



Benefits Enrollment Guide

2022 PLAN YEAR

LOOK INSIDE FOR
INFORMATION ABOUT:

How Your Benefits Work
Your Insurance Plans
Benefits Enrollment



TROY
UNIVERSITY™

Welcome to your 2022 Benefits Guide

Please review this **Benefits Enrollment Guide** carefully before making benefit elections for the 2022 Plan Year.



Medicare Part D Notice (page 28)

Table of Contents

- Dependent Eligibility Matrix 1
- Enrollment 2
- Medical Health Benefits 4
- Diabetes Care Rewards 9
- Dental 10
- Voluntary Vision 11
- RelyMD 12
- BlueCard Worldwide 13
- Long Term Disability 14
- Basic Life Insurance 14
- Voluntary Life Insurance 15
- Wellness 16
- Resource Link 17
- Perks at Work 18
- Travel Assistance 19
- Flexible Spending 20
- Retirement 22
- Long-Term Care 23
- Member Claims Advocate 24
- Important Notices 25
- Medicare Part D 28
- COBRA 29
- Exchange Notice 31

New Hires and Qualifying Events: Troy verifies dependent eligibility for their group plans. If you elect to cover dependents, you will receive a Dependent Eligibility Packet that will provide you with the criteria and list of the documents for the verification process. You WILL be required to produce documentation as proof of your dependent’s CURRENT status within 30 days of your hire date. Once a dependent no longer meets the definition of an eligible dependent they MUST be removed immediately. All dependents will require verification and you will receive a notice requesting the information needed. Documents must be submitted by email: mmajsltroyaudit@MarshMMA.com, or uploaded: www.deconfirm.com/troy. You may reach the eligibility team for questions and additional information at: 706-645-8757. All documentation MUST include your first and last name along with the last 4 digits of your social security number.

Dependent Eligibility Contact Information
 Phone: 706-645-8757
 Email: mmajsltroyaudit@MarshMMA.com
 Login: www.deconfirm.com/troy
 Username: Reference Number on Your Individual Packet
 Password: Last 4 digits of Social Security Number

Troy University Medical, Dental and/or Vision Plans Dependent Eligibility Matrix

#	Dependent Type	Eligibility Criteria	Documents Required For Verification
1	Spouse	The person is currently your legal spouse	A copy of your marriage certificate
2	Natural Born Child	Your natural born child AND Age 25 or younger	A copy of the child's birth certificate naming the employee as the child's parent
3	Natural Born Child Over Age 25 Disabled	Your natural born child, age 26 and older AND A child who is physically or mentally incapable of self-support AND The incapacity occurred before age 26 as an eligible covered dependent	A copy of the child's birth certificate naming the employee as the child's parent AND Statement of Disability verified by insurance provider must be on file with Human Resources
4	Stepchild	Your Stepchild AND Age 25 or younger	Verification of Spouse (See Spouse) AND A copy of the child's birth certificate naming your spouse as the child's parent
5	Stepchild Over Age 25 Disabled	Your Stepchild, age 26 and older AND A child who is physically or mentally incapable of self-support AND The incapacity occurred before age 26 as an eligible covered dependent	Same as for Stepchild AND Statement of Disability verified by insurance provider must be on file with Human Resources
6	Legally Adopted Child OR Child Placed for Adoption OR Permanent Legal Guardianship	Your Legally Adopted Child or Child Placed for Adoption or Child in Permanent Legal Guardianship AND Age 25 or younger	A copy of adoption decree naming the employee as the child's adoptive parent AND A copy of a legal document showing child's age OR Amended Birth Certificate
7	Legally Adopted Child OR Child Placed for Adoption OR Permanent Legal Guardianship Over Age 25 Disabled	Your Legally Adopted Child/Child Placed for Adoption/Permanent Legal Guardianship, age 26 and older AND A child who is physically or mentally incapable of self-support AND The incapacity occurred before age 26 as an eligible covered dependent	Same as Legally Adopted Child/Child Placed for Adoption/Legal Guardianship AND Statement of Disability verified by insurance provider must be on file with Human Resources
8	A Child Covered by a QMCSO/NMSN	A child covered under a National Medical Support Order or a Qualified Medical Support Order	A copy of the NMSN or QMCSO

In all cases, the Summary Plan Description is the governing document with respect to eligibility.

Enrollment

New Hires: Benefits are effective on your date of hire. You must enroll within one week of your new hire date. Enrollment instructions are located on page 3 of this guide.

Eligibility

Troy University health benefits are effective on the date of hire for all full time eligible employees. You must complete your enrollment in order for benefits to go into effect. Benefits will end at midnight on the date an employee resigns, retires or is no longer an employee of Troy University.

Full-time and Part-time employees working an average of 30 hours or more per week in any month are eligible for Troy University health benefits. Employees who meet this criteria should contact Human Resources if they wish to enroll in the health care program.

Double coverage is not allowed. Married employees with a spouse working at the University can only be covered as an employee or dependent. Dependent children can only be covered as a dependent under one parent.

Important Note regarding 10 month employees: If you are not returning for the next Academic Year your benefits and deductions will terminate May 31st regardless of being paid over 12 months. You must contact Human Resources to determine any eligibility for summer coverage or if you have any questions.

Healthcare Benefits Cost

2022 Medical Insurance Benefit Cost				
	Monthly		Bi-Weekly	
	Less than \$30,000 Salary	\$30,000 Salary and over	Less than \$30,000 Salary	\$30,000 Salary and over
Employee Only	\$123.00	\$184.00	\$56.77	\$84.92
Employee + Family	\$276.00	\$413.00	\$127.38	\$190.62

Troy contributes approximately 80% and 70%.

2022 Dental Insurance Benefit Cost (Base Plan)				
	Monthly		Bi-Weekly	
	Less than \$30,000 Salary	\$30,000 Salary and over	Less than \$30,000 Salary	\$30,000 Salary and over
Employee Only	\$3.00	\$4.00	\$1.38	\$1.85
Employee + Family	\$6.00	\$10.00	\$2.77	\$4.62

Please note: Employees that receive a pay change mid-year that affects their insurance premium category will be effective the first Annual Enrollment following the change date.

2022 Dental Insurance Benefit Cost (Buy Up Plan)				
	Monthly		Bi-Weekly	
	Less than \$30,000 Salary	\$30,000 Salary and over	Less than \$30,000 Salary	\$30,000 Salary and over
Employee Only	\$6.30	\$7.88	\$2.91	\$3.64
Employee + Family	\$11.28	\$19.34	\$5.21	\$8.92

Contact Information

JOINPlus (Enrollment Center)
 Customer Service: 866-688-9727
 International callers: 706-645-8355
 Website: troyedu.smartben.net

Member Claims Advocate
 Sara Franks: 706-645-8221
mmajslbenefitclaims@marshmma.com

Voluntary Vision
 Ameritas
 Customer Service: 800-877-7195
 Website: www.ameritas.com

RelyMD
 Customer Service: 855-955-0948
 Website: www.relymd.com

FSA
 American Benefit Services
 Customer Service: 866-826-6554 x 2115
 Website: <https://amsbpppt.lh1ondemand.com/login.aspx>

Teachers' Retirement System Defined Benefit Plan 401(a)
 Customer Service: 877-517-0020
 Website: www.rsa-al.gov

BlueCard Global Core
 Service Center Toll Free: 800-810-2583
 Service Center Collect: 804-673-1177

Long Term Disability and Life Insurance UniCare
 Enrollment & Billing: 800-618-6435
 Life Claims: 800-552-2137
 LTD Claims: 800-232-0113

Important Note

To enroll in your benefits, you will be required to go online or call JOINPlus (Enrollment Center). If you have changes during the plan year, you will need to contact JOINPlus via telephone at 866-688-9727. You are able to make changes to your demographic information or beneficiary designations at any time throughout the year.

Demographic changes include:

- Address update
- Name update (requires proof of a current Social Security card)
- Contact number update

Benefit changes are not allowed during the plan year, unless you have a “qualifying life event.”

Changing Coverage During the Year

You can change your coverage during the year only when you experience a qualified change in status, such as:

- Marriage, divorce, or legal separation
- Birth, adoption, or a child placed with you for adoption
- Start or stop of adoption proceedings
- Change in your child’s dependent status
- Death of your spouse or child
- Change in your spouse’s benefit or employment status

When a qualifying change occurs, you must notify JOINPlus and provide supporting documentation

within 30 days of the event (in most circumstances), and your benefit changes must be consistent with the event. If you do not do so within 30 days, you must wait until the next open enrollment to make benefit plan changes.

ENROLLING IN YOUR BENEFITS

How to Enroll by Phone

You may enroll by telephone through JOINPlus, Monday through Thursday, 8:30 am - 6:00 pm and Friday, 8:30 am - 5:00 pm EST. To speak with a trained Enrollment Specialist, please call **1-866-688-9727**.

How to Enroll Online

You can access your online enrollment tool via the Internet at troyedu.smartben.net. It can be accessed 24 hours a day, seven days a week. The following tips will guide you through the online enrollment process.

Before You Enroll

Take time to review the information in SmartBen under the *Plans* section to better understand your benefit choices. Click on the **Plans** icon at the top of the home page, then select the plans you wish to review. You will need to provide the Social Security number and date of birth for any spouse or dependent you enroll.

Step 1

Log on to troyedu.smartben.net
Username: troy (all lower case) + your full Social Security # without dashes
Password: your full Social Security # without dashes.

Example: Username: troy123456789
Password: 123456789

Step 2

On the home page, you will see a Benefits Enrollment Box. This box shows the date Open Enrollment ends. Underneath the date, there is an **Enroll Now** button. Click the button to begin enrollment.

Step 3

The next page shows you what enrollments are available. Click the button for **Annual Enrollment** (or New Hire, if applicable) to begin your enrollment session.

Step 4

Review and Elect Benefits: To enroll or make changes to a benefit, click on a benefit name. When all of your elections are complete, each benefit will have a green light. To proceed to the next step, click the green button labeled **Elect & Continue**.

Note: Adding people into the *People Manager* section DOES NOT assign them to coverage. You must assign your spouse/dependent/beneficiaries in the enrollment process.

Step 5

Verify Required Data: If you have not entered all required information, the system will not process your enrollment. Click on each item in the **Enrollment Verification Task List** to go to the required page for corrections. Make your corrections, click **Submit**, **Enroll**, or **Save**, whichever is applicable. Please review your elections thoroughly. To confirm your elections, enter your initials at the bottom of the *Confirmation* page under *Agreement* and click **Continue**.

Step 6

Congratulations! You have successfully completed the enrollment process. If you would like a copy of your confirmation statement, select the **Click Here link**.

Step 7

If you have submitted your enrollment and need to edit your elections, please call JOINPlus at 1-866-688-9727.

Medical Coverage (BlueCross BlueShield of AL)

Make the Most of Your Network-Based Healthcare Plans

BlueCross BlueShield of Alabama has contracted with a network of providers, including physicians, hospitals and other types of providers. In order to receive the highest level of benefits and pay the least amount out of your pocket, you need to access care from the providers who have elected to be part of the network.

This plan also allows you to seek care from a provider who is not in the network. Just remember that if you make this choice, you will be required to pay a larger portion of the expenses out of your pocket, and the expenses may be subject to the Reasonable and Customary charging pattern for the area. This could also result in a greater out-of-pocket expense for you. We want you to get the most from your healthcare plan. Please log on to www.bcbsal.org for any additional information about BlueCross BlueShield of Alabama.



Important Note: A Tobacco Certification is required for Troy University employees enrolled in the Group Medical Plan. Employees and their covered dependents that are tobacco users will be charged a tobacco surcharge of \$19 dollars per month in addition to their insurance premiums. Tobacco users are defined as an individual who uses any form of tobacco regardless of the method and/or frequency of use. Employees who do not complete the Tobacco Certification will be charged the Tobacco User Surcharge. The Tobacco Certification is provided during enrollment in the health plan.

Medical Coverage (BlueCross BlueShield of AL)

Medical Summary of Benefits (BlueCross BlueShield of AL)		
PPO Plan Benefits	In-Network	Out-of-Network
Office Visits	\$30 PCP / \$60 Specialist	80% after deductible
Deductible – Individual / Family	\$600 Individual / \$1,800 Family	\$750 Individual / \$2,250 Family
Out-of-Pocket Maximum <i>(includes deductible)</i>	\$1,100 Individual / \$3,300 Family	\$1,350 Individual / \$4,050 Family
Hospital Services <i>(includes Mental Health/Substance Abuse)</i>		
Inpatient	\$300 deductible per admission, 100% after deductible	\$400 deductible per admission, 80% after deductible
Outpatient Surgery & Emergency Service	\$125 copay, 100% after copay	80% after deductible
Preventive Care Services		
Routine Well Child Care	100%	Not covered
Routine Immunizations	100%	Not covered
Physicians Services <i>(includes Mental Health/Substance Abuse)</i>		
In-Hospital Visits, Surgery, Anesthesia, Diagnostic X-rays & Lab	No deductible; 100% of allowed amount	80% after deductible
Services for treatment in the Emergency Room	\$60 copay, then 100%	80% after deductible
Other Covered Services		
Intensive Outpatient Services for Mental Health/Substance Abuse	\$60 copay, then 100%	
Durable Medical Equipment, Physical Therapy, Ambulance Service	80% after deductible	80% after deductible
Chiropractic Services	80% after deductible, limit 12 visits per year	80% after deductible, limit 12 visits per year
Prescription Drugs		
Rx Deductible	\$200/\$400 <i>(not applied to Tier 1)</i>	
Retail Copayments <i>(30 day supply)</i>		
Generic / Preferred / Non-Preferred	\$10 / \$35 / \$50	Not Covered
Mail Order Copayments <i>(90 day supply)</i>		
Generic / Preferred / Non-Preferred	\$20 / \$70 / \$100	
* Please Note: Out-of-Network benefits are reduced to 50% of the allowed amount inside the state of Alabama.		

Important Information Regarding Your Prescription Drug Plan: The medical plan will include the drugs on the SourceRX 1.0 Formulary. To find a complete list of drugs available on the SourceRX 1.0 Drug List, visit: www.AlabamaBlue.com/druglist, scroll down, and look under the Large Group Plans Heading, select SourceRX Drug List, then select, SourceRX 1.0 Drug List – 4 tiers (standard).

The Blue Choice® Behavioral Health Network

Mental health and substance abuse services are covered under your BlueCross BlueShield of Alabama health plan.

Advantages of the Blue Choice Behavioral Health Network

- 1,400 providers throughout Alabama and neighboring counties
- 175,000+ providers nationwide
- No referrals necessary
- Providers file all claims
- No balance charges (only pay your copay or coinsurance)

Get the most from your BlueCross coverage

Behavioral health is a growing concern across the nation. To better help meet your particular needs, providers within BCBSAL's network specialize in many different areas:

- Psychiatrists (adult and child adolescent)
- Clinical psychologists
- Licensed clinical social workers
- Licensed professional counselors
- Licensed marriage and family therapists
- Nurse practitioners

To maximize your benefit and pay the lowest out-of-pocket cost, always choose a Blue Choice Behavioral Health Network provider.



To find a network provider in your area, visit AlabamaBlue.org and click on Find a Doctor. You can narrow your search by ZIP code, type of network and specialty.

BlueCare Health Advocate (BlueCross BlueShield of AL)



What can a BlueCare 'Health Advocate' do for you?

Your BlueCare Health Advocate serves as a coach and advisor to you and your covered dependents.

A Health Advocate can guide you through your questions, resolve your problems, and research issues concerning many of your healthcare needs.

BlueCare can save time and alleviate the stress of navigating a sometimes confusing healthcare system by handling the "leg work" for you.

6 ways a Health Advocate can assist you:

1. Help you locate a doctor or specialist and schedule appointments for you
2. Explain your benefits
3. Research and resolve hospital and doctor billing issues
4. Assist in finding support groups and community services available to you and your covered dependents
5. Inform you about recommended health services
6. Help you engage with available health and wellness programs for you and your dependents

BlueCare Health Advocates can help you with these topics and more.

Nothing is more important than your health

That's why BlueCross BlueShield of Alabama wants to let you know about preventive services that are available to you, so you can stay informed and involved in your healthcare decisions.

You may receive a call from a clinical health specialist to discuss recommended preventive screenings and tests that could benefit you. The results can give you and your doctor valuable information about your health. If you like, the clinical health specialist can also tell you about other BlueCross health programs that are available at no additional charge.

Call Health Advocate with your questions!

To reach a Health Advocate, call the customer service number on the back of your BlueCross BlueShield of Alabama identification card for details (available Monday through Friday 7 a.m. – 5:30 p.m. CENTRAL).

Mobile Apps for Phone & Tablet



**BlueCross BlueShield
of Alabama**

Download these FREE apps to access must-have tools and features.



Alabama Blue App

- Get health plan details
- Find a doctor, hospital or dentist
- File drug claims
- Alabama Blue Mobile App includes the Virtual ID Card. You can view or email your Blue Cross ID card.



Baby Yourself®

- Daily pregnancy and parenting tips
- Create birth plan
- Maintain doctor appointments
- Kick counter
- Contraction counter
- Keep track of moods
- One-button dialing to access your physician and/or Baby Yourself Nurse



TROY
UNIVERSITY

**LET'S
TACKLE
DIABETES**



TOGETHER

The **Good Health Gateway® Diabetes Care Rewards Program** is available to TROY University's employees and their families enrolled in a TROY University health plan to help them effectively manage their condition.

The program is free, voluntary, and confidential.



BENEFITS OF PARTICIPATING

Get support in managing your pre-diabetes/diabetes

Lead a healthier life by meeting the program requirements

Earn \$0 copays on covered diabetes medications and supplies

**Questions? Call us.
800.643.8028**

Enroll Today!
GoodHealthGateway.com

Dental Coverage (BlueCross BlueShield of AL)

Dental Benefits are available to you and your eligible family members to cover routine care, such as exams, x-rays and cleanings, fillings, and periodontal care.

Under the BCBS of AL Plan, you can go to the dental provider within the Dental PPO Network. If you choose to go to an out-of-network provider, the same percentages will be paid, but you will be responsible for any Reasonable or Customary charges.

Dental Summary of Benefits (Base Plan)	
Annual Deductible (Individual / Family)	\$25/\$75
Calendar Year Maximum Per Covered Member	\$1,000
Diagnostic and Preventive	80%
Basic/ Restorative Services	80%
Supplemental Services	80%
Periodontics Services	80%
Prosthetic	Not Covered
Orthodontia	Not Covered

NEW

Dental Summary of Benefits (Buy Up Plan)	
Annual Deductible (Individual / Family)	\$25/\$75
Calendar Year Maximum Per Covered Member	\$2,000
Diagnostic and Preventive	80%
Basic/ Restorative Services	80%
Supplemental Services	80%
Periodontics Services	80%
Prosthetic	50%
Orthodontia	50% up to \$2,000 Max



In- Network and Out-of-Network Dental Coinsurance Covered Procedures

80% Basic Services

- Routine oral examinations (two per calendar year)
- Routine cleanings (two per calendar year)
- Topical applications of fluoride (children through age 18, 2x per calendar year)
- Space maintainers (through age 18)
- Dental X-rays (full mouth 1x during any 36 months in a row, Bitewing 2x in a calendar year)
- Sealants*
- Fillings*
- Simple tooth extractions
- Repairs to removable dentures

**Refer to SPD for limitations*

80% Supplemental Services

- Oral surgery – tooth extractions and impacted teeth and to treat mouth abscesses
- General anesthesia
- Treatment of the root tip of the tooth including its removal

80% Periodontic Services

- Periodontic exams (2x each 12 months)
- Removal of diseased gum tissue and reconstructing gums
- Removal of diseased bone
- Reconstruction of gums and mucous membranes by surgery
- Removing plaque and calculus below the gum line for periodontal disease

50% Prosthetic Services

- Full or partial dentures.
- Fixed or removable bridges.
- Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate.
- Dental implants.

50% Orthodontic Services

- Coverage for employee, spouse and dependent children.
- Limited to a separate lifetime maximum of \$2,000.

**Please note outline of services is provided in a summary form. For specific plan details and limitations, please refer to the plan documents.*

Voluntary Vision Coverage (Ameritas - VSP Choice Network)

Vision benefits are provided to you to cover lenses, frames, contacts and routine care such as exams. This is a voluntary benefit plan.

Ameritas Vision Plan Summary of Benefits				
Benefit Features	VSP Choice Network + Affiliates		Out-of-Network	
Annual Eye Exam	Covered in full after \$10 Exam Deductible		Up to \$45	
Deductibles				
Exam	\$10			
Eye Glass Lenses or Frames*	\$25			
Lenses (per pair)				
Single Vision	Covered in full after deductible		Up to \$30	
Bifocal	Covered in full after deductible		Up to \$50	
Trifocal	Covered in full after deductible		Up to \$65	
Lenticular	Covered in full after deductible		Up to \$100	
Contacts				
Fit & Follow-Up Exams	Member cost up to \$60		No Benefit	
Elective	Up to \$130		Up to \$105	
Frames	Up to \$130 + 20% off balance		Up to \$70	
Frequencies (months)				
Exams/Lens/Frame	12/12/24 (based on calendar year)			
2022 Vision Insurance Benefits Cost				
	Monthly		Bi-Weekly	
	Less than \$30,000 Salary	\$30,000 Salary and over	Less than \$30,000 Salary	\$30,000 Salary and over
Employee Only	\$7.48	\$7.48	\$3.45	\$3.45
Employee + Family	\$15.68	\$15.68	\$7.24	\$7.24

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.
Costco and Walmart frame allowance = wholesale equivalent and additional 20% off discount not applicable.

To locate a VSP Choice Network provider, visit ameritas.com. To view plan benefit information, visit vsp.com. There are benefits available to members using out-of-network providers. However, as you can see from the plan outline above there is less coverage when using non-network providers which will increase the out-of-pocket costs to members.



Have questions? Visit www.ameritas.com or call 1-800-877-7195.



Provided by
Troy University

Welcome to RelyMD

24/7 on-demand doctor visits,
no appointment necessary.



As a RelyMD member, you and your family will receive 24/7/365 access to U.S. board-certified physicians who can diagnose common illnesses and injuries regardless of time and location. Register for your secure account today, *we'll be ready when you need us.*



Medical conditions we commonly treat:

- Allergies
- Arthritic pain
- Bronchitis
- Cold & flu
- Constipation
- Cough
- Diarrhea
- Eye infections
- Fever
- Gout
- Headache
- Insect bites
- Mild asthma
- Muscle pains
- Rashes
- Sinus infection
- Sore throat
- UTI
- Nausea/vomiting
- and more!

When to use RelyMD



If you're considering the ER or urgent care for a non-emergency medical issue.



When leaving home to see a licensed physician just isn't possible.



You or your family are traveling or in need of medical care.

How to access your account as a previous MYidealDOCTOR user:

1. Go to patient.relymd.app and click "Log In"
2. Log in **using your existing username and password.** All existing data is being securely transferred to the new website.
3. **Review your demographics and medical history** to ensure everything is correct before starting your visit.
4. That's it! **You're ready to see a doctor!**

**If you need assistance, please call 855-879-4332.

How to access your account as a NEW member:

1. Go to patient.relymd.app and click "Sign Up"
2. When asked **Do you have RelyMD services through your employer or insurance provider?** Click **Yes** and type in your employer's name.
3. **Click Continue** to validate and access your patient account.
4. You're now registered! **You're ready to see a doctor!**

**If you need assistance, please call 855-879-4332.

relymd.com | support@relymd.com | (855) 879-4332

Group: MYIDR971 | **Consultation Fee:** \$0 | **Phone:** (855) 879-4332 | relymd.com

BlueCard Global Core – Healthcare coverage wherever you go

Across the country and around the world...we've got you covered.

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you — across the country and around the world. Your membership gives you a world of choices. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global Core program.

Designed to save you money.

In most cases, when you travel or live outside your Blue Cross and Blue Shield (BCBS) company's service area, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

To locate doctors and hospitals wherever you or a covered dependent need care (have your member ID card handy):

- Visit the National Doctor & Hospital Finder at www.BCBS.com.
- Use the National Doctor & Hospital Finder app and the Blue Cross Blue Shield Global Core app for Android, iPhone, iPad and iPod Touch. (Rates from your wireless provider may apply.)
- Call BlueCard Access® at 1-800-810-BLUE (2583).



Take charge of your health, wherever you are.

In the United States

- Always carry your current member ID card.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call your BCBS company for pre-certification or prior authorization, if necessary. Refer to the phone number on the back of your member ID card.
- When you arrive at the participating doctor's office or hospital, show the provider your ID card.

After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay.
- Receive an explanation of benefits from your BCBS company.

Around the world

- Always carry your current member ID card.
- Before you travel, contact your BCBS company for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Service Center for Blue Cross Blue Shield Global Core at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177, 24 hours a day, seven days a week.
- An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

Inpatient claim: Call the Service Center if you need inpatient care. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.

Professional claim: You may need to pay upfront for care received from a doctor and/or hospital. Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Service Center (the address is on the form). You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from your BCBS company or online at www.bcbsglobalcore.com.

Long Term Disability (UniCare)

Long Term Disability, or LTD, is a benefit paid to replace a portion of your income for a long period of time. Full-time Troy University employees are eligible for LTD after completing one year of full-time employment at no cost to the employee.



Long Term Disability Summary of Benefits	
Benefit Amount	60% of Basic Earnings
Maximum Monthly Benefit	\$6000
Benefits Begin	After 180 consecutive days of any one period of disability

Maximum Duration of Benefits	
Age When Disabled	Benefits Payable
Prior to Age 63	To Normal Retirement Age or 42 months, if greater
Age 63	To Normal Retirement Age or 36 months, if greater
Age 64	To Normal Retirement Age or 30 months, if greater
Age 65	24 Months
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and over	12 Months

Basic Life and AD&D Insurance (UniCare)

Troy University provides all full-time employees with Basic Life and Accidental Death and Dismemberment coverage equal to one time annual salary up to the maximum of \$100,000 at no cost to the employee.

You are not subject to any copay charge and your life insurance coverage will end when you terminate employment or retire.

Age reduction will apply based on the schedule listed below:

Age	Percentage in force at age 59
60	82%
65	53%
70	28%
75	15%
80	5%



Employees hired before September 1, 1991 are grandfathered and will need to contact Human Resources for their life insurance benefit.

Voluntary Term Life (UniCare)



If you have thought about increasing the protection you presently provide your family through life insurance coverage, you may want to consider the Voluntary Term Life program. All full-time employees are eligible at the group rates.

This program allows you to select coverage from a minimum of \$10,000 to a maximum of \$300,000 in increments of \$10,000. Guarantee issue amount is \$200,000 with no medical questions asked if coverage is taken at initial employment.

Coverage amounts in excess of \$200,000 will require completion of a medical underwriting form and approval by underwriting. Employees who decline coverage at initial employment must submit evidence of insurability if electing coverage after initial eligibility or if an insured employee wishes to increase the amount of coverage after initial eligibility. Any coverage after initial eligibility or increase in coverage will take effect only after approval by underwriting.

Coverage will be effective the first day of the month following your employment date and after payroll deduction of applicable premium.

Benefit Reductions: Your insurance, if in place prior to age 65, will reduce to 65% of coverage at age 65 and to 50% at age 70.

Voluntary Term Life Benefits		
Employee	Benefit Minimum	\$10,000 in increments of \$10,000
	Benefit Maximum	\$300,000
	Guarantee Issue	\$200,000
Spouse	Benefit Amount	\$10,000 <i>(not to exceed 100% of employee's amount)</i>
	Benefit Maximum	\$50,000
	Guarantee Issue	\$50,000
Child(ren)	To 26 years	\$10,000
	Age Guarantee Issue	\$10,000

Rate Table For Employee And Spouse*			
Age Bracket	Rate	Age Bracket	Rate
< 29	\$0.05	50-54	\$0.39
30-34	\$0.08	55-59	\$0.68
35-39	\$0.10	60-64	\$1.03
40-44	\$0.15	65-69	\$1.84
45-49	\$0.26	<i>*Dependent Child Rate: \$0.14 per \$1,000.</i>	

Sample Voluntary Term Life Rates

Employee And Spouse Sample Monthly Rates					
Amount of coverage elected	Age 20	Age 35	Age 40	Age 50	Age 60
\$20,000	\$1.00	\$2.00	\$3.00	\$7.80	\$20.60
\$30,000	\$1.50	\$3.00	\$4.50	\$11.70	\$30.90
\$40,000	\$2.00	\$4.00	\$6.00	\$15.60	\$41.20
\$50,000	\$2.50	\$5.00	\$7.50	\$19.50	\$51.50

Dependent Child(ren) Rates	\$0.14 per \$1,000 of coverage
<i>*The Child Voluntary Term Life Insurance has a flat rate, so it will remain the same for multiple children.</i>	

Wellness (myBlueWellness)

Welcome to myBlueWellness – a suite of programs from BlueCross and BlueShield of Alabama created with your well-being in mind. Log in to your myBlueCross account at bcbsal.org to get started.

CareReminders

When you log-in at bcbsal.org, you will see your upcoming or overdue health services. These online Care Reminders are also available on the Alabama Blue mobile app. If you have questions about your Care Reminders, or need assistance scheduling an appointment, call a BlueCare Health Advocate today, at 1-888-759-2764.

Baby Yourself® Maternity Management

The goal of this maternity program is to ensure expectant mothers and their babies receive the best possible healthcare during pregnancy. You can enroll once you learn you are pregnant. You'll receive telephone or e-mail support from an experienced registered nurse throughout your pregnancy.

The Baby Yourself app provides additional information, trackers and easy access to your nurse through one-button dialing. Once your baby arrives, the Lactation Program provides encouragement, support and information designed to improve the well-being of infants and their families. Call 1-800-222-4379 to enroll.

Chronic Condition Management

Chronic Condition Management incorporates a holistic, personalized approach to managing your healthcare. This telephone-based program assists members with Asthma, Coronary Artery Disease, COPD, Diabetes and Heart Failure. The main goal is to help you stay healthy. Talk to a Chronic Condition Management health professional at 1-888-841-5741.

WalkingWorks®

This exercise program is designed to help you learn how to incorporate activity into your everyday life. Since the program focuses on walking, almost anyone can participate. Visit walkingworks.com and download the WalkingWorks app for more information.

Wellness Tools

At bcbsal.org, you can access personalized wellness tools that include exercise challenges, action plans, the advocacy program, device connection (Fitbit, Garmin, etc.), healthy living links (health assessment, stress tracker, recipes, symptom checker, etc.), your personal health record, health information, myBlueCross Tools, health programs and more!

- **HealthQuotient®:** After taking the HealthQuotient, an online health assessment, you'll get an immediate, personalized report showing an overview of your current health status and ways to reduce health risks.
- **My Health Assistant Programs:** These web-based health courses offer step-by-step assistance to help you change unhealthy behaviors and make better choices. Areas of focus include nutrition, exercise, weight management, tobacco cessation, emotional health and stress management.
- **Personal Health Record:** The Personal Health Record allows you to keep your health information in one secure, central location. Information can be entered manually, and automatically added from two years of processed claims. Health Trackers allow you to chart your personal health measurements over time.
- **Device Integration:** You can connect your FitBit®, Jawbone® and 100+ other devices and apps to your Personal Health Record and its trackers. Your data is integrated into many Blue Cross solutions, including Personal Health Record and My Health Assistant.

Check out the Alabama Blue mobile app for 24/7 access to your benefits and claims, plus a Virtual ID Card & more!

Resource Link (UniCare)

Receive personalized counseling, financial, and legal help

Resource Link is a member assistance program that's included with your life and/or disability benefit. It provides resources and services to support you and your household family members when you may need it.

Counseling by phone, face-to-face, or LiveHealth Online video chat

If you're feeling stressed, worried, or going through a tough time, you may want someone to talk to. You and your household family members can call Resource Link anytime, 24/7, and talk with a licensed counselor:

- By phone: Call 1-888-209-7840.
- In-person: You can call to set up face-to-face sessions and then schedule appointments directly with your counselor.
- Video visit: You can talk with a counselor from the convenience of your home or wherever you have internet access and privacy using LiveHealth Online. To set up a LiveHealth Online visit, call Resource Link. You will receive details about how to schedule a visit, along with a coupon code that gives you LiveHealth Online visits at no extra cost to you.

You can review a therapist's background and qualifications to help choose one who is available and right for you.

You and your family members are eligible for up to three counselor visits for each issue or concern, at no extra cost.

Counselors can help with:

- Stress
- Parenting
- Anxiety
- Depression
- Issues that affect your well-being
- Dealing with illness
- Relationship or family issues
- Finding childcare
- Elder care issues and resources

Helpful resources you can count on

Financial planning: Call Resource Link to set up one-on-one financial counseling with a certified professional financial planner.

They can help with issues like retirement planning and saving for a child's education.

Legal services: With a call to Resource Link, you can schedule a consultation with an attorney over the phone at no charge. If you want to meet with an attorney in person, the legal consultant can set up an appointment at a discounted fee.

Identity theft recovery and monitoring: Resource Link has fraud resolution specialists who can help if your identity is stolen. They can work with creditors, collection agencies, law firms, and credit reporting agencies for you for up to one year. You can sign up for ID monitoring, receive credit report reviews, and place fraud alerts on credit reports no matter how many times your identity is compromised.

Call 1-888-209-7840 for financial, legal, and identity theft recovery and monitoring services.

Online tools to help with life's issues

The Resource Link website has tools to help with life's challenges, such as:

- Creating a will
- Parenting
- Aging
- Healthy living
- Household support
- Referrals
- Funeral planning

To access resources, visit www.resourcelink.unicare.com and use the program name "**resourcelink**."

✂ Cut out this wallet card and keep it with you when you travel.



Resource Link

Get support, advice and resources, 24/7

1-888-209-7840

www.resourcelink.unicare.com

Life and Disability products underwritten by UniCare Life & Health Insurance Company.

Perks at Work

Save on electronics, restaurant certificates, gym memberships, weight loss programs, glasses and contacts, nutritional supplements, travel, sporting events tickets — even on buying your next car. It's part of the Resource Link member assistance program that's included with your life and disability coverage from UniCare.

Perks at Work has discounts on goods and services you use every day like:

- Gym memberships, including FitReserve, LA Fitness, ClassPass, Active & Fit, GlobalFit and more
- Weight loss programs like Nutrisystem, Weight Watchers and more
- Vitamins and supplements, including GNC
- Vision supplies and services, including Glasses Shop, 1-800 CONTACTS and LasikPlus
- Dozens of brands of hotels
- Flights and other vacation services
- TVs, computers, tablets, video games and more
- Six Flags amusement parks
- Movie tickets
- Employee car buying service
- Cell phones from Sprint, T-Mobile, Verizon and more
- Gift certificates from popular restaurants

Log on to UniCare Resource Link website to check out all the savings — and to access discounts.

To sign up for Perks at Work:

1. Go to <http://www.resourcelink.unicare.com> and sign in using the program name *resourceLink*.
2. Choose Savings Center and then choose Access the Savings Center.
3. You'll see an overview of the Savings Center. To access Perks at Work, choose Click here to access the Savings Center.
4. You'll be taken to the Perks at Work website. To set up your Perks at Work account, enter your work email. In the Your Company box, enter Workplace Options US and in the Please enter your Company Code box, enter EAP. Then, choose Create my account.
5. You'll get a confirmation.
6. Check your email for an email from Perks at Work. Click on the Complete my profile button in the email.
7. You'll be taken back to the Perks at Work website to set up your password.
8. You're now signed up for Perks at Work — time to start saving! Be sure to check Perks at Work often for new discounts.

Travel Assistance (UniCare)

24/7 help is just a phone call away

Travel assistance is available 24 hours a day through the Generali Global Assistance, Inc. Coordination Center, which can offer help in many languages.

With travel assistance, you'll have access to:

- Emergency medical help, such as finding doctors, dentists and health care facilities or getting and paying for medical evacuation. All services and transportation must be arranged in advance by GGA.
- Travel services, including getting and sending emergency messages, as well as emergency cash advances.
- Pre-departure information, such as immunization (shots) and passport needs, and travel alerts.

How does Generali Global Assistance, Inc. travel assistance work?

If you have a life-threatening emergency while traveling, call the local emergency authorities to get help right away. Then, as soon as possible, contact GGA for help. Call the number on your wallet card with any health, personal or travel needs. GGA will take it from there and closely monitor things to see you get the care you need.

Keep in mind that all services must be coordinated and arranged by GGA to be covered.

Here are just some of the things you can count on GGA to help you with when you're traveling:

- Medical referrals and case reviews: Get help finding doctors, dentists and health care facilities. Professional case managers, including doctors and nurses, will help make sure you get the right care or decide if you need to be moved. Your medical coverage may cover you overseas, but you may have to find a way to pay for medical services you get. In most cases, GGA can provide the necessary payment guarantee, saving you from having to come up with cash to pay out of pocket, but you must provide a repayment guarantee.
- Medical evacuation/return home: If a doctor chosen by GGA decides you should be taken to a different health care facility or go back home for treatment, GGA will arrange that. GGA will also pay for it, up to the program limit of \$1 million for each medical incident (all services combined).
- Traveling companion assistance: If someone traveling with you can't continue to do that because of your medical emergency, GGA will arrange to get him or her home. GGA will also pay up to \$5,000 for the most direct route home on economy class airfare.
- Help with dependent children: If your dependent under the age of 26 is left alone because you're in the hospital, GGA will set up and pay for transportation home by the most direct route on economy class airfare, up to \$5,000. GGA will also get and pay for a qualified escort, if needed.

- Visit by family member/friend: If you're alone and will be in the hospital seven days in a row, GGA will arrange and pay up to \$5,000 to get one member of your immediate family, or one friend, from his or her home to the hospital. GGA will also pay up to \$150 each day for meals and a place to stay for that person for up to five days.
- Bringing your remains home if you pass away, up to \$10,000.
- Returning your personal vehicle in an emergency.
- Returning your pet in an emergency. If you're traveling with your pet and it's left alone because you're in the hospital or pass away, GGA will arrange and pay for your pet's return home.
- Replacing medicine and eyeglasses, and finding lost items. (You must pay the full cost.)
- Emergency messages: Give messages to and get them from friends, family members and people you work with.
- Emergency travel arrangements, cash and legal help/bail: GGA will advance up to \$5,000 in an emergency, as long as you provide a guarantee of payment and pay any transfer or delivery fees. Legal help and bail require you to provide a guarantee of payment for the bail bond fees and pay the attorney fees. For emergency travel arrangements, you will have to provide a payment/credit card guarantee for all tickets, hotel and rentals.
- Interpretation/translations: GGA will help by phone in all major languages or refer you to a service that interprets and translates documents in writing.
- Help finding lost luggage, documents and personal items.
- Help before you travel: Find out about things like:
 - Visa requirements
 - Passports and immunization (shots) requirements
 - Cultural information
 - Weather conditions
 - Finding an embassy or consulate
 - Foreign exchange rates
 - Travel advisories (warnings)

✂ Cut out this wallet card and keep it with you when you travel.

Travel Assistance

Provided by Generali Global Assistance, Inc. for UniCare

For travel emergency assistance services, call the appropriate number below, depending on your location:

US. and Canada: 1-866-295-4890

Other locations (call collect): 1-202-296-7482

For more details, go to unicare.com.

Life and Disability products underwritten by UniCare Life & Health Insurance Company.

Flexible Spending Accounts (American Benefit Services)

Want an easy way to save money? Whether you are married with kids, single with no children, a single parent, or any other lifestyle status, a Flexible Spending Account can save you money.

You may elect:

- A Health Care Account for health care reimbursement: you may contribute up to a maximum of \$2,750 per plan year
- A Dependent Care Account for child or elder care reimbursement: you may contribute up to a maximum of \$5,000 per plan year

How FSAs Save You Money

FSAs allow you to set aside before-tax dollars to cover qualified expenses that you would normally pay out of your pocket with after-tax dollars. You pay no federal income, state income or Social Security taxes on the money you place in your FSA.

*Please note that any expense reimbursed through your FSA is not eligible to be claimed as a deduction or credit on your tax return.

How FSAs Work

First, estimate what your out-of-pocket health care and child/elder care expenses will be for the year. Based on your estimate, you will then specify the amount of dollars you want to contribute to your FSA for the year. You can be reimbursed up to the full amount of your annual Health Care Account contribution, regardless of the amount you have deposited in your account. For your Dependent Care Account, you can be reimbursed up to the amount you have deposited.

And, don't forget about your Flex Card!

You can use your Flex Card at approved providers to instantly access your account. It allows you to pay for eligible expenses and services at the point of service by automatically deducting the amount from your FSA. No hassle and no waiting! Plus, you can view your account activity and balance any time on-line at <https://amsbpppt.lh1ondemand.com/login.aspx> by clicking on Participants and Online Access.

Important Reminder

Over-the-counter medications require a doctor's prescription to be eligible for reimbursement under the Flexible Spending Account.

Frequently Asked Questions about FSA

Who is eligible to participate in the FSA plan? All full-time employees who work at least 30 hours per week are eligible to participate in the plan immediately upon hire.

What is a Dependent Care Spending Account? A Dependent Care Flexible Spending Account is used to pay for eligible dependent care expenses such as child care **for children under age 13 or day care for anyone who you claim as a dependent on your Federal tax return who is physically or mentally incapable of self-care** so that you (and your spouse, if you are married) can work, look for work, or attend school full time.

What qualifies as an eligible expense under a Health Care FSA or a Dependent Care Spending Account? Check the following page for eligible expenses.

What happens if I terminate? If you terminate employment with the company and you still have money that you have contributed in your medical reimbursement account, you may elect, through COBRA, to continue to access those monies for expenses incurred after your termination date through the end of the plan year as long as you continue to make your COBRA payments.

Keep your money, yours

It can be a challenge to estimate how much money to set aside each year in an FSA. But now you have a \$550 safety net! New government regulations allow you to carryover up to \$550 of your unused funds from year to year.

You must re-enroll for the next plan year to have your funds rollover up to the maximum.

Most Common FSA Expenses

Deductible Medical Expenses

- Abdominal Supports
- Acupuncture
- Air Conditioner (breathing)
- Alcoholism Treatment
- Ambulance
- Anesthetist
- Arch Supports
- Artificial Limbs
- Autoeette(sickness/disability)
- Birth Control Pills
- Blood Tests
- Blood Transfusions
- Braces
- Cardiographs
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Contraceptive Devices
- Convalescent Homes
- Crutches
- Dental Treatment
- Dental X-rays
- Dentures
- Dermatologist
- Diagnostic Fees
- Diathemy
- Drug Addiction Therapy
- Drugs (prescriptions)
- Elastic Hosiery
- Eyeglasses
- Fluoridation Unit
- Guide Dog
- Gum Treatment
- Gynecologist
- Healing Services
- Hearing Aids and Batteries
- Hospital Bills
- Hydrotherapy
- Insulin Treatment
- Lab Tests
- Lead Paint Removal
- Legal Fees
- Lodging
- Metabolism Tests
- Neurologist
- Nursing
- Obstetrician
- Operating Room Costs
- Ophthamologist
- Optician
- Optometrist
- Oral Surgery
- Organ Transplant
- Orthopedic Shoes
- Orthopedist
- Osteopath
- Oxygen and Equipment
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Postnatal Treatment
- Practical Nurse
- Prenatal Care
- Prescription Medicines
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium Therapy
- Registered Nurse
- Special Schools (handicap)
- Spinal Fluid Tests
- Splints
- Sterilization
- Surgeon
- Hearing Impaired TV/Phone
- Therapy Equipment
- Transportation
- Ultra-violet Ray Treatment
- Vaccines
- Vasectomy
- Vitamins (prescribed)
- Wheelchair
- X-Rays

Eligible Over-the-Counter Drugs

- Antacids
- Allergy Medications
- Pain Relievers
- Cold Medicine
- Anti-Diarrhea Medicine
- Cough Drops
- Throat Lozenges
- Sinus Medications
- Nasal Sprays
- Nicotine Medications
- Pedialyte
- First Aid Creams
- Calamine Lotions
- Wart Removal Medication
- Antibiotic Ointments
- Suppositories / Creams for Hemorrhoids
- Sleep Aids
- Motion Sickness Pills

***This is a list of the most common expenses, and is not a complete list of eligible expenses. For a full list of eligible expenses, please visit www.irs.gov**

Mandatory Retirement Plan

Teachers' Retirement System (RSA-1) Defined Benefit Plan 401(a)

As a condition of employment with Troy University, all eligible employees are required to join the Teachers Retirement Systems (RSA-1) of Alabama.

This program provides allowances for eligible members in accordance with the plan or option the member designates at the time for retirement. All contributions to the retirement systems are tax deferred for federal income tax purposes until retirement or withdrawal from the plan. For additional information visit www.rsa-al.gov.

Designation of Beneficiary: It is very important for members to keep their beneficiary designations current. Failure to do so can result in possible loss of valuable benefits to your survivors. The RSA 100-C Change of Beneficiary – Prior to Retirement form is available at www.rsa-al.gov or you may contact the TRS. You may name more than one beneficiary and designate them as contingent or co-beneficiaries. If at the member's death, there is no beneficiary; the member's estate will be paid the appropriate death benefit

Change of Address: Having your current home mailing address on file with the TRS is very important. Many important documents are mailed to each member such as your Advisor, TRS Board of Control Election ballots, Annual Statement of Account, and RSA-1 statement.

You may change your address through Member Online Services at www.rsa-al.gov. You will need to set up a User ID and Password to log in. You can also change your address in writing, with signature, either by letter or Address Change Notification form. The change of address form can be obtained from the RSA website or requested from Member Services. Address changes cannot be made through email or over the phone.

Refund of Contributions: A member's contributions are only refundable at the request of the member upon termination of employment and application for refund (Form 7). There are no partial refunds; all contributions are refunded in full. Interest on the account is only refunded if the member has at least three years of membership service. The employee is not entitled to the total interest credited to the account. Upon withdrawal, all service credit established with the TRS is canceled. For vested members, the right to lifetime monthly retirement benefits is forfeited.

For additional information, please visit www.rsa-al.gov or call Customer Service at 1-877-517-0020. Employees can also create their own personal account with The Retirement Systems of Alabama to view their current account and process address changes through member online services.

Optional Supplemental Retirement Plans

Troy University offers optional supplemental retirement plans with TIAA-CREF, Lincoln Financial and The Alabama Teachers' Retirement System. Employees may choose to contribute to a 403b plan and/or a 457b supplemental retirement plan through payroll deduction.

Immediately upon employment, full-time and part-time employees may elect to contribute to an optional supplemental retirement plan on a non-matching basis. Eligibility for the matching portion requires one year of full time employment with Troy University. Employees must contribute 3% or more of their salary. Employees eligible for the matching program will receive a match of 3% on a maximum of \$18,500 of salary (\$540.00 annual maximum employment [\$45.00 monthly for a 12 month employee; \$54.00 monthly for a 10 month employee]) An employee who earns \$60,535.00 or more is considered "highly compensated" and does not qualify for the university match.

It is the employee's responsibility to contact Human Resources after completing the one year eligibility period to process paperwork for the university match

Employees who are interested in contributing should visit the appropriate website for additional information:

- **TIAA-CREF:** www.tiaa-cref.org/troy
- **Lincoln Financial:** <https://www.lfg.com>
- **Teacher's Retirement System:** www.rsa-al.gov

Enrollment is not complete without a Salary Reduction Agreement. As always, if you need assistance, please contact your Human Resources Department for further information.

2022 Pension Limits Set by the IRS for 403(b) And 457(b) Plans:

- Elective Deferrals – 403(b): \$20,500
- Elective Deferrals – 457(b): \$20,500
- Age 50 + Catch-up Contributions: \$6,500
- Contribution Limits for 2022: \$27,000

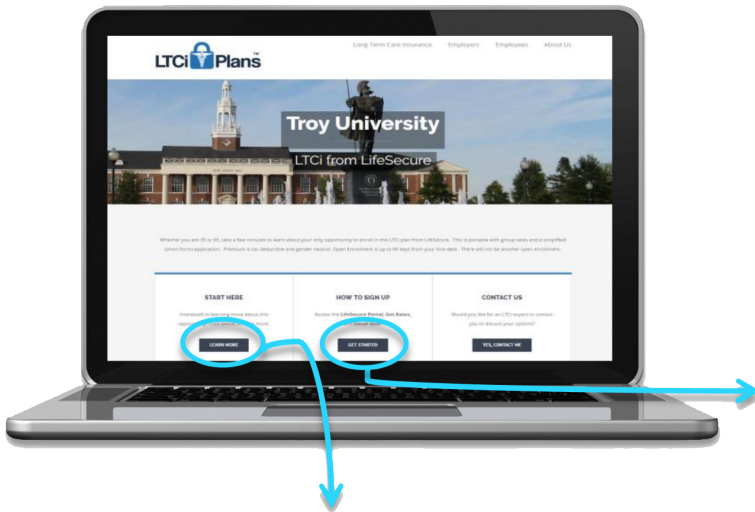
Important Note: Contributing the maximum amounts for both the 403b and 457b is allowed.

Troy University Faculty and Staff

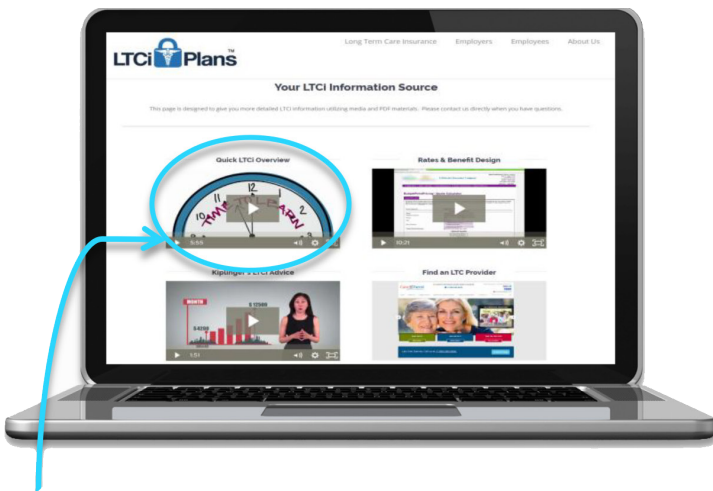
You take responsibility for the education of others...

...now take the time that you deserve to be educated about a care need which the **U.S. Government says two-thirds of us will face costing \$90,000 per year!** This is not covered by your health insurance, Medicare, or disability. Living without an LTCi plan is like living in a home without homeowner's insurance. In the moment of crisis it is too late, and you will pay for everything out of pocket! **Take the next step to learn more about a discounted group long-term care insurance plan from LifeSecure Insurance Company.**

www.troyLTC.com

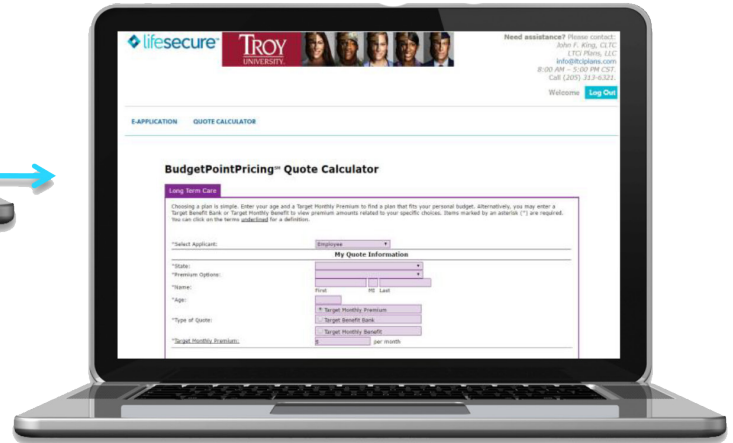


LTCi Education Center & Caregiver Resources



“An LTCi plan protects all of the other plans that you’ve already made!”

Online Enrollment & Rate Calculator



Ask Yourself:

1. Who will pay for my care when my health insurance and Medicare stop?
2. Is my family prepared to take me in, or will they move in with me?
3. Which assets will I liquidate first to pay for my extended healthcare?
4. Is it already too late? Am I insurable?

Go to www.troyLTC.com and take a few minutes to watch the video circled above. Whether you're 35 or 65, learn how to protect your assets and your family's future.





Employee Benefit Assistants You Can Count On



Member Claims Advocate

Marsh & McLennan Agency, locally known as J. Smith Lanier & Co., provides you and your family members a complimentary member claims service to help with claims, billing, missing ID cards and more!

Give Member Claims Advocate a call if:



You received a provider bill or EOB but do not feel the claim was processed correctly.



You are at the doctor or pharmacy and having trouble with your coverage.



You need to confirm if a provider is In-Network.



You are missing your ID card.

You can reach the Member Claims Advocate team by phone or email.

Monday through Friday, 8:15 AM EST – 5:15 PM EST

Email: mmajslbenefitclaims@MarshMMA.com

Sara Franks: (706) 645-8221

Toll Free: (800) 226-4518

It's our business
to be there for you in the

**MOMENTS
THAT
MATTER.**

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, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid

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

ALASKA – Medicaid

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

ARKANSAS – Medicaid

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

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/
State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

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

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

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

KANSAS – Medicaid

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

KENTUCKY – Medicaid

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

LOUISIANA – Medicaid

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

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/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: 1-800-977-6740
TTY: Maine relay 711

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

MASSACHUSETTS – Medicaid and CHIP

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

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

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

MONTANA – Medicaid

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

NEBRASKA – Medicaid

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

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

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

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid

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

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

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

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

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

VIRGINIA – Medicaid and CHIP

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

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid

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

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since July 31, 2021, 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

Important Medical Coverage Notices

Women’s Health and Cancer Rights Act Notice

Under the Women’s Health and Cancer Rights Act of 1998, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits: All stages of reconstruction of the breast on which the mastectomy was performed. Surgery and reconstruction of the other breast to produce a symmetrical appearance and, prostheses and treatment of physical complications of the mastectomy, including lymphedemas. Health plans must provide coverage of mastectomy-related benefits in a manner determined in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services are subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Newborns’ and Mothers’ Health Protection Act 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 a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Summary Plan Descriptions (SPD)

As required under the Employee Retirement Income Security act (ERISA), all employees and their covered dependents must be given access to a copy of the Summary Plan Description (SPD) for the employees welfare benefit plans. The SPD outlines the eligibility, schedule of benefits and covered/excluded items of the benefit plans offered by Troy University.

Employees and/or their covered dependents are given 2 options to access/obtain a copy of an SPD:

1. JOINPlus – Log onto troyedu.smartben.net using your personal ID and password (instructions located on page 3 of guide). To access the Forms section click on SPD.
2. You may also request a paper copy of a SPD from the Human Resources Benefits Department.

Privacy Rights under HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates that your private health information is protected and confidential. This Plan, the Plan Administrator and the Plan Sponsor will not disclose information that is protected by HIPAA, as required by law. To obtain a copy of your HIPAA Privacy Rights, contact your Human Resources Department.



Medicare Part D Notice: Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage with Troy University and 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.

Please Note: If you are not Medicare eligible, and none of your covered family members are Medicare eligible, no action is required on your part.

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

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Troy University has determined that the prescription drug coverage offered by The Troy University medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan? If you decide to join a Medicare drug plan, your current Troy University medical coverage will not be affected. Participants may keep this coverage if they elect Part D and this plan will coordinate with Part D coverage. If you decide to join a Medicare drug plan and drop your current Troy University medical plan coverage, be aware that you and your dependents will **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 Troy University medical plan 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 benefits department for further information, 334-670-3338. **NOTE:** You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

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).

General Notice of COBRA Continuation Coverage Rights

Introduction

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 coverage 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"

When is COBRA 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
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both)

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

General Notice of COBRA Continuation Coverage Rights

How is COBRA Coverage Provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Are there other coverage options besides COBRA Continuation Coverage?

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

If You Have Questions

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

Plan Contact Information

COBRA Administrator
American Benefit Services
1-866-826-6654



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

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.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Ashley English, Human Resources Department, \(334\)-808-6539](mailto:Ashley.English@troy.edu).

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Troy University		4. Employer Identification Number (EIN) 63-6001102	
5. Employer address 107 Wright Hall		6. Employer phone number (334)-808-6539	
7. City Troy	8. State AL	9. ZIP code 36082	
10. Who can we contact about employee health coverage at this job? Ashley English			
11. Phone number (if different from above)		12. Email address englisha@troy.edu	

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

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:

- Some employees. Eligible employees are:

Full-time and Part-time employees working an average of 30 hours per week

- With respect to dependents:
 - We do offer coverage. Eligible dependents are:

Spouse and Dependent Children up to age 26

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** 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.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



Please note that this guide is a general summary of your benefits. For specific details, you may refer to each carrier's summary plan description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail.