-639-1637
anthem.com

HSA

UMB Health Services
866-520-4472
hsa.umb.com

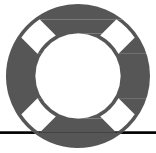
Dental

HRI Dental/Vision
800-727-1444
Insuringsmiles.com

Employee Assistance Program

TimelyCare
833-4-TIMELY
Timelycare.com/usi

Basic/Voluntary Life



Sun Life
800-247-6875
sunlife.com/us

Retirement Plans

TIAA
800-842-2252
tiaa.org

INPRS
844-464-6777
in.gov/inprs/

Disability

Sun Life
800-247-6875
sunlife.com/us

Accident, Critical Illness and Hospital Indemnity

Sun Life
800-247-6875
sunlife.com/us

Human Resources

University of Southern Indiana
812-464-1815
USI.edu/hr

As an Equal Opportunity/Affirmative Action Employer, the University of Southern Indiana considers all qualified applicants for employment without regard to race, color, religion, sex, pregnancy or marital status, national origin, age (40 or older), disability, genetic information, sexual orientation, gender identity, veteran status, or any other category protected by law or identified by the University as a protected class.

This Benefit Enrollment Guide is only intended to highlight some of the major benefit provisions of the University plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail.
Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.