



Our 2025 comprehensive benefit offerings are designed to offer greater employee choice, so that as your life goals change, you can customize your benefits to match new preferences.

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## Privacy

Please be aware that your personal data, including any nonpublic information we receive when enrolling you in your individual and group benefits, is protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

If you have any questions, please email us at [benefits@usa.edu](mailto:benefits@usa.edu).

This guide provides a summary of the benefit plans available. USAHS reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.

In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the plan documents will always govern. Summary Plan Descriptions (SPDs) and insurance certificates of coverage are available to all employees. To obtain a copy of the Summary Plan Description (SPD), please email [benefits@usa.edu](mailto:benefits@usa.edu) or visit [benefits.usa.edu](https://benefits.usa.edu).

Medicare Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the notices located at [benefits.usa.edu](https://benefits.usa.edu) for more details.



Eligibility is defined as full-time employees who are regularly or normally scheduled to work 30 hours per week or more and are not classified as part-time, seasonal staff, intern, temporary employee, independent contractor, leased employee, or student worker.

## Open Enrollment

If you are eligible to enroll during the Open Enrollment window, you must make your elections during the Open Enrollment period.

## New Hires

Benefits are effective on the first day of the month following one calendar month of full-time employment. For those hired on the first day of a month, your benefits will be effective on the first day of the following month. Note: Long Term Disability and Short Term Disability benefits become effective the first of the month following 90 days of employment.

## Employees Moving from Full to Part time

When an employee changes from full-time to part-time, health benefits continue through the end of the month of the change in status, while employer-provided benefits end on the date part-time status begins.

### Important Notes on New Hire and Work Event Enrollments

**You must enroll in your benefit plans within 30 days of your benefit effective date or you will be required to wait until the next Open Enrollment period.**

- Coverage will be retroactively effective back to the applicable benefit effective date, however the sooner you enroll, the sooner you will receive necessary insurance identification.
- Long Term Disability and Short Term Disability benefits become effective the first of the month following 90 days of employment.
- If you enroll after your effective date, you may notice "double" deductions in your pay. This is to make up any missed payroll deductions.
- Once you complete your online enrollment, it may take up to two (2) weeks for you to be recognized in the insurance carrier's system. If you need to see a doctor prior to receiving your ID cards, electronic ID cards may be available from the vendor website or app.

USAHS complies with the Health Care Reform rules related to the employer mandate under the Affordable Care Act (ACA), to offer medical coverage to employees who have averaged at least 30 hours per week (130 hours per month) during an ACA compliant look back period. This means employees not previously eligible may have an opportunity to enroll for medical coverage. USAHS automatically administers this process and reaches out to those employees impacted individually, as applicable. If you are currently considered to be full-time, and regularly scheduled to work at least 30 hours per week, this does not apply to you and you are eligible to enroll for medical coverage as a new hire or during the Open Enrollment period as identified in this guide.

## Dependent Eligibility

In addition to enrolling yourself, you may enroll the following eligible dependents for USAHS Medical, Dental, and Vision plans:

- **Your Legal Spouse: a person to whom you are legally married.**
- **Your children up to age 26, according to the following guidelines:**
  - a child who is yours and/or your spouse's by birth, legal adoption, or placement for adoption; or
  - a child for whom you must provide coverage as a result of a Qualified Medical Child Support Order; or
  - any child who is in the court-ordered custody of you or your spouse, provided the child resides with you and is dependent on you for the majority of his or her financial support.
- **Children of your Domestic Partner provided you have legally adopted them. You will be required to complete an Affidavit of Domestic Partnership.**
- **Your Disabled Dependent, according to the following guidelines:**
  - a child who is age 26 or older, unmarried, disabled, dependent on you or your spouse as a result of mental or physical incapacity, and covered by the plan immediately prior to reaching the maximum age allowed under the plan.
  - Medical documentation must be provided at time of enrollment or if already enrolled, when your dependent turns 26. Additional updates will be requested from the insurance carriers periodically.
- **Domestic Partner of the same or opposite sex who:**
  - has shared your permanent residence for no less than one year; and
  - has signed a notarized Domestic Partner Affidavit with you; and
  - is financially interdependent with you and can provide documentation of at least two of the following: common ownership or lease-hold interest in property; common ownership of a motor vehicle; a joint bank or credit account; designation as a life insurance or retirement plan beneficiary; beneficiary in your partner's will; assignment of durable power of attorney; or any other proof deemed to show financial interdependence; and
  - has registered with you as a Domestic Partner in a jurisdiction which allows for such registration; and
  - is no less than 18 years old; and
  - is not a blood relative that would be prohibited by legal marriage; and
  - has not signed a Domestic Partner affidavit or declaration with another partner in the prior twelve-month period; and is not currently legally married to another person; and
  - does not have any other Domestic Partner, spouse, or equivalent of the same or opposite sex.

### Important Notes about your dependent child(ren) eligibility:

1. Coverage will terminate on the last day of the month in which the dependent reaches age 26 or the date the dependent ceases to meet the definition of an eligible dependent.
2. A spouse or child of your dependent child is not eligible for coverage under this plan.



### Important Notes about Domestic Partner Eligibility:

1. Before adding a Domestic Partner, there are certain tax implications that you may wish to review with a tax advisor. Unless your Domestic Partner is considered your federal tax dependent under the Internal Revenue Service (IRS) code, the IRS currently treats as imputed income to you the value of the coverage provided for your Domestic Partner, less any contributions paid by you on an after-tax basis for this coverage. For information regarding enrolling or removing a domestic partner please contact [benefits@usa.edu](mailto:benefits@usa.edu).
2. If you are married to or in a Domestic Partnership with another USAHS employee, you may enroll as an employee or a dependent under the Plan, but you cannot enroll as both an employee and a dependent. In addition, your children can only be enrolled once by one parent.
3. If a Domestic Partner relationship is terminated at any time during the year in which the Domestic Partner is covered under USAHS's health insurance plan, the employee must submit a termination of domestic partnership affidavit within 30 days of the relationship terminating. In addition, an election form must be completed removing the Domestic Partner from coverage. These forms can be obtained from [benefits@usa.edu](mailto:benefits@usa.edu). Please refer to Qualified Life Event section of this guide or notify [benefits@usa.edu](mailto:benefits@usa.edu) within 30 days of terminating your domestic Partnership, otherwise premiums paid beyond this point will not be refunded.



# ENROLLMENT

Enrolling in your benefits as a new employee or during Open Enrollment is simple, paperless, and can be completed at any time during your enrollment window.

For a select few voluntary benefits, you will need to contact the benefits provider directly for enrollment.

**If you are a new employee**, you must enroll within 30 days of your benefits eligibility date and the best practice is to enroll within two (2) weeks of your date of hire.

**For continuing employees**, you must enroll during the annual Open Enrollment window.

## Be Prepared

Follow the instructions below to elect your benefits.

1

### Familiarize

yourself with your options within this guide before beginning enrollment.

2

### Gather Information

- Social security numbers and dates of birth for yourself and your dependents.
- Dates of birth for beneficiaries. Social security numbers are recommended and voluntary. They can make insurance payments occur with greater ease to family members.

3

### Enroll

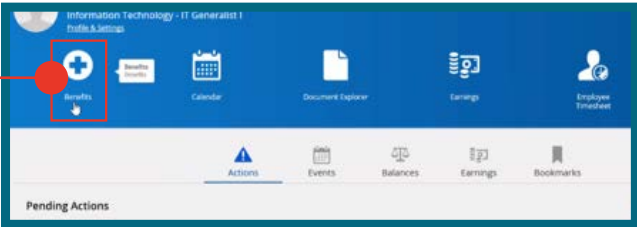
by using the guidelines on the following page.

You may enroll as many times as needed during the enrollment period.

# How to Enroll – Health and Wellness Plans

Enrollment instructions for your Health & Wellness benefits are shown below.

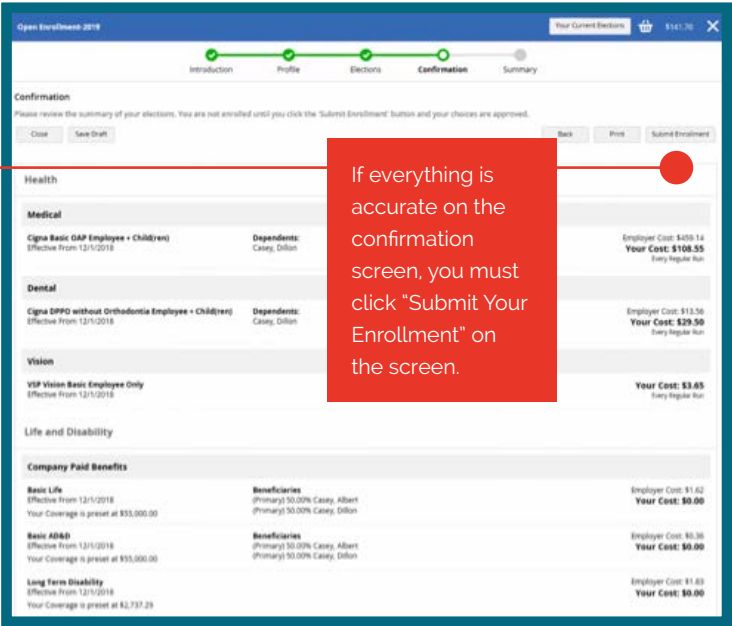
1. Log onto [login.usa.edu](http://login.usa.edu) and access Dayforce by clicking on the icon.
2. Once you have logged in to Dayforce, select the Benefits icon and in the Overview tab select the applicable enrollment (e.g. Open Enrollment, New Hire, Commuter, Transit)



Note: Click "Save" at any time if you are in the middle of enrolling and want to pause. You can log back in at a later time to finish making your elections.

3. Follow the process to first add dependents, and then enroll in each benefit for which you want to elect coverage.

Note that unless you first enter your dependents, you will not be able to review or enroll in any coverage other than Employee Only.



**Enrollment Tech Tips:**

- If enrollment does not submit, check each benefit section to ensure all required information has been provided.
- If you experience tech issues while enrolling, use a different browser — e.g. Chrome, Internet Explorer, Safari or Edge.
- If you would like help while enrolling, email [benefits@usa.edu](mailto:benefits@usa.edu) or reach out to your local HR Partner for assistance.

Note that these instructions are for your Health and Wellness benefit elections. Your enrollment in the 401(k) plan will be through Lincoln Financial Group.



EMPLOYEE BENEFITS SECURITY ADMINISTRATION UNITED STATES DEPARTMENT OF LABOR

## Online Security Tips

You can reduce the risk of fraud and loss to your retirement account by following these basic rules:

### Register, Set Up, and Routinely Monitor your Online Account

- Maintaining online access to your retirement account allows you to protect and manage your investment.
- Regularly checking your retirement account reduces the risk of fraudulent account access.
- Failing to register for an online account may enable cybercriminals to assume your online identity.

### Use Strong and Unique Passwords

- Don't use dictionary words.
- Use letters (both upper and lower case), numbers, and special characters.
- Don't use letters and numbers in sequence (no "abc", "567", etc.).
- Use 14 or more characters.
- Don't write passwords down.
- Consider using a secure password manager to help create and track passwords.
- Change passwords every 120 days, or if there's a security breach.
- Don't share, reuse, or repeat passwords.

### Use Multi-Factor Authentication

- Multi-Factor Authentication (also called two-factor authentication) requires a second credential to verify your identity (for example, entering a code sent in real-time by text message or email).

### Keep Personal Contact Information Current

- Update your contact information when it changes, so you can be reached if there's a problem.
- Select multiple communication options.

### Close or Delete Unused Accounts

- The smaller your online presence, the more secure your information. Close unused accounts to minimize your vulnerability.
- Sign up for account activity notifications.

### Be Wary of Free Wi-Fi

- Free Wi-Fi networks, such as the public Wi-Fi available at airports, hotels, or coffee shops pose security risks that may give criminals access to your personal information.
- A better option is to use your cellphone or home network.

### Beware of Phishing Attacks

- Phishing attacks aim to trick you into sharing your passwords, account numbers, and sensitive information, and gain access to your accounts. A phishing message may look like it comes from a trusted organization, to lure you to click on a dangerous link or pass along confidential information.
- Common warning signs of phishing attacks include:
  - A text message or email that you didn't expect or that comes from a person or service you don't know or use.
  - Spelling errors or poor grammar.
  - Mismatched links (a seemingly legitimate link sends you to an unexpected address). Often, but not always, you can spot this by hovering your mouse over the link without clicking on it, so that your browser displays the actual destination.
  - Shortened or odd links or addresses.

- An email request for your account number or personal information (legitimate providers should never send you emails or texts asking for your password, account number, personal information, or answers to security questions).
- Offers or messages that seem too good to be true, express great urgency, or are aggressive and scary.
- Strange or mismatched sender addresses.
- Anything else that makes you feel uneasy.

### Use Antivirus Software and Keep Apps and Software Current

- Make sure that you have trustworthy antivirus software installed and updated to protect your computers and mobile devices from viruses and malware. Keep all your software up to date with the latest patches and upgrades. Many vendors offer automatic updates.

### Know How to Report Identity Theft and Cybersecurity Incidents

- The FBI and the Department of Homeland Security have set up valuable sites for reporting cybersecurity incidents:
  - [fbi.gov/file-repository/cyber-incident-reporting-united-message-final.pdf/view](https://www.fbi.gov/file-repository/cyber-incident-reporting-united-message-final.pdf/view)
  - [cisa.gov/reporting-cyber-incidents](https://www.cisa.gov/reporting-cyber-incidents)



## Changes to Your Benefits

Once you choose benefits during Open Enrollment or your initial eligibility, you won't be able to change your benefits until the next Open Enrollment period, unless you have a Qualified Life Event.

### Qualified Life Events

- Change in legal marital status, including marriage, divorce, legal separation, annulment, or death of spouse.
- Change in domestic partnership status; commencement or dissolution of a domestic partnership.
- Birth, adoption, placement for adoption, or death of a dependent child (enrollment is not automatic).
- Commencement or termination of employment for your spouse or your dependent.
- Gain or loss of coverage for you, your spouse, or your dependent.
- Change in hours of employment, including a switch between full-time and part-time status.
- Your dependent ceases to qualify as a dependent due to attainment of maximum age.
- You experience a change in place of residence that causes a loss or gain of eligibility (e.g., employee moves inside or outside of an HMO service area).
- A loss of Medicaid or a State Children's Health Insurance Program (CHIP) or initial entitlement to state premium assistance by an employee, spouse, or dependent (enrollment is allowed within 60 days of the event).



### Other situations that allow you to make a change to your benefits

- Taking leave under the Family Medical Leave Act, or returning from such leave.
- Complying with a judgment, decree, or order (a Qualified Medical Child Support Order (QMCSO)) that requires you to obtain health or accident coverage for a child who is your dependent.
- Entitlement to coverage or loss of coverage under Medicare or other government program for you, your spouse, or your dependent.
- An election or change under your spouse or dependent's employer plan during an Open Enrollment period that does not correspond with this plan's Open Enrollment period.
- A change of dependent care provider or the imposition of a cost change for the dependent care provider.

### What to do if you have a Qualified Life Event

If you have a Qualified Life Event, you must submit an online form and supporting documentation in Dayforce to declare the event. Once submitted and approved, an enrollment window will open in Dayforce for you to make your new elections. This must be completed **within 30 days of the event**. If you fail to submit the event and supporting documentation within the allotted timeframe, premiums paid beyond the date of the life event will not be refunded. The event must affect the eligibility of you, your spouse, or your dependent, and your election must be consistent with the event.

The effective date of the coverage change is the date of the Qualified Life Event. For example, an employee experiences a loss of coverage. The last day of coverage is 1/15; the first day without coverage is the Qualified Life Event date, which in this case, is 1/16.

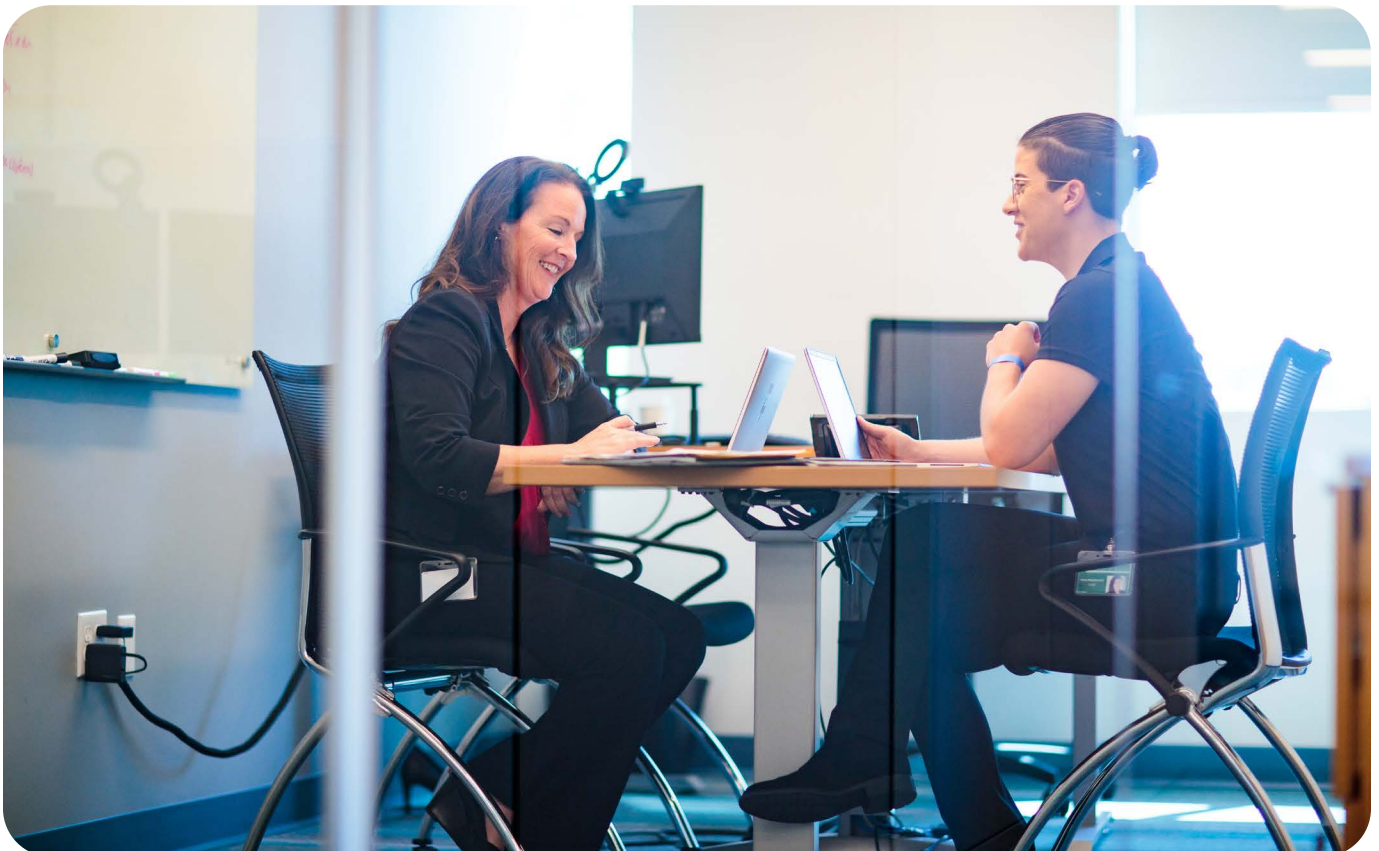
## Payroll Deductions for New Employee/ Employee with a Qualified Life Event

If a newly eligible employee or an employee with a Qualified Life Event enrolls timely before their effective date, insurance deductions should begin the first paycheck of the month in which the employee becomes eligible or the life event becomes effective. The employee's enrollment window will remain open for 30 days. However, any enrollments not completed timely before the effective date may result in retroactive premiums. Employees who are in a retroactive status will have additional deductions taken to bring premiums current.

### Pre-tax/Post-tax Benefits

**Pre-tax Benefits** – Any deduction from payroll for 401(k), Medical, Dental, Vision, the Medical and Dependent Care Flexible Spending Accounts and the Commuter Spending reimbursement accounts will be taken on a pre-tax basis. Pre-tax deductions may not be applicable to Domestic Partner coverage.

**Post-tax Benefits** – Any deduction from payroll for 401(k) Roth, Supplemental Life and AD&D Insurance, Voluntary Disability Insurance, the Legal Plan, the Identity Protection Plan, Pet Insurance and benefits for Domestic Partners who do not qualify for tax-free health coverage will be taken on a post-tax basis. Additionally, employees may contribute to the Commuter Spending reimbursement accounts on a post-tax basis if contributions in excess of the monthly pre-tax threshold are desired.





# HEALTH & WELLNESS PLANS

## Medical Coverage

### Aetna Medical Plans

All medical plans with Aetna use the Choice POS II network. Employees may choose between the HSA Saver, Choice POS II High Deductible, and Choice POS II Low Deductible plans. Employees enrolled in one of the Aetna plans may see any provider they choose to receive benefits covered under the plan. You make the decision to receive care within the network, or go out-of-network to receive services, but care received out-of-network increases your out-of-pocket costs.

#### Before you go!

Prior to obtaining medical treatment, be sure to check [aetnaresource.com/m/USAHS](https://aetnaresource.com/m/USAHS) to ensure that your provider is in network.

### How to Use the Aetna Network

- In-network preferred providers are doctors, hospitals and other health care providers who have a contract with Aetna to honor your medical coverage and bill Aetna directly. They will also accept the Aetna allowed amount as payment in full, which keeps your out-of-pocket costs down.
- Out-of-network providers do not have an agreement with Aetna. They may accept you as a patient, but will not bill Aetna directly. You must pay the provider at the time of service and submit a claim to Aetna. You will be reimbursed based upon the Aetna allowed amount. Your provider may charge you for the difference between the allowed amount and the billed charges. The difference you pay between the allowed amount and the billed charge does not accumulate toward the out-of-pocket maximum noted under the benefit plan you selected.



## Find in-network doctors and hospitals with Aetna's convenient provider search tool

### More helpful details

Use your custom provider search tool — in English or Spanish — to find doctors, hospitals and other health care providers that participate in the Aetna network. You'll also find useful information, such as:

- Whether your plan is accepted.
- Office locations and directions.
- Provider's gender, where they went to school, hospital affiliations and languages spoken.
- Whether providers are accepting new patients.

Staying in-network helps you keep your medical costs lower.

### Multiple ways to search

You can search using a doctor or facility's name, or by:

- City, state, ZIP code.
- Specialty.
- Common procedure types, such as flu/vaccine shots or back care.

You can even search for doctors who treat specific conditions.

### Here's how it works:

1. Visit "**Find a doctor**" on [aetnaresource.com/m/USAHS](https://aetnaresource.com/m/USAHS).
2. Enter your home location (ZIP, city, county or state) to access providers specific to plan benefits.
3. In the Select a Plan box, type in "Aetna Choice POS II" and then choose Aetna Choice POS II (Open Access) and press continue.
4. Search by provider name or provider type. You'll also have the option to search by category: Medical Doctors & Specialists, Hospitals & Facilities, Urgent Care, Walk-In Clinics, Pharmacies.
5. Explore providers in list view or map view.
6. If you can't find your provider, please call Member Services for assistance.

Find an in-network doctor or hospital at [aetnaresource.com/m/USAHS](https://aetnaresource.com/m/USAHS).

### Aetna Mobile Access

With the Aetna Health app, you can:

- View your health plan summary and get detailed information about what's covered.
- View claims details and pay claims for your whole family.
- Search for providers, procedures and medications. Get cost estimates before you get care.
- Track spending and progress toward meeting your deductibles for you and your family.
- Access your ID card whenever you need it.

### Download the Aetna Health app today.

Text "AETNA" to 90156 for a link to download the Aetna Health app.

## Aetna Medical Plans Overview

Plan Design Feature	Definition	HSA Saver		POS Choice II High Deductible		POS Choice II Low Deductible	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Employees Seeded Health Savings Account</b>	Tax-advantaged savings account used for paying medical bills.	4:1 match up to \$1,000 / \$2,000 per year		Not Applicable - These plans do not qualify as a HDHP to coordinate with a Health Savings Account (HSA)			
<b>Deductible (Individual/Family)</b>	Employee pays 100% of bills until this amount is paid in a plan year.	\$2,000 / \$4,000	\$4,000 / \$8,000	\$750 / \$1,500	\$3,500 / \$7,000	\$300 / \$600	\$3,000 / \$6,000
<b>Coinsurance</b>	Percentage of bills employee pays after deductible is paid.	20%	50%	20%	50%	20%	50%
<b>PCP Office Visit/ Specialist Office Visit</b>	Co-pays are set amounts paid for services. These count toward the out of pocket maximum.	20% after deductible	50% after deductible	\$25 / \$30	50% after deductible	\$25 / \$30	50% after deductible
<b>Emergency Room</b>		20% after deductible	20% after deductible	\$200		\$200	
<b>Urgent Care</b>		20% after deductible	50% after deductible	\$100	50% after deductible	\$100	50% after deductible
<b>Retail Prescription Drugs</b>		Co-pays after deductible \$12 / \$40 / \$60	50% after deductible	\$12 / \$40 / \$60	50% after deductible	\$12 / \$40 / \$60	50% after deductible
<b>Mail Order Prescription Drugs</b>		Co-pays after deductible \$24 / \$60 / \$100	50% after deductible	\$24 / \$60 / \$100	50% after deductible	\$24 / \$60 / \$100	50% after deductible
<b>Out of Pocket Maximum (Individual/Family)</b>	Worse case scenario – most an employee would pay in the plan year in the plan year for approved services.	\$3,500 / \$7,000	\$7,000 / \$14,000	\$3,500 / \$7,000	\$7,000 / \$14,000	\$2,000 / \$4,000	\$5,000 / \$10,000

## Aetna Services and Programs

Available on Aetna Medical Plans.

### Aetna Concierge Program

For questions about your plan call the Aetna Concierge.

Ever need help understanding your health plan — but don't know where to turn? Now you can get answers to questions like these:

- How can I find the right specialist?
- I have my diagnosis but what do I do now?
- Is this covered by my health plan?
- My doctor said I need surgery. I'm so worried. I have so many questions. I don't know where to start.
- How much is this going to cost me?

Your Aetna Concierge has answers:

- Helping you make sense of your health plan.
- Helping you plan ahead.
- Helping make health care simpler.

### Aetna Health App

The Aetna Health app helps you:

- Understand benefits.
- Connect to care.
- Get health care support.

Easily access the Aetna Health app by texting "Aetna" to 90156 for a link to download the app and create an account.

### Aetna Maternity Program

Exciting changes are coming your way, and you can count on Aetna to help you have a healthy pregnancy at no extra cost.

- You'll learn about what to expect before and after delivery, early labor symptoms, newborn care and more.
- Aetna can also help you make choices for a health pregnancy, lower your risk for early labor, cope with postpartum depression, and stop smoking.
- All you have to do is login in to your member website and look under "Stay Healthy" to sign up.
- Enroll early and receive a reward when you sign up by the 16th week of pregnancy.

### AbleTo Behavior Care Program

Take control of your mental health on your terms with this specialized Aetna program. With the AbleTo program, you'll get virtual, personalized support that can help you feel better. You'll learn how to better manage your emotions and improve your overall health by meeting in personal sessions twice a week with an experienced care team to set goals and learn coping strategies. Your mental and physical health can improve in as little as eight weeks.

#### How to Find More Information on Aetna Services and Programs

Check out the Aetna member site at [aetnaresource.com/m/USAHS](https://aetnaresource.com/m/USAHS) for more information on services and programs available to Aetna members.



## MinuteClinic: Affordable and convenient

As an Aetna member, you can access all covered MinuteClinic® services at little or no cost to you.

### Care when you need it, at a price you can afford

Sometimes things just happen. Your kid develops flu symptoms after your primary care office has closed for the day. You step on a tack over the weekend. We get it, things happen, and when they do, you want to be able to access care at a price you can afford. That's why we're offering a new perk to eligible Aetna members: access to all covered MinuteClinic services at no cost to you, or low cost to you, based on your plan design.\*

- MinuteClinic is a walk-in clinic inside select CVS Pharmacy® and Target stores and is the largest provider of retail health care in the United States, making it easy to access care in your neighborhood.
- MinuteClinic offers a broad range of services to keep you and your family healthy. MinuteClinic health care providers treat and diagnose a variety of illnesses, injuries and conditions. They can also write prescriptions, when medically appropriate.
- Open 7 days a week, including evenings and weekends. You can walk in or schedule appointments online beforehand. And for even more convenience, you can pick up your prescription on-site.
- It's as simple as going to your local MinuteClinic and receiving care. Your covered family members can take advantage of this benefit, too.

Once you're an Aetna member, you can learn more about this benefit that's designed to help you get the care you need, when you need it — at no or low cost to you.\*

For your best health, we encourage you to have a relationship with a primary care physician or other doctor. Tell them about your visit to MinuteClinic, or MinuteClinic can send a summary of your visit directly to them.

Please note: Eligible Aetna members who enroll in qualified high-deductible health plans will receive lower-cost care for covered minor illness and injury services provided at MinuteClinic and can receive preventive services at no cost share. However, in order to receive no-cost care on all covered services, they will need to first meet their deductible. Once the deductible has been met, those members will be able to access covered MinuteClinic services at no cost share.

\*Applies only to covered services at MinuteClinic. Video Visits are not a covered service under this Benefit. Members in HMO and indemnity plans are not eligible for this benefit. Such members should refer to their benefit plan documents in order to determine coverage and applicable cost share for walk-in clinic benefits and services, as applicable. Visit [minuteclinic.com](https://www.minuteclinic.com) for age and service restrictions.



## Prescription Drug Coverage

	Retail (30-day Supply*)	Retail & Home Delivery (90-day Supply)
<b>In-Network</b>		
Generic	You pay \$12	You pay \$24
Preferred Brand	You pay \$30	You pay \$60
Non-Preferred Brand	You pay \$50	You pay \$100
<b>Out-of-Network</b>		
All Prescription Drugs	You pay 50% Your plan pays 50%	Not Covered

\*30-day supply covers up to a 34-day prescription.

\*\*Prescription drug coverage co-payments apply on the HSA Saver Plan only in-network after the deductible is met. Full cost of a drug is paid in-network prior to the deductible being met.

## CVS Caremark Mail Service Pharmacy™

Save time and skip the pharmacy line

### Your medicine in your mailbox

With CVS Caremark Mail Service Pharmacy, you can get your medicine sent to your home — or anywhere you choose.

This service is for medicine you take regularly for chronic conditions, such as arthritis and high cholesterol.

### You don't pay extra for this service

It's included with your pharmacy benefits and insurance plan. It's just a simple way to help you stay on track with your medicine. So you can be at your healthiest.

### Mail service perks

- Fast reorders with no trips to the pharmacy.
- Free standard shipping to your home, job or wherever you choose.
- Privacy, since your medicine arrives in unmarked, secure packaging.

Your safety comes first. Registered pharmacists check each and every order. And if you have concerns or questions, you can call them anytime.

### Know the cost of your medicine ahead of time

How? Go to [aetnaresource.com/m/USAHS](https://aetnaresource.com/m/USAHS) to log in to your member website and go to the "Pharmacy" section or use the Aetna Health app to search costs. Get cost estimates for generic or brand name drugs — and how to get the most value from your plan.

You can also do a lot more on your member website, like find a pharmacy near you. You'll also see detailed information on drugs, including any potential interactions or possible side effects.

**Quick. Without the hassle. Get your regular medicines through CVS Caremark Mail Service Pharmacy.**

## How to Get Started

### 1. Call us or go online.

Call us at 888.792.3862 (TTY: 711). Or go to [aetnaresource.com/m/USAHS](https://aetnaresource.com/m/USAHS) to log in to your member website, or download the Aetna Health app.

### 2. Request mail service.

By phone or online — you can also print out an order form and send it to us.

### 3. Get refills your way.

It's easy to reorder online, by phone or by mail.

## CVS Specialty®

Specialty medications with personalized support

### Focus on you

You'll always have the specialty medicine and supplies you need with CVS Specialty. We also offer personalized support every step of the way. And make it easy to manage your medicines. We handle them with special care and convenient delivery. So you can spend time on what matters most to you.

### Coverage of your specialty medicine

Your pharmacy plan covers some drugs, and your medical plan covers others. Depending on your plan, you may need to pay a copayment or coinsurance. And certain drugs require precertification. This just means you need approval from the plan before they'll be covered. Talk with your provider or call Aetna at the number on the back of your member ID card if you have any questions about coverage of your medicine.

\*Internal data based on the number of CVS Specialty patients as of 2019.

### Making it simple for you

#### Your Care Team

Our team — nurses and pharmacists who are specially trained in your condition — helps you understand how to use your medicine. And helps ensure that you have the right dose at the right time. We'll also:

- Remind you when it's time to refill.
- Help you stay on track with your treatment.
- Help you manage symptoms and side effects.

### CVS Specialty provides convenient delivery and flexible payments

- Delivery to your home, doctor's office, a CVS Pharmacy®, or any place you choose, at no added cost.\*
- Package tracking for prompt delivery.
- Flexible payment options.

\*Where allowed by law. Based on the availability of CVS Pharmacy locations and subject to applicable laws and regulations. Services are also available at Long's Drugs locations. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty. Certain specialty medications may not qualify. In compliance with state laws, in-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. For details, call 800.237.2767. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Aetna®, CVS Pharmacy® and CVS Specialty® are part of the CVS Health® family of companies. Prices for specialty pharmacy services are established by Aetna affiliates and may exceed Aetna's cost for these services. Visit [aetna.com](https://www.aetna.com) for more info about Aetna® plans.

### How to Get Started

At [CVSSpecialty.com](https://CVSSpecialty.com) it's easy to manage your medications.

- Existing prescriptions? Call 800.237.2767 (TTY: 711) to transfer your prescription.
- New prescriptions? Your doctor can:
  - E-prescribe to CVS Specialty.
  - Call one of our registered pharmacists at 800-237-2767 (TDD: 800.863.5488), Monday through Friday, 7:30 AM to 9:00 PM ET.
  - Fax the prescription to 800.323.2445.



## Kaiser Permanente HMO (California)

The California Kaiser Permanente HMO is available to all eligible full-time employees in California.

Kaiser Permanente offers a wide range of preventive services to help you and your family lead healthy, productive lives. These services include: routine physicals, well-baby care, pap smears, mammograms, pre-natal care and cholesterol screenings. Kaiser Permanente also offers access to the Calm app, ClassPass, and health education classes ranging from stress management and smoking cessation to nutrition and weight control to help you make choices for a healthier life. This plan does not have any pre-existing condition limitations.

Each covered family member in the plan must choose a Primary Care Physician (PCP). You may choose from one of the following practices: family practice, general medicine, internist, gynecologist or pediatrician. Kaiser Permanente's customer service number is 800.464.4000. To locate a provider near you, log on to [kp.org](https://kp.org).

After registering online, download the Kaiser Permanente app onto your iPhone or Android device to access your health services and support on the go.

### Registering is Easy

Sign up from a computer (not a mobile device) and follow the instructions. You'll need your medical record number, which you can find on your member ID card.



### Manage Your Care at [kp.org](https://kp.org)

Visit [kp.org](https://kp.org) anytime, from anywhere, to:

- View most lab results
- Refill most prescriptions
- Email your doctor's office with non-urgent questions
- Schedule and cancel routine appointments
- Print vaccination records for school, sports, and camp
- Manage a family member's health care\*\*

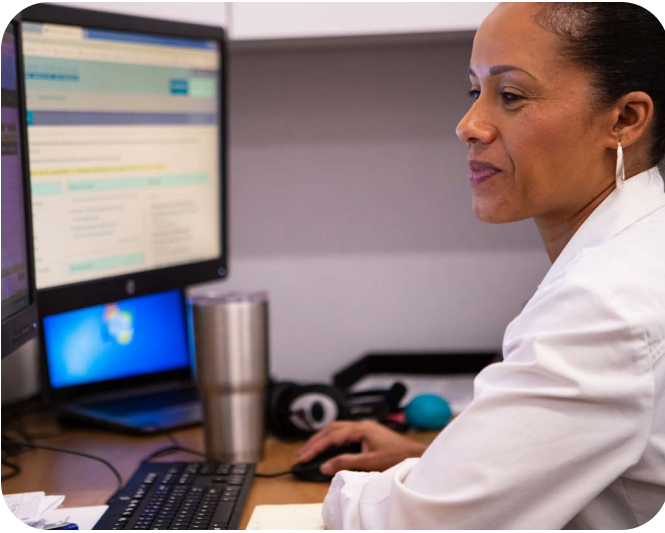
\*These features are available when you get care at Kaiser Permanente facilities.

\*\*Due to privacy laws, certain features may not be available when they are being accessed on behalf of a child 18 or younger, and your child's physician may be prevented from disclosing certain information to you without your child's consent.

## Kaiser Permanente California Plan (HMO) Overview

<b>Annual Deductibles</b>	\$750 per member, \$1,500 per family unit (two people or more)
<b>Maximum Out-of-Pocket</b>	\$3,000 per member; \$6,000 per family unit (two people or more)
<b>Maximum Lifetime Benefit</b>	None
<b>Office Visits</b>	
<ul style="list-style-type: none"> <li>■ Primary Care Visits</li> <li>■ Specialist Care (includes Urgent Care)</li> <li>■ Well Child (0-23 months)</li> <li>■ Routine Physical Exams</li> </ul>	<ul style="list-style-type: none"> <li>\$30 Copay per visit</li> <li>\$40 Copay per visit</li> <li>No Charge</li> <li>No Charge</li> </ul>
<b>Outpatient Services</b>	
<ul style="list-style-type: none"> <li>■ Outpatient Surgery</li> <li>■ Most Labs and X-rays</li> <li>■ Most Vaccines (immunizations)</li> <li>■ Allergy Injection Visits</li> <li>■ Allergy Testing Visits</li> <li>■ Most Physical, Speech and Occupational Therapy</li> <li>■ Routine Eye Exams</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> <li>\$10 Copay per visit</li> <li>No charge</li> <li>No charge</li> <li>\$15 Copay per visit</li> <li>\$30 Copay per visit</li> <li>No charge</li> </ul>
<b>Maternity</b>	
<ul style="list-style-type: none"> <li>■ Delivery/Nursery Care for Newborns</li> <li>■ Pre-Natal and the first Post-Natal Visit</li> </ul>	<ul style="list-style-type: none"> <li>No charge</li> <li>No charge</li> </ul>
<b>Inpatient Services — Hospital Care</b>	
<ul style="list-style-type: none"> <li>■ Room and Board, Surgeon, Anesthesiologist, X-rays and Lab Tests</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> <li>All inpatient services are 100% covered when authorized by a Plan physician.</li> </ul>
<b>Emergency Care</b>	
<ul style="list-style-type: none"> <li>■ In-Area</li> <li>■ Out-of-Area</li> <li>■ Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> <li>20% after deductible</li> <li>\$150 Copay per trip; when determined to meet the criteria that defines an emergency.</li> </ul>
<b>Mental Health</b>	
<ul style="list-style-type: none"> <li>■ Inpatient</li> <li>■ Outpatient</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible</li> <li>\$25 Copay per visit</li> </ul>
<b>Prescription Drugs</b>	
<ul style="list-style-type: none"> <li>■ Generic/Brand</li> <li>■ Most Specialty Drug (Retail)</li> </ul>	<ul style="list-style-type: none"> <li>\$20 Generic/\$60 Brand per prescription (up to 100-day supply)</li> <li>20% coinsurance, not to exceed \$250 (up to 30-day supply)</li> </ul>

The information presented in this chart is a summary only. For a complete understanding of benefits, please read this chart in conjunction with the Evidence of Coverage (EOC). The EOC contains a detailed explanation of benefits, exclusions, and limitations. We reserve the right to modify the rates and benefits if we receive further clarification of Federal Health Reform requirements, or to incorporate other applicable Federal Health Reform requirements. In addition, Kaiser Permanente reserves the right to make any change in these rates and benefits due to changes in State or Federal legislation or regulatory action.



## HealthiestYou

### Telehealth • Teledoc

Simplify your work and personal life with free healthcare. Access doctors and therapists by phone, video, or app. Telehealth services are available for employee and enrolled dependents.

#### Services Available Through HealthiestYou Include:

- Talk to a doctor 24/7 for conditions like the flu, bronchitis, allergies, sore throats, skin conditions, and more
- Get specialist medical advice for an existing diagnosis or a second opinion on treatment for more serious conditions
- Confidential counseling 7 days a week for feeling stressed, overwhelmed, down, or not like yourself
- Relieve back pain through guided videos with a certified health coach
- Nutrition counseling

Download the HealthiestYou app, or call 866.703.1259 to set an appointment.

## Expert Health Advisory Service

USAHS provides a Health Advisory Service through HealthiestYou to all eligible full-time employees and their immediate family members at no cost regardless of whether you are participating in a USAHS medical plan or not. Through HealthiestYou Expert Medical Review, you have access to the following services:

- **In-Depth Expert Medical Review.** Have all of your medical records, tests and samples collected and reviewed by a world-renowned physician who specializes in your condition.
- **Critical Care Support.™** Receive guidance if you experience a medical event that requires emergency treatment, intensive care or an extended hospital stay to get an expert immediately involved with your case and provide you with the best care.
- **Medical Records eSummary.™** Obtain a total snapshot of your medical wellness and organized, easy-to-access USB drive of your complete medical record history.
- **Onward by Best Doctors.™** Gain access to a discreet and confidential way to seek mental health support.
- **FindBestDoc.®** Search over 50,000 of the world's top physicians, including 40,000 in the U.S. to identify a doctor/specialist to meet your criteria and practice within a distance that works for you.
- **Treatment Decision Support.™** Get educated on your treatment options to achieve better health outcomes and when appropriate, avoid unnecessary, more costly inpatient surgical procedures.
- **Oncology Insight with Watson.** Your one-stop for cancer-centric treatment options and available clinical trials.

All services are conveniently provided by phone or online, so there is no need for additional travel. For more information or to take advantage of any of the expert health advisory services call 866.904.0910.

To extend this benefit to dependents, select the HealthiestYou Employee and Family coverage tier during Open Enrollment.

## Supplemental Health Insurance

### Aetna

Our medical plans provide great coverage for you and your family's healthcare needs. Still, everyone's needs are slightly different. That's where supplemental health options come in! These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Aetna. Please visit [aetnaresource.com/m/USAHS](https://aetnaresource.com/m/USAHS) for additional details.



### Accident Insurance

Accident Insurance pays a cash benefit directly to you to help with some of the cost remaining after your health insurance plan pays following a covered accident.



### Critical Illness Insurance

Critical Illness Insurance helps protect your income and personal assets when out-of-pocket expenses increase as a result of a specified illness. This plan covers conditions like: heart attack, stroke, end stage renal failure, invasive cancer, and more.



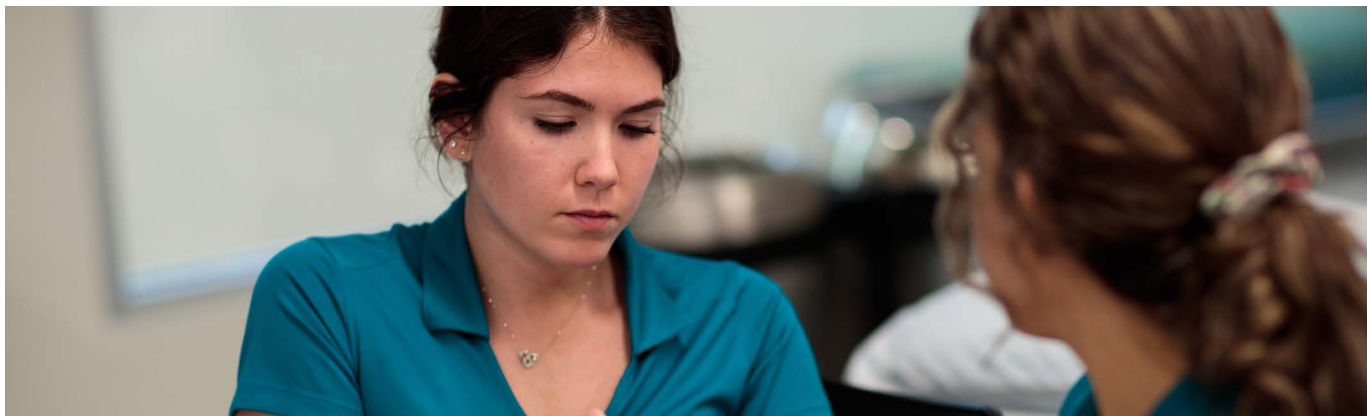
### Hospital Indemnity Insurance

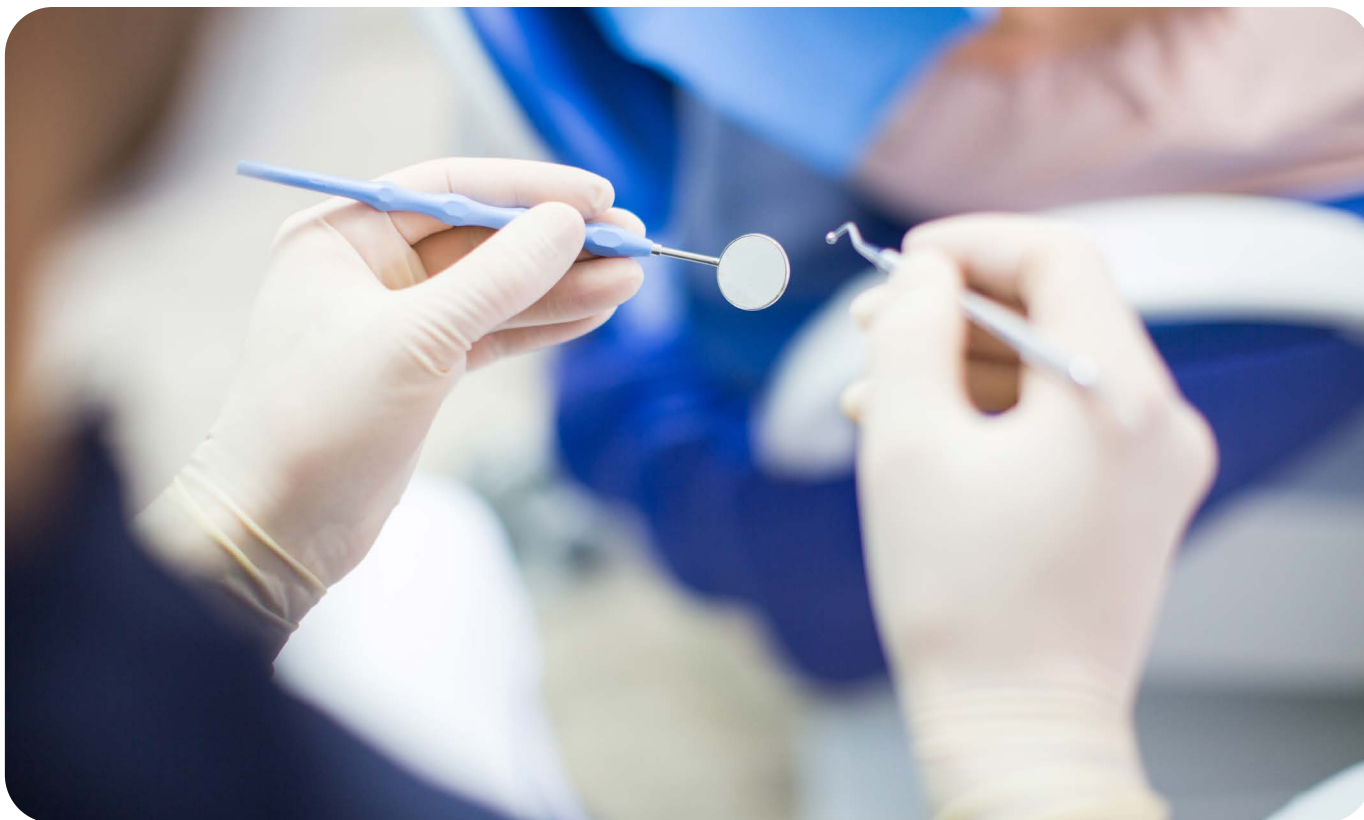
An unexpected or even planned stay in the hospital can be expensive as you meet your deductible and out-of-pocket obligations under the medical plan. The Hospital Indemnity insurance plan is designed to provide financial protection by paying you a direct benefit to meet out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the type of facility and number of days of confinement.



### Health Maintenance Screening Benefit

Each of the three plans provide a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screen test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more. If you enroll in all three insurance plans, you can receive up to \$150 per covered person per calendar year.





## Dental Coverage

### Aetna

Employees enrolled in either of the two Aetna DPPO plans are welcome to see any dentist they choose. Every time you seek care, you make the decision to either work within the DPPO network, or go outside the network to receive services. If you use a dentist outside the DPPO network, you may incur higher out-of-pocket costs, including any additional charges billed by the dentist above the allowed amount.

With the Aetna DPPO plans, you have access to routine preventive dental care, such as cleanings and x-rays, as well as more specialized dental care, such as fillings, crowns and orthodontics. If you wish to verify the cost of any dental procedure before the work is started, you can file a pre-treatment estimate with Aetna. To do this, ask your dentist to complete a claim form including the estimated cost and procedures to be done. Aetna will mail you a statement outlining what the plan may cover.

**Aetna does not mail ID cards for the Dental DPPO Plan.** Obtain access to your ID card by visiting [aetnaresource.com/m/USAHS](https://aetnaresource.com/m/USAHS) or Aetna Health app.

**Aetna.com and Aetna Health App** allows you to find a dentist, get important details on your plan, download an ID card, and view recent and past claims. To register, go to [aetna.com/AetnaHealthApp](https://aetna.com/AetnaHealthApp) or text "DENTAL" to 90156 for a link to download the Aetna Health app. You may access the mobile app for iPhone, Android and Kindle. Aetna is available from 8:00am-6:00pm at 877.238.6200.



## Aetna Dental PPO Plans Overview

Plans	DPPO with Orthodontia		DPPO without Orthodontia	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>				
<b>Individual</b>		\$50		\$50
<b>Family</b>		\$150		\$150
<b>Calendar Year Maximum</b> (excludes Orthodontia)	\$2,000 per person Refer to the description of the Dental Care Reward Program for PPO Plans on the next page regarding how to increase your annual maximum			
<b>Preventive Care</b> Exams, X-Rays, Cleanings**	\$0	\$0	\$0	\$0
<b>Basic Care</b> Fillings, Root Canals	Deductible, then 10%	Deductible, then 20%	Deductible, then 10%	Deductible, then 20%
<b>Major Care</b> Crowns, Dentures	Deductible, then 40%	Deductible, then 50%	Deductible, then 40%	Deductible, then 50%
<b>Orthodontia</b>	Deductible, then 40%	Deductible, then 50%	Not covered	Not covered
<b>Adult/Child Lifetime Maximum</b>	\$5,000	\$5,000		

\*Out-of-Network services are paid based on Reasonable & Customary charges (the amount which Cigna bases payment to all dentists). Any amount over this R&C amount is the employee's responsibility.

\*\*Cleanings are covered two times per year.

### To locate Aetna DPPO providers:

- Go to [aetnaresource.com/m/USAHS](https://aetnaresource.com/m/USAHS).
- Click "Find a Doctor" at the bottom of the home page.
- Enter your ZIP code or city/state and click "Search".
- Search for the dental plan Dental PPO/ PDN with Extend.
- Select plan choice, then search by dentist name or select "Dental Care".



## Aetna Dental Discounts

The link: dental health and overall health<sup>1</sup>

A beautiful smile makes you look healthy and confident. But the health of your mouth, teeth and gums affects more than your appearance. Your dental health affects your overall health, too.

Your mouth is a normal source of bacteria. Daily brushing and flossing help keep them in check. But without these good practices, bacteria can get out of control and lead to tooth decay or gum disease.

Some studies have linked bacteria and the inflammation of severe gum disease to certain health issues. Like heart disease or stroke.

It works the other way around, too. Some health issues like diabetes, osteoporosis and Alzheimer's disease can affect your dental health.

The bottom line? Caring for your mouth is part of caring for your overall health. That's why we want to give you access to great dental care products at great prices. Check out all the discounts you receive as an Aetna member.

## Dental Care Reward Program for Aetna PPO Dental Plans

When you see the dentist for routine preventive care in Year One, in Year Two your annual maximum increases by \$100. When you get preventive care in Year Two, your annual maximum increases another \$100. Each Aetna Dental PPO member may increase their personal annual PPO dental plan maximum from the basic \$2,000 up to \$2,300 this way. This annual plan maximum is the most your plan pays for dental services in a given year, apart from any orthodontia coverage on the premier plan.

<sup>1</sup> Mayo Clinic. Oral health: a window to your overall health. November 1, 2018. Available at: [mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475](https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475). Accessed May 6, 2019.

<sup>2</sup> U.S. National Library of Medicine. Dental care — adult. MedlinePlus. February 5, 2018. Available at: [medlineplus.gov/ency/article/001957.htm](https://medlineplus.gov/ency/article/001957.htm). Accessed May 6, 2019.

<sup>3</sup> American Dental Association. Test your brushing brainpower! Mouth Healthy. Available at: [mouthhealthy.org/en/brush-day-quiz](https://www.mouthhealthy.org/en/brush-day-quiz). Accessed May 6, 2019.



## Your dental discounts

### Start saving on dental care products

As a member, you can now save on a variety of products, like Z Sonic™ toothbrushes, replacement brush heads and dental care kits. Whether it's for travel or a specific age group, we've got the kit for you.

### No claims, referrals or limits

You can forget about claims and referrals. Just get the tools you need at [myzsonic.com/aetna](https://myzsonic.com/aetna). And use the discounts whenever you'd like — you've got no limits.

### Choose the toothbrush that works for you

Some experts say that electric (also called "powered" or "sonic") toothbrushes clean teeth better than manual toothbrushes.<sup>2</sup> Others report that it doesn't matter which kind of toothbrush you use. But if you're prone to more plaque build-up or have trouble brushing on your own, electric brushes may be for you.<sup>3</sup>

Check out your dental care discounts at [myzsonic.com/aetna](https://myzsonic.com/aetna).

## Aetna Dental DMO Plan

Easy-to-use coverage that fits your budget

A primary care dentist (PCD) helps guide your care with this DMO\* benefits and insurance plan

What to do	How it works
<b>Choose a PCD from our network**</b> Use our provider search tool on <a href="https://www.aetna.com">Aetna.com</a> to find one.	<ul style="list-style-type: none"> <li>See your PCD for regular exams and to get referrals if you need specialty care.</li> <li>Covered family members can choose their own PCDs.</li> <li>You can change your PCD once a month on your member website. Switch by the 15th day of the current month. The change will start the first day of the next month.</li> </ul>
<b>Visit your PCD</b> If you see someone other than your selected PCD, you could end up paying more.	<ul style="list-style-type: none"> <li>Check your benefits summary, so you'll know what to pay.</li> <li>Give your member information at your visit.</li> <li>Pay your share of the cost. This may be a copay, which is a set dollar amount. Or it may be coinsurance, which is a percentage of the dentist's charge.</li> <li>That's it. No deductible, no claims forms and no yearly dollar limits.</li> </ul>

\*In Illinois, the Aetna Dental DMO plan provides limited out-of-network benefits. In order to receive maximum benefits, members must select and have care coordinated by their PCD. In Illinois, the Aetna Dental DMO plan is not a health maintenance organization (HMO). In Virginia, the DMO plan is known as the Aetna Dental Network Only plan (DNO). DNO in Virginia is not an HMO. To receive maximum benefits, members must choose a participating PCD to coordinate their care with network providers.

\*\*Your PCD keeps a list of eligible patients that is updated monthly. Your name will appear on this list when it is updated the month after your selection. Some dentists will only treat patients whose names appear on this printed monthly roster. Once you are a member, call Member Services if your dentist needs to verify your eligibility.

### Aetna DMO Plan Overview

	In-Network
<b>Deductible</b>	\$0
<b>Calendar Year Maximum</b> (including Orthodontia)	Unlimited
<b>Preventive Care</b> Exams, X-Rays, Cleanings	\$0
<b>Basic &amp; Major Care</b>	
Fillings (D2140 — amalgam)	\$63 copay
Anterior Root Canal (D3310)	\$67 copay
Extractions (D7140)	\$17 copay
Oral Surgery — removal of impacted tooth partially bony (D7230)	\$85 copay
Anesthesia (D9222)	\$109 copay
Crowns (D2740)	\$362 copay
Dentures (D5711)	\$100 copay
<b>Orthodontia (24-month benefit)</b>	
Adult	\$2,000 copay
Child	\$2,000 copay

Note that codes in parentheses indicate the American Dental Association procedure code.

If you have a health savings account (HSA) or a flexible spending account (FSA), you can use those funds to pay dental expenses.

### Referrals for specialty dentists

Your PCD can refer you to a specialist in the Aetna® network.\*

- Give your member information at your visit.
- Pay your share of the cost to the dentist. Your benefits summary shows you how much.
- There's usually no paperwork involved.

### No referrals for orthodontists

When you visit an orthodontist\*\* who participates in our network, you won't need a referral.

You usually save when you visit in-network dentists. That's because they've agreed to offer some services at special member rates.

Enroll in the Aetna Dental DMO plan for simple, budget-friendly coverage.

\*This plan does not cover out-of-network benefits except to the extent required by state law. In California, your PCD may refer you to out-of-network dentists in that state. Check your plan documents for details.

\*\*Not all plans include orthodontic care. See your plan documents for coverage details. In California, referrals to specialty care are required.

\*\*\*Terms and conditions: [Bit.ly/2nJFYG](https://bit.ly/2nJFYG). Privacy policy: [Aetna.com/legal-notices/privacy.html](https://www.aetna.com/legal-notices/privacy.html). By texting 90156, you consent to receive a one-time marketing automated text message from Aetna with a link to download the Aetna Health app. Consent is not required to download the app. You can also download it from the App Store® or the Google Play™ store.

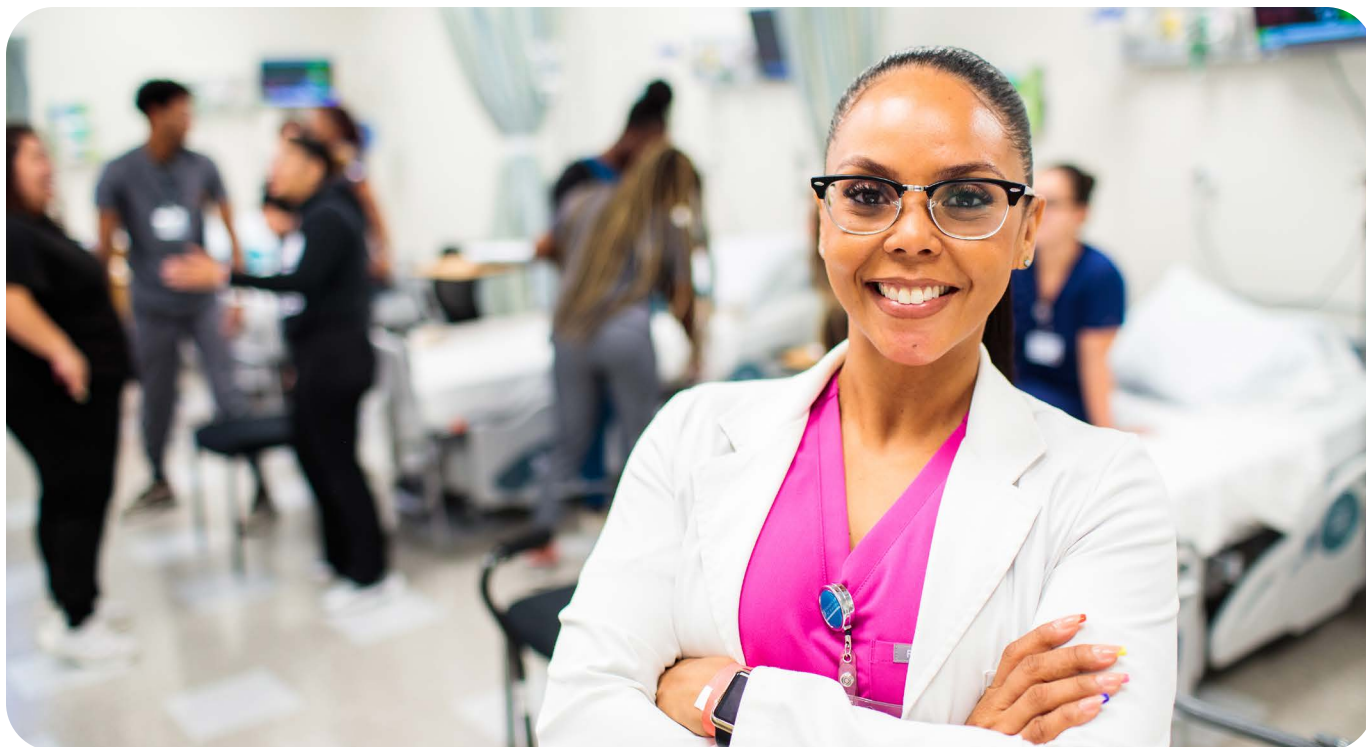
## Vision Coverage

Using a nationwide network of eye doctors, Vision Service Plan (VSP) provides all eligible full-time employees thorough coverage for vision care needs. Similar to a medical OAP, you decide at the time you need care whether to use a participating provider or one outside the network.

The plan offers both Basic and Premier options.

### Vision Plans Overview

Basic Coverage (with a VSP doctor)	Premier Coverage (with a VSP doctor)
<p><b>Doctor Network: VSP Choice</b></p> <p><b>WellVision Exam®</b> Focuses on your eye health and overall wellness \$20 copay (every 12 months)</p>	<p><b>Doctor Network: VSP Choice</b></p> <p><b>WellVision Exam®</b> Focuses on your eye health and overall wellness \$20 copay (every 12 months)</p>
<p><b>Prescription Glasses</b> \$20 copay</p> <p><b>Lenses</b> (every 12 months)</p> <ul style="list-style-type: none"> <li>■ Single vision, lined bifocal, lined trifocal lenses</li> <li>■ Polycarbonate lenses for dependent children</li> <li>■ Solid tints and dyes</li> </ul> <p><b>Frame</b> (every 24 months)</p> <ul style="list-style-type: none"> <li>■ \$150 allowance for a wide selection of frames</li> <li>■ 20% off the amount over your allowance</li> </ul> <p>OR</p> <p><b>Contacts</b> (Instead of Glasses) (every 12 months)</p> <ul style="list-style-type: none"> <li>■ Up to \$60 copay for your contact lens exam (fitting and evaluation)</li> <li>■ \$130 allowance for contacts</li> </ul>	<p><b>Prescription Glasses</b> \$20 copay</p> <p><b>Lenses</b> (every 12 months)</p> <ul style="list-style-type: none"> <li>■ Single vision, lined bifocal, lined trifocal lenses</li> <li>■ Polycarbonate lenses for dependent children</li> <li>■ Solid tints and dyes</li> <li>■ Scratch resistant coating</li> <li>■ Anti-reflective coating</li> <li>■ Premium Progressive Coverage</li> </ul> <p><b>Frame</b> (every 12 months)</p> <ul style="list-style-type: none"> <li>■ \$250 allowance for a wide selection of frames</li> <li>■ 20% off the amount over your allowance</li> </ul> <p>OR</p> <p><b>Contacts</b> (Instead of Glasses) (every 12 months)</p> <ul style="list-style-type: none"> <li>■ Up to \$60 copay for your contact lens exam (fitting and evaluation)</li> <li>■ \$200 allowance for contacts</li> </ul>
Extra Savings and Discounts (applies to both plans)	
<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>■ Average 20-25% savings on non-covered lens options</li> <li>■ 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.</li> </ul> <p><b>Contacts</b></p> <ul style="list-style-type: none"> <li>■ 15% off the contact lens exam (fitting and evaluation)</li> </ul>	<p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>■ Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities.</li> </ul> <p><b>Your Benefits from Other Providers</b></p> <ul style="list-style-type: none"> <li>■ Visit <a href="http://vsp.com">vsp.com</a> for details, if you plan to see a provider other than a VSP doctor.</li> </ul>

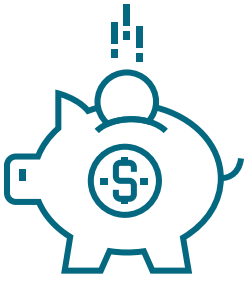


### How to Use Your VSP Benefits:

- **To locate a VSP provider**, log on to [vsp.com](https://vsp.com), select "Find a Doctor", then select "Search as Guest", enter your zip code and under "Select Network" choose "VSP Signature."
- **VSP does not issue ID Cards** and it is not necessary to present a card when going to a participating provider. However, there are two ways to access an ID card if you wish to present one to your provider:
  - A Mobile App is available for iPhone users. The mobile app allows you to find doctors, check your benefits and access your Member Vision card to show your provider while at your appointment.
  - Go to [vsp.com](https://vsp.com), select "Register" and follow prompts. Once you are registered to access your account, under "Benefits & Claims" select "My Member Vision Card." This site provides the same information as the mobile app.
- **Your doctor will verify your eligibility** for services and plan coverage. You are responsible for any applicable copay and/or other costs not covered by the plan.
- **Participating Retail Chains** are able to pull up VSP member eligibility. No claim forms are necessary. As a member, you will pay the copay, any amount over what is covered, and any amount of non-covered services.
- **If you choose out-of-network providers**, you will be required to pay the provider at the time of service.

#### Before you go!

Be sure to check that your vision provider is in-network prior to obtaining vision treatment at [vsp.com](https://vsp.com).



# INCOME PLANNING AND PROTECTION

## Retirement 401(k) Plan • Lincoln Financial Group

The 401(k) Retirement Savings Plan allows eligible employees to save for their long term financial future. Regular full-time are eligible to participate after the 30 day opt-out period, and on the first of the month following one calendar month of employment.

### Key Reasons to enroll in the 401(k):

#### ■ Lower your taxes either NOW or IN Retirement:

You may contribute on a Pre-Tax or After-Tax (Roth) basis.

- **Pre-Tax Contributions:** Contributing on a Pre-Tax basis means the amount contributed to the Plan from your pay will not be taxed as income until it is distributed to you from the plan.
- **After-Tax (Roth) Contributions:** Contributing on an After-Tax basis (Roth) means the amount contributed to the Plan from your pay has already been taxed, thus, when you take the distribution during retirement years from these types of contributions there will be no taxes assessed.

The total of your after-tax and pre-tax contributions can not exceed the IRS limits that are announced each year, 80% of your pay, or exceed your net take home pay.

#### ■ USAHS contributes to your account!

USAHS matches 50% of the first 6% of eligible compensation you contribute to the plan. That's up to an additional 3% contribution!

The company match is discretionary and based on company performance. In order to be eligible for the company match you must meet the plan's requirements. Email [benefits@usa.edu](mailto:benefits@usa.edu) for more details.

#### ■ The money is yours once you are vested.

You become fully vested in matching contributions over a three-year period described below. You are always 100% vested in your contributions. You are fully vested in the company match after three years.

- after 1 year of service: 33%
- after 2 years of service: 66%
- after 3 years of service: 100%

### It's easy to enroll!

Our plan has an automatic enrollment feature in which **we will automatically enroll you into the plan to defer 4% of your salary once you have achieved eligibility.**\* Your deductions are conveniently handled through payroll deductions, and you can change your contributions at any time. Changes to your contribution election may take up to two pay cycles to process.

\* An acknowledgment form of this feature was included when you completed your new hire paperwork. You have the ability to opt out or change the deferral before it begins. If you would like to opt out or make changes, you must contact Lincoln Financial Group at 800.234.3500 or at [LFG.com](http://LFG.com). **If you do nothing, the automatic deferral will begin upon becoming eligible for the benefit.**

#### ■ Investment Options & Support.

Lincoln Financial Group offers a wide array of choices covering all of the major categories. Contact your dedicated Retirement Consultant, log on to [LFG.com](http://LFG.com) or call our Customer Care Center at 800.234.3500. There is **no charge** for financial education related to the USAHS 401(k) Retirement Savings Plan.

Retirement Consultant: Flor Ortega  
305.962.6957  
[flor.ortega@lfg.com](mailto:flor.ortega@lfg.com)

## IRS Limit for 401(k) Contributions

Note that retirement contributions are restricted to the annual IRS limit. For 2025, the IRS annual contribution limit is \$23,500. If you are age 50 or older, you can make "catch up" contributions in your account. This is in addition to the annual IRS limit, and may be initiated in the tax year in which you turn 50 years old. For 2025, the "catch up" contribution limit is \$7,500, which means a total contribution limit of \$31,000.

## How to Enroll — 401(k) Retirement Savings Plan

The USAHS 401(k) plan is administered by Lincoln Financial Group. Upon eligibility, you may change your contribution election and investment options at any time. For new employees, generally within two (2) weeks of your hire date, your online enrollment window will open and elections will go into effect after you have met your eligibility. Changes to your contribution election may take up to two (2) pay cycles to process. USAHS offers both a pre-tax 401(k) option and a Roth post-tax 401(k) option. Please follow the simple instructions below to elect your 401(k) benefits:

Log onto [LFG.com](https://www.lfg.com) or the Lincoln app.

- Select "Register" in the upper right hand corner of the page.
- Select "Individual" on the left and Employer Retirement Plan or Mutual Fund IRA in the Retirement Account box to the right.
  - Enter your date of birth, Social Security Number, and your phone number.
  - Agree to the terms and conditions and select "Continue".
- Once you have successfully registered your account, the system will recognize you as a new user and will walk you through your account, including your contribution level and your beneficiaries.
- To make changes to your contributions, investments, or beneficiaries going forward, you simply login to your online account and all the information associated with your account is right on the landing page.

Payroll deductions include contributions to the 401(k).

### How to add beneficiaries

- If you were unable to add beneficiaries upon first enrollment, you can change/add/update your beneficiaries at any time from your online account preferences.
- For personalized assistance call Lincoln Financial Group Customer Service Line at 800.234.3500.



### Reminder

USAHS has an "Automatic Enrollment" feature. If you do not take action when you first become eligible, 4% of your salary will be deducted on a pre-tax basis from your paycheck each pay period and invested in and invested in the Plan's Qualified Default Investment Alternative (QDIA) fund which is currently an age-based target date fund until such time that you, as a Participant, notify Lincoln Financial Group differently.



## 529 College Savings Plan

USAHS offers a way for you to save for your children's college expenses with Invesco. This plan, called a "529 Plan" after IRS Code 529, is an investment vehicle that grows tax-free if used for higher education. Unlike custodial accounts for children, 529 College Savings Plans give you the ability to change beneficiaries, allowing greater control over the assets. USAHS provides you the opportunity to have post-tax payroll deductions deposited directly into the 529 Plan.

There is no minimum monthly contribution for the plan and enrollment is made easy through a dedicated portal. The plan, called the College-Bound Saver, is a self directed plan with managed investment options. To enroll, visit [CollegeBoundSaver.com](https://CollegeBoundSaver.com), select "Enroll" to set up the account. If interested in payroll deduction, return the Payroll Direct Deposit form to [payroll@usa.edu](mailto:payroll@usa.edu). For questions about the College Bound Saver, contact a client service representative at 877.517.4829.

### Invest in Your Children's College Expenses Today!

Enrolling is easy through [CollegeBoundSaver.com](https://CollegeBoundSaver.com)

Select your post-tax payroll deductions to directly deposit into your account

Manage your investments to achieve your financial goals



## Dayforce Wallet

This benefit allows you increased choice in when you receive your pay. Unlike an advance or a loan, you can request a payout of actual earned wages, which will be deposited directly to your Dayforce Wallet account.

With Dayforce Wallet, you have access to your money as soon as you earn it—at no cost to you—rather than waiting until the next pay day.

Features:

- A physical Dayforce Card from Mastercard for everyday purchases in-store, online, and over the phone—everywhere Debit Mastercard is accepted.
- Withdraw funds with no surcharge fee at MoneyPass ATMs.
- Account balance and transaction history all in one place.
- Transfer funds to other financial institutions.

### How to Use Dayforce Wallet

Simply download the Dayforce Wallet app and register for an account. Sign in to see how much you've earned, then request the amount you want to use, up to USAHS program limits.

The Dayforce Wallet app also allows you to make purchases through the app or with a physical card as well as accessing your transaction records all in one place.

For more information, email [payroll@usa.edu](mailto:payroll@usa.edu).



#### Get your pay at no cost to you

Request a payout of your earnings before payday through the Dayforce Wallet app.\*



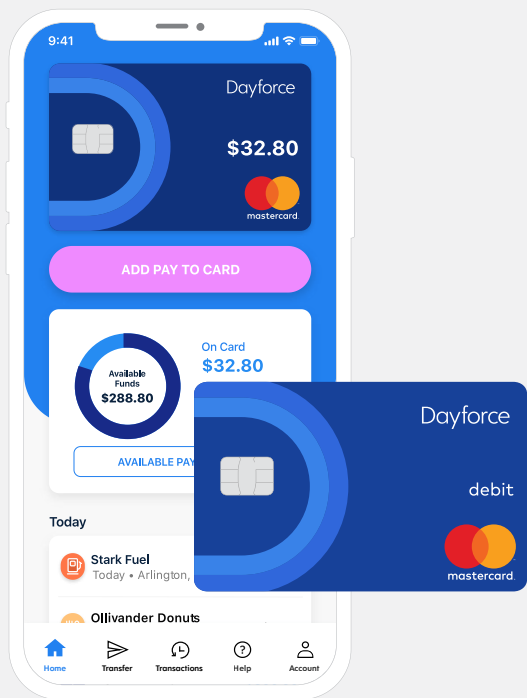
#### Take control of your personal finances

Manage expenses on your terms, and rely less on costly options like payday loans.



#### Reliable and secure protection from Mastercard†

Your card and transactions are covered by purchase protection from Mastercard.



## Life Insurance and Accidental Death & Dismemberment (AD&D)

USAHS provides Basic Life and AD&D Insurance to all eligible full-time employees, providing financial protection for your family at no cost to you. Employees receive a benefit equal to one (1) times their base annual salary or \$40,000, whichever is greater (rounded up to the nearest \$1,000), to a maximum of \$500,000. An additional one (1) times base annual salary or \$40,000, whichever is greater, benefit (rounded up to the nearest \$1,000) to a maximum of \$500,000, may be payable in the event of accidental death.

<https://sites.standard.com/edu/university-st-augustine-health-sciences/89926>

### Employee Supplemental Life Insurance

In addition to the Basic Life Insurance provided to you by USAHS, you may also purchase Supplemental Life Insurance in increments of \$10,000 up to a maximum of \$750,000 or five (5) times your base annual salary, whichever is less.

Newly eligible employees of USAHS have a guaranteed issue limit of \$300,000 or 3 times your salary, whichever is less. Guaranteed issue allows you to elect coverage up to the applicable guaranteed issue amount without having to answer medical questions and regardless of any pre-existing conditions or prior medical history. Any election of coverage after your initial enrollment period as a newly eligible employee or for amounts elected over the guaranteed issue limit will require Evidence of Insurability.

Please contact [benefits@usa.edu](mailto:benefits@usa.edu) or reference the enrollment platform to access the Evidence of Insurability form.

### Spouse/ Domestic Partner Supplemental Life Insurance

You may also purchase life insurance on your Spouse/ Domestic Partner in increments of \$5,000 up to a maximum of \$250,000 or 50% of the amount of Supplemental Life Insurance that the employee elects (whichever is less). You must first elect Employee Supplemental Insurance in order to elect Spouse/ Domestic Partner Supplemental Life Insurance. The guaranteed issue limit for Spouse/ Domestic Partner Supplemental Life Insurance is \$40,000. Any amount elected above \$40,000 requires a Personal Health Form.

### Dependent Child Supplemental Life Insurance

You may also purchase Supplemental Life Insurance for your dependent child(ren) in increments of \$5,000 to a maximum of \$25,000. You must first elect Employee Supplemental Insurance in order to elect Dependent Child Supplemental Life Insurance. Upon election of dependent child life insurance, the policy is automatically approved. For this policy, the employee is always the beneficiary. One elected policy covers all eligible dependent children. An eligible dependent child under this benefit is ages 6 months to 26 years old. There is no requirement to be a student.



## Evidence of Insurability (EOI) Requirements

Evidence of Insurability (EOI) is required under certain circumstances when applying for supplemental life coverage as follows:

### Supplemental Employee Life

- **New Hires and 2025 Annual Open Enrollment:** EOI is required if the coverage amount is greater than the lesser of 3x annual salary or \$300,000.
- **Open Enrollment/Qualified Life Event:** During Open Enrollment, employees who already have coverage can increase one unit of coverage (\$10,000) without EOI, up to the guaranteed issue amount. Employees, within 31 days of a Qualified Life Event and who already have coverage, can increase coverage up to the guaranteed issue amount of \$300,000 or 3 times annual salary, whichever is less, without EOI. All other increases require EOI (including employees who have waived coverage in the past).

### Supplemental Spouse Life

- **New Hires and 2025 Annual Open Enrollment:** EOI is required if initial coverage exceeds \$40,000.
- **Open Enrollment/Qualified Life Event:** During Open Enrollment, employees who already have coverage can increase one unit of coverage (\$5,000) without EOI, up to the guaranteed issue amount. Employees, within 31 days of a Qualified Life Event and who already have coverage on their spouse, can increase coverage up to the guaranteed issue amount of \$40,000 without EOI. All other increases require EOI (including employees who have waived coverage in the past).
- Elected amount may be up to 50% of the elected amount for supplemental employee life up to the maximum of \$250,000.

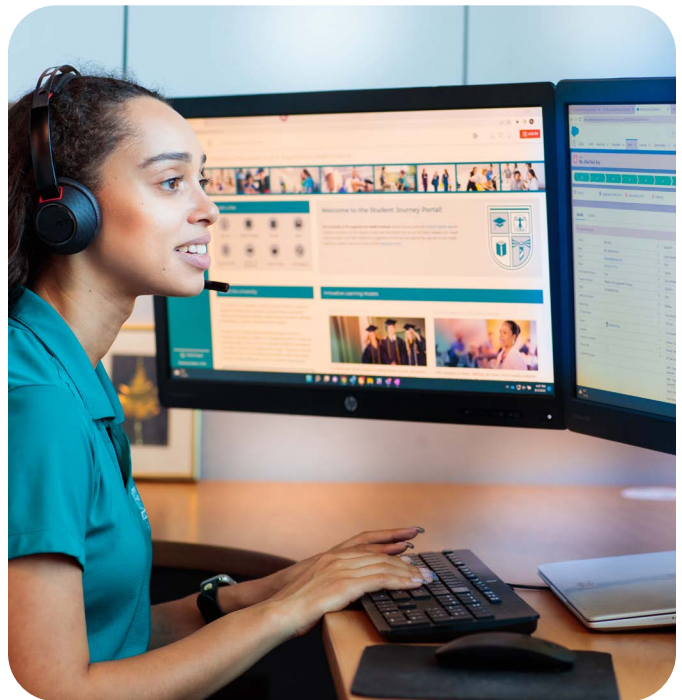
## Supplemental Child Life

- EOI is never required and the policy is automatically approved up to \$25,000 upon election of coverage.

## Reduction in Coverage Due to Age

Your life insurance benefit and principal sum for you and your spouse will be reduced to 65% on the policy anniversary date (January 1st) following the date the employee attains age 65, and to 50% when the employee attains age 70. The reduction will apply to the amount of life insurance and principal sum in force immediately prior to the first reduction made.

Reductions also apply if you or your spouse become covered under the policy, or if coverage for you or your spouse increases on or after the date you attain age 65.



## Imputed Income

Under Internal Revenue Code Section 79, employer paid life insurance amounts in excess of \$50,000 are considered taxable income to you. You are taxed based on the value of the benefit (not the benefit itself). The value is determined by an IRS table published in the tax regulations. This "imputed income" is then included as income on your paycheck and W-2 so that taxes can be withheld.

For more information regarding Basic and Supplemental Life Insurance, please email [benefits@usa.edu](mailto:benefits@usa.edu) or visit [www.standard.com](http://www.standard.com).



## Accelerated Benefit

In the event that you or your dependent are diagnosed as terminally ill, while the terminally ill person is covered under the policy, the policy will pay an accelerated benefit, provided that proof of such terminal illness is received. Terminally ill or terminal illness means a life expectancy of 12 months or less. The amount of life insurance payable upon the terminally ill person's death will be reduced by any accelerated benefit amount paid under this benefit. This benefit is only available to employees enrolled in Employee Basic and Supplemental Life coverage.

You may request up to a maximum of \$500,000. However, in no event will the accelerated benefit amount exceed 80% of the terminally ill person's amount of life insurance. This option may be exercised only once for you and only once for each of your dependents.

## Conversion Rights and Portability Benefit

**Conversion Rights:** You have the right to convert your basic group life insurance within 60 days of termination or becoming ineligible. To obtain a conversion application and instructions on how to convert your insurance, please contact The Standard.

**Portability Benefit:** Portability is a provision which allows you and your dependents to continue coverage under a group portability policy when coverage would otherwise end due to certain qualifying events. Portability applies to Supplemental Life Insurance only. To obtain the portability application, please contact The Standard.

<https://sites.standard.com/edu/university-st-augustine-health-sciences/89926>

### Qualifying Events for You are:

- Your employment terminates for any reason prior to age 70; or
- Your membership in an eligible class under the policy ends.

### Qualifying Events for Your Dependents are:

- Your employment terminates, for any reason prior to normal retirement age; or
- Your death; or
- Your membership in an eligible class under the policy ends; or
- Dependent no longer meets the definition of a dependent. However, a dependent child who reaches the limiting age under the policy is not eligible for portability.

## Supplemental AD&D Insurance

Supplemental AD&D Insurance is designed to protect you and your family against an unexpected death or injury that is associated with or is the result of an accident. A serious injury or death can be financially and emotionally devastating, even for a two-income family. Without protection, you run the risk of depleting hard-earned savings.

Supplemental AD&D Insurance is available to all eligible full-time employees on a voluntary basis. You may purchase this insurance for yourself or for you and your family members in multiples of \$10,000, up to a maximum of \$750,000.

If you choose family coverage, you provide Supplemental AD&D coverage for:

- Your spouse in the amount of 50% of the amount elected on yourself. If you are only covering a spouse and no children under Supplemental AD&D Insurance coverage, the benefit payable is 50% of your elected amount. If you are covering a spouse and dependent children, the benefit payable is 40% of your elected amount for your spouse and 10% of your elected amount for each child.
- Each child in the amount of 10% of your elected amount. If you are only covering children and not a spouse under your Supplemental AD&D Insurance coverage, the benefit payable for each eligible child is 15% of your elected amount.

Employees will be listed as the beneficiary for their spouse and child(ren).

## Designating a Beneficiary

When you enroll online, you will designate your beneficiary/ies while enrolling in your benefits. If you choose not to enroll in the supplemental benefit plans, you will still need to log onto the enrollment platform and designate your beneficiary/ies for your company paid benefits.

There are some state laws surrounding insurance payments that may disallow payments to a minor prior to reaching the age of majority in the state where you live. Please consult with a tax advisor or attorney to make sure that your beneficiary wishes can be carried out.

Result*	% Paid for Loss
Loss of Life	100%
Total paralysis of both upper and lower limbs; Loss of any two: hand, foot or eyesight; Loss of speech and hearing in both ears	100%
Total paralysis of arm and leg on one side of the body Loss of one eye, hand or foot; Loss of speech or loss of hearing in both ears;	50%
Total paralysis of both legs	75%
Loss of thumb and index finger of the same hand	25%

\*If an accident causes more than one of these losses, only one amount will be paid, and will be the larger of the applicable amounts.

## Disability Insurance

Disability Insurance provides income protection for you and your family if you are unable to work due to sickness or accidental injury. This can help pay your daily living expenses. Short Term and Long Term Disability benefits are designed to work together. USAHS provides all eligible employees with Short Term Disability (STD) and Long Term Disability (LTD) at no cost to you with the option of additional LTD Buy-Up through The Standard. Your coverage begins on the first month following 90 days of employment.

### How to Start a Claim

[www.standard.com/absence](http://www.standard.com/absence)

## Long Term Disability Buy-Up

You may also elect to purchase additional Long Term Disability (LTD) coverage under the LTD Buy-Up program. If elected, the benefit payable increases to replace 66 2/3% of your base monthly salary, up to \$15,000. LTD Buy-Up is not available if your Basic LTD Benefit is already at \$15,000. In the event of disability, benefits will be paid based on actual earnings on the date immediately preceding the event.

### Evidence of Insurability (EOI) Requirements –

If you waive LTD Buy-up when first eligible or during the 2025 Annual Open Enrollment, EOI will be required at time of future election.



### Short-Term Disability

STD benefits begin on the 8th day of sickness or accident, and continue through the disability period, to a maximum of 26 weeks. You must use accrued sick or vacation days for the first 5 working days. If you do not have any accrued remaining, these days will be taken at no pay.

**First 6 weeks**    **100% of your base weekly earnings**

**7-26 weeks**    **60% of your base weekly earnings, up to a weekly maximum of \$1,500**

Maternity leave is recognized as a disability and eligible for STD for the first 6 weeks (for natural delivery) or 8 weeks (for cesarean delivery) unless proof for further disability is provided from your physician.



### Long Term Disability

LTD benefits begin on the 181st day of disability, or after the 26 weeks of STD is up, and continue through the disability or until Normal Retirement Age of 65. Should disability occur after age 62, the duration of disability will vary.

**Monthly Benefit**            **60% of your base weekly earnings, up to a monthly maximum of \$15,000**

If you are receiving income benefits from other sources while on LTD (Worker's Compensation, Social Security or other government disability benefits), your LTD benefit will be reduced by these amounts.



# REIMBURSEMENT ACCOUNTS

## Flexible Spending Accounts (FSAs)

Ameriflex administers the Flexible Spending Accounts (FSAs). **An FSA allows you to save up to 30% on eligible healthcare and/or dependent care expenses by using pre-tax dollars.** By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes. There are two FSAs available to all eligible full-time employees: Health Care and Dependent Care. With both of these accounts, we offer a debit card that is linked to your account to use toward eligible services.

You may have either a flexible spending health care account or a health savings account but not both.

## Health Care FSA

The Health Care FSA is an easy way to obtain tax relief for eligible health care expenses. Contributions are deducted from your paycheck pre-tax, reducing your taxable income.

You can reimburse yourself for out-of-pocket health care costs (unpaid medical, prescription drug, dental or vision expenses) incurred by you, your spouse, or eligible children. Access to your FSA is as easy as using your FSA debit card or filing a claim.

You can elect to contribute up to \$3,300 for your Health Care FSA. Your contributions will be deducted directly from your pay on a pre-tax basis and will be divided by the number of pay periods between your benefit effective date and the end of the calendar year (during Open Enrollment the benefit effective date is January 1, 2025). Note: up to \$660 of unused funds may be carried over into the next plan year.

### Eligible Expenses

You may obtain a complete list of eligible and non-eligible expenses in IRS Publication 502, through [irs.gov](https://www.irs.gov).

You may also refer to [myameriflex.crunch.help/participants](https://myameriflex.crunch.help/participants).

## Dependent Care FSA

The Dependent Care FSA provides an opportunity for you to save money while paying for qualified dependent care expenses so that you and your spouse, if applicable, can continue to work. In general, qualified dependents include children under the age of 13 or spouses, adult relatives or adult children who are mentally or physically incapable of self-care. Eligible expenses include; day care, preschool, summer day camps, before or after school programs and more!

You may contribute up to \$5,000 per year. If you are married and filing separate tax returns, you are limited to \$2,500 annually. The annual election for this account cannot be advanced to you. You may only receive reimbursement for the amount you have contributed at the time of the request.

### Questions?

If you have any questions regarding your plan, please contact Ameriflex Customer Service Representatives:

**By phone:** 888.868.3539

**By email:** [service@myameriflex.com](mailto:service@myameriflex.com)

**By web:** [myameriflex.com](https://myameriflex.com)

## The Health Savings Account

Used with the Aetna HSA Saver Plan, the HSA is a great tool that helps you manage your High Deductible Health Plan (HDHP) and get the most out of what you spend on health care. With the HSA, you are able to contribute money pre-tax to your account. This is intended to help offset for the higher deductible in the Aetna HSA Saver plan, but if you don't incur many expenses, you can choose to save it for the future. It's a win-win!

### Your Account, Your Money

Your HSA works just like a personal savings account. It's in your name and it stays with you wherever you go, even if you leave the company.

**Use it today or save for tomorrow.** Use the money in your HSA to pay for eligible health care expenses now or save the money for future needs.

**Money rolls over each year.** Lose the worry of having to spend it all before the end of the year. With the HSA, the balance rolls over year after year so you can let it grow over time.

**Take it with you.** Your HSA is yours to keep, even if you retire or leave the company.

**Save for retirement.** After reaching age 65, you may use HSA funds to augment regular income by paying ordinary income tax on withdrawals for any non-health care expenses.

**It's convenient.** Contributions are automatically deducted from your paycheck and you can change or stop contribution amounts at any time.

## Using Your HSA

You can choose to pay your health care expenses from your HSA or from your personal savings or checking account. Since your HSA rolls over year after year, paying out-of-pocket today lets you save money in your HSA for future expenses.

### What are "Eligible Expenses"?

You can use your HSA to pay for eligible health care expenses for you, your spouse and other dependents. Eligible expenses include medical, dental, vision expenses. Go to [irs.gov](https://www.irs.gov) and check out Publication 969 for a complete list of eligible expenses.

### Employer HSA Match Contribution!

We offer a 4:1 per payroll matching contribution for employees who add funds into their HSA. We contribute up to a maximum of \$1,000 for employee-only coverage and \$2,000 for employee plus dependent coverage.

## Advantages of a HSA

### Triple Tax Savings

Through the triple-tax advantages of the HSA, you are able to save money today for tomorrow and beyond.

1. The money you contribute to your HSA is deducted from your pay before taxes are taken out. This reduces your taxable income and therefore, the amount you pay in taxes.
2. Once your balance reaches a certain amount, you may be able to invest the money in your HSA and earnings can grow tax-free. If you don't spend the money in your HSA, your money will grow tax-free year after year.
3. You can use your HSA to pay for eligible health care expenses tax-free. So bottom line, you are paying less for health care.

Annual contributions over 26 pay periods	Employee only coverage	Employee plus dependent coverage
Employee contributions	\$250	\$500
Employer contributions	\$1,000	\$2,000



Account Type	Health Savings Account (HSA)
Account description	Use this account to pay for eligible medical, dental and vision expenses. This includes copays and coinsurance.
Who can enroll?	Employees enrolled in our HDHP with an HSA.
Who can contribute?	Employees can contribute through pre-tax payroll deductions. The company can also contribute.
What's the annual contribution limit?	Self-only: \$4,300 Family: \$8,550 For those over age 55, an additional \$1,000 may be contributed.
Does money in the account roll over year after year?	Yes
If I leave the company, do I keep the account?	Yes
Does the money in the account earn interest?	Yes, but a minimum balance may be required.
Does this account save me money on taxes?	Yes. Your contributions are made pre-tax, the account earns interest tax free, and withdrawals are tax-free if used for medical expenses.

### Let's Recap

#### Three main parts to the HSA Saver Plan

1

#### Annual Deductible

Amount you pay before the medical plan pays a share of your medical and prescription expenses.

2

#### HSA

HSA: An account to which you and the University contribute(s) to help you pay for eligible expenses and meet your deductible (if you wish to use it).

You may change your contribution amount during the year by contacting [benefits@usa.edu](mailto:benefits@usa.edu).

3

#### Annual Out-of-Pocket Maximum

Your annual safety net. If an unexpected expense arises, or you just end up spending more than you planned in a given year, the out-of-pocket maximum is the most you will have to pay before the plan pays for 100% of all eligible expenses for the remainder of the year.

#### Check Your HSA Before You Pay

Before you try to use your HSA to pay for an eligible expense, be sure you have funds in the account. This is especially critical at the beginning of the year, when your contributions haven't added up yet. Changes made prior to the 15th of a month take effect the following month.

#### Want to Learn More?

For more information about using an HSA with a HDHP, visit the Internal Revenue Service website at [irs.gov](https://www.irs.gov). See Publication 969 for a complete list of eligible HSA expenses. Information is also available on the U.S. Treasury Department website at [treasury.gov](https://www.treasury.gov).



## Commuter Spending Program

Employees may choose from two different kinds of benefit reimbursement options for pre-tax work-related commuter expenses: Transit and Parking. Three things to consider before signing up for these accounts are the tax savings, eligible expenses, and flexibility.

On average, you save 30% or more on commuter expenses when you set aside money in a pre-tax commuter benefit account, and while these monies are intended to be deducted and used each month, these funds are not use it or lose it and remain in your account as a credit toward the next commuter expense. However, you are only able to be reimbursed \$325 a month, so if your balance is growing, it is suggested to change the contribution to \$0 to spend down the account before putting back the desired contribution amount.

You may use the funds in these accounts for eligible expenses by using the Ameriflex debit card. Contribution amounts may be changed throughout the year in Dayforce. This is an individual benefit only, so you are unable to use this benefit for your spouse's or dependents' commuter expenses.

According to the tax code, eligible commuter expenses include public transportation used for your transit to work and many parking expenses. You may contribute up to \$325 pre-tax into each account per month and may contribute additional post-tax contributions if desired.

Employees may change monthly contributions amount at any time during the year by requesting that change in Dayforce under the Benefits section.

Changes made prior to the 15th of a month take effect the following month.

### Eligible Transit Expenses:

- Buses
- Trains & subways
- Ferries
- Vanpools
- Commuter highway vehicles
- Car Service Apps - uberPOOL and Lyft Line

### Eligible Parking Expenses:

- Parking at or near your place of employment
- Parking at a location from which you commute to work

### Ineligible Transit and Parking Expenses:

- Bridge tolls
- Highway tolls
- Expenses for someone other than you
- Fuel
- Mileage
- Uber and Lyft services not associated with uberPOOL and Lyft Line services

Business travel and other reimbursed expenses are also excluded from this benefit.

## How to Obtain Reimbursement

**Request for Reimbursement Wizard** – Upon accessing your Ameriflex account online, you will have the option to submit your request for reimbursement on-line through this feature.

**Mobile App** – Upon downloading the Ameriflex Mobile App, you will have the ability to submit requests for reimbursement via your mobile phone.

The deadline to submit receipts for all eligible services incurred during the 2025 plan year (January 1–December 31, 2025) is March 31, 2026. In compliance with IRS regulations, any amount left in an employees' account after the grace period (March 31, 2026) will be forfeited.

## Debit Card

**Ameriflex Card** – The Ameriflex Card looks like a typical debit card, but is used as a credit card for eligible reimbursement expenses. Rather than paying out-of-pocket and waiting to be reimbursed, the Ameriflex Card allows you to pay for eligible expenses when the expense is incurred. Card purchases are limited to the Plan types elected and also to merchants with an inventory information approval system (IIAS) in place to identify reimbursement-eligible purchases.

When using your Ameriflex Card, the amount of the expense is automatically deducted from your Plan's balance and paid directly to the authorized provider. Please remember to save your receipts as you must retain records and documents that support and validate your Ameriflex Card transactions. In some cases, you may be required to submit receipts and/or any other related documentation. If a business does not accept the Ameriflex Card, submit a reimbursement request, by clicking "File a Claim" online at [myameriflex.com](https://myameriflex.com), or use the Ameriflex Mobile App.

## Mobile App

A free download of the Ameriflex App for iPhone and Android is available.

## Important Notes

The elections that you make for the reimbursement accounts are separate for each one and must be re-elected each year during Open Enrollment. The dollar amount that you elect will be deducted pre-tax from each paycheck in equal installments throughout the calendar year.

You will only be permitted to make changes to your health care or dependent care FSA election during the plan year if you experience a Qualified Life Event. As outlined in the Eligibility section of this guide.

Participation in the Dependent Care FSA will reduce or eliminate your ability to use the federal tax credit for dependent care. We suggest you ask your tax advisor to help you decide what makes sense for you.

Dependent Care FSA Reimbursements cannot be advanced and are limited to what you have contributed to the plan at the time of the request, less any previous reimbursements.

You can submit eligible expenses for any person you can claim as a dependent on your tax return. Note that non-dependent Domestic Partner expenses are not eligible for reimbursement.

**Carry Over Provision for the Health Care FSA only.** The carryover provision allows you to carry over up to \$660 without forfeiting funds into the next calendar year. Any amounts in excess of the carryover maximum are forfeited after the run-out period ends on March 31, 2026. The carryover amounts do not affect your ability to elect the annual maximum for this benefit each year.

## USE IT OR LOSE IT!

FSA Funds may only be used for eligible expenses under your Health Care or Dependent Care FSA. Plan your FSA contributions carefully. Any funds remaining in a Dependent Care account at the end of the plan year will be forfeited, as required by law. Any funds remaining in a Health Care account that exceeds \$660 at the end of the plan year will be forfeited, as required by law. The deadlines for submitting eligible expenses incurred in 2025 is March 31, 2026.



# PROFESSIONAL DEVELOPMENT

Aligning with our mission, USAHS is committed to assisting our employees who wish to continue their education in order to further their careers within USAHS.

## Graduation Bonuses

After one-year of continuous full-time service, employees who graduate from an accredited university with a bachelor’s, master’s, or terminal degree are eligible for a bonus. To receive this award, please contact your Campus HR Partner for the required paperwork and to provide proof of graduation.

Degree	One-Time Bonus*
Bachelor’s or Master’s Degree	\$500
PhD or Terminal Degree	\$1,000

\*Bonus is subject to applicable taxes.

## Tuition Assistance

USAHS offers tuition assistance to encourage employees to continue their education in order to further their careers with USAHS. **To be eligible for Tuition Assistance (Reduction or Reimbursement), employees must have an executed promissory agreement on file with Human Resources.**

### Investing in You

At USAHS, we want our employees to build skills as well as careers.



## Tuition Reimbursement Plan

The company reimburses up to \$5,000 per year of approved tuition expenses based on the guidelines included below.

### Eligibility Guidelines

Full-time employees may apply for this benefit after six months of employment. Eligible classes include credit courses leading to an undergraduate degree, credit courses in a graduate or continuing studies program and licensing or certification programs which are job-related or deemed necessary for an employee's current position or a position into which an employee is likely to be promoted (as determined by the manager in consultation with the Human Resources Department). All college courses must be taken at an accredited college/university.

**Qualifying expenses covered under this policy include tuition, registration, lab and certification fees only. Books, parking, mileage, meals, supplies, late payment fees, and all other fees are not covered under this policy.**

Degree	Tuition Reimbursement
Certifications	\$1,000 per calendar year
Bachelor's and Master's degree	\$2,500 per calendar year
Doctoral and terminal degree	\$5,000 per calendar year

\*Bonus is subject to applicable taxes.



### Employee Responsibility

For each term you plan to take a course, you must submit a signed, completed Request for Pre-Approval form to your Campus HR Partner prior to the course start date. **The pre-approval request form may be obtained from [benefits.usa.edu](https://benefits.usa.edu), a Campus HR Partner, or [benefits@usa.edu](mailto:benefits@usa.edu).**

Within eight (8) weeks of successful completion of a course, you must submit proof of satisfactory grade, and a bursar's receipt or equivalent proof of payment to your Campus HR Partner. You must earn a "B" or better, "Pass" in a pass/fail course, or be able to provide proof of attendance of the certification course, to be eligible for reimbursement.

The terms and details of this benefit are subject to the USAHS Tuition Reimbursement Policy found in the employee handbook and may be updated at the discretion of USAHS.

Note: Independent Study, CPA course/exam, and any other similar certification course that is not a structured class with a specific start and end date, which is applied for in one calendar year, and completed in another calendar year, will be subject to the tuition reimbursement maximum in the year the course or exam is completed. Reimbursement for structured courses that have a specific start and end date that overlap calendar years, will be credited to the reimbursement maximum in the year the course began.

## Tuition Reduction Plan

The Tuition Reduction Plan provides higher education opportunities to USAHS employees and their immediate family members and promotes the doctoral, masters, and bachelor's degree programs at the University of St. Augustine for Health Sciences. Regular full-time and part-time employees and their immediate family members (spouse, domestic partner, and dependent children) are eligible to receive a tuition reduction benefit. All employees are eligible on the first day of employment.

### The reduction rates are as follows:

- 70% tuition reduction for full-time employees
- 35% tuition reduction for part-time employees
- 25% tuition reduction for immediate family members

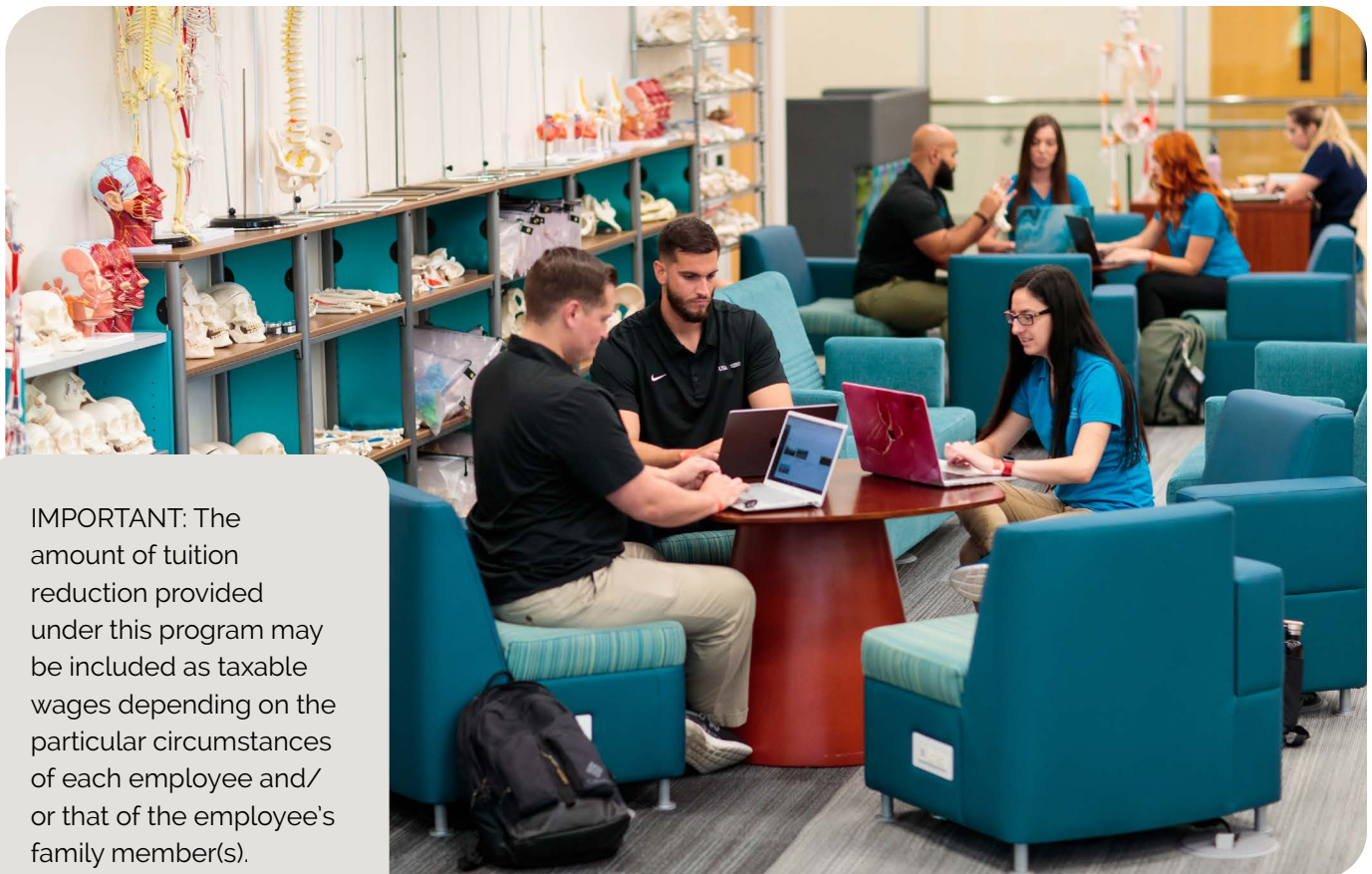
Please note that the reduction applies to tuition only.

## Employee Responsibility

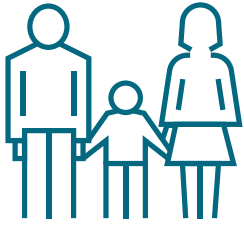
Employees must apply to and be admitted to the university or university partner. **Upon admission, the USAHS employee or immediate family member completes the USAHS Education Tuition Reduction Request Form and promissory agreement and submits them to his/her manager for approval.**

Employees must forward their approved application and promissory agreement to [benefits@usa.edu](mailto:benefits@usa.edu) for processing.

If you receive the Tuition Reduction benefit, you are NOT eligible to receive reimbursement for those same courses under the USAHS Tuition Reimbursement Plan. The terms and details of this benefit can be found in the USAHS Tuition Reduction Policy found in the employee handbook and may be updated at the discretion of USAHS.



**IMPORTANT:** The amount of tuition reduction provided under this program may be included as taxable wages depending on the particular circumstances of each employee and/or that of the employee's family member(s).



# LIFESTYLE BENEFITS

## Employee Assistance Program

The Employee Assistance Program (EAP) through ComPsych® provides you and your immediate household members with confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities. **This program is no cost to you.**

Through ComPsych® GuidanceResources®, there is someone to talk with, answer your questions and guide you to the resources to consult at anytime and anywhere.

- This program is a free benefit provided and paid for by USAHS.
- ComPsych adheres to federal and state privacy laws and holds client information in the strictest of confidence. Information about a client's problem cannot be released without the written permission of that individual.

### Available 24-hours a day, 7-days a week

- Toll-free number: 844.819.4777
- Online: [guidanceresources.com](https://guidanceresources.com)
- Web ID: USAEAP
- App: GuidanceResources® Now

When you or your family contacts GuidanceResources, you can expect to receive confidential and expert guidance on matters such as:

- **Confidential Emotional Support** with highly trained clinicians who will listen to your concerns and help with any issues from anxiety and depression to marital/relationship conflict and grief.
- **Work-Life Solutions** provides qualified referrals and resources to find child or elder care, movers or home contractors, and planning events and local pet care.
- **Legal Guidance** with attorneys for practical assistance with divorce, adoption, family law, trusts and more. Should you need representation, you are provided a complimentary 30-minute consultation and 25% reduction in additional fees.
- **Financial Resources** including expert assistance with retirement planning, taxes, relocation, mortgages, insurance, budgeting, debt, and more.
- **Manager Support** including one on one consultants for any manager-related work challenge.



## Benefit



### Identity Protection

USAHS has partnered with Allstate to offer identity protection through their Protection Pro and Protection Pro Plus program for either the employee or the employee plus family members. Protection Pro provides proactive fraud detection and prevention, including full-service identity remediation for state of the art identity protection.

#### Features include:

- Identity and credit monitoring
- Credit report each year and a score each month
- Social media reputation monitoring
- Digital wallet storage and monitoring
- Full-service identity remediation
- \$1,000,000 Identity Protection Insurance Policy

#### Protection Pro Plus offers extended benefits including:

- Credit freeze assistance
- Social account takeover
- Credit lock (adult & child)
- Stolen fund reimbursement
- Tri-bureau credit monitoring and more!

For more information on the plans, visit [myAIP.com](https://myAIP.com) or call 800.789.2720.

Note: This benefit may be used either as pro-active account monitoring or remediation assistance. To activate pro-active account monitoring, contact Allstate directly or respond to the email sent from them following the initial plan effective date.



### Computer Discount

Discounts on Apple computers are available to all USAHS employees. To take advantage of the discount:

- Go to [apple.com/us-hed/shop](https://apple.com/us-hed/shop)
- This will bring you to the Education Store. Products selected on this page reflect the discounted price.
- For questions call the customer service line at 800.800.2775.



## Benefit

MetLaw® is a group legal plan offered by MetLife Legal Plans, a MetLife® Company services program that pays or reimburses your legal fees. In many cases the plan covers the full amount. MetLaw provides employees with access to a nationwide network of more than 14,000 plan attorneys, with an average of 25 years of experience. No matter how many times you use a plan attorney over the year for covered legal matters, all you pay is your monthly premium—no copayments and no deductibles. You also have the flexibility to use an attorney who is not part of the Plan. In this case, you'll be reimbursed for covered services according to a set fee schedule. You have 4 extra hours of attorney time and services per plan year for non-covered matters that are not otherwise excluded.

Covered benefits may include, but are not limited to:

- Will Preparation
- Estate Planning
- Elder Law Matters
- Family Law
- Financial Matters, Including Identity Theft Defense
- Traffic Offenses
- Defense of Civil Law Suits
- Immigration Assistance
- Consumer Protection
- Real Estate Matters
- Juvenile Matters
- Personal Property Protection
- Document Preparation



**Legal  
Assistance**

For more information prior to enrolling, use Plan ID 9901447 at [info.legalplans.com](http://info.legalplans.com) or call MetLife Legal Plans, Inc.'s client service center at 800.821.6400. For information once your plan is active, call MetLife Legal Plans to get your member ID number, then log on at [members.legalplans.com](http://members.legalplans.com).

Note: Not all matters may be covered. To confirm covered services, contact MetLife's client service center.

## Benefit



### Discount Shopping

We care about your financial well-being. That is why we are excited to offer **Perks at Work**—a discount shopping program free to employees and their families. Enjoy exclusive savings on favorite brands, travel, dining, and more.

Plus, share the savings! Invite up to **5 friends or family members** to the program by visiting [perksatwork.com/invitefriend/invite](https://perksatwork.com/invitefriend/invite).

Perks at Work features savings on:

- **Personal Travel:** Flights, Car Rentals, Hotels, Vacation Packages
- **Entertainment:** Movie Tickets, Broadway Theme Parks, Sports
- **Electronics:** Microsoft, Lenovo, HP, Dell, Cell Phones
- **Home:** Lowe's, Sears, Walmart
- **Apparel:** Nordstrom, Macy's, Brooks Brothers
- **Fitness:** Gyms, Nutrition, Lifestyle, Gear

Register today using your USAHS email address at [perksatwork.com](https://perksatwork.com). Email [support@nextjump.com](mailto:support@nextjump.com) if you have any questions.



### Pet Insurance

USAHS has partnered with Nationwide® for Pet Insurance, the nation's oldest and largest licensed health insurance plan provider for pets.

With My Pet Protection plans, you choose the level of reimbursement and coverage that fits your needs and budget. Plans provide 50% or 70% reimbursement on vet bills for accidents, illnesses, surgeries and hospitalization.

You're free to use any vet and get additional benefits for emergency boarding, lost pet advertising and more. Plus, the 24/7 vethelpline® is available as a free service to all pet insurance members (\$150 value).

Coverage Exclusions: Elective procedures, grooming, and pre-existing conditions.

#### Premiums and Enrollment Information

Premiums for My Pet Protection plans are based on species (type of pet) and state of residence. To obtain a free no-obligation quote, please visit [petinsurance.com/usahs](https://petinsurance.com/usahs) or call 877.738.7874.

## Adoption Assistance

USAHS proudly offers financial assistance through our Adoption Assistance Program, to employees who adopt a child. You may be reimbursed up to \$2,500 to cover eligible expenses associated with legally adopting a child under the age of 18. Reimbursements under this program are not subject to and are made free of federal income tax withholding up to \$5,000. Employees are advised to consult a tax professional and to confirm whether state taxes may apply.

To be eligible for reimbursement you must have been a regular, full-time USAHS employee for one year and an active employee when the expense is incurred, when the child is placed with you for adoption and when you are granted legal custody. Additionally, the child must be under age 18 at the time of adoption and may not be a relative or stepchild.

### Thinking about adoption?

USAHS reimburses up to \$2,500 of eligible adoption expenses per child.

USAHS will reimburse eligible expenses up to a maximum of \$2,500 per child. Expenses can include:

- Licensed private or public adoption agency fees,
- Attorney fees,
- Court fees,
- Travel expenses to transport the child to the home,
- Temporary foster care expenses before placement. The care must be provided by an approved or licensed agency,
- Medical expenses for the child that are part of the adoption process and are not normally covered by the USAHS health care plan.

You may apply for reimbursement after the adoption is finalized in court and the decree and birth certificate is awarded to you as the adoptive parent(s). Contact [benefits@usa.edu](mailto:benefits@usa.edu) or your Campus HR Partner on how to receive reimbursement.



## Federal Family and Medical Leave Act

The Federal Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid leave for certain family and medical reasons, and for a "qualifying exigency" associated with a child, spouse or parent's active duty or call to active duty in the Regular Armed Forces, National Guard or Reserves, within a 12-month period. Employees on FMLA are guaranteed the same or an equivalent position with the same pay, benefits and working conditions upon return at the end of the approved leave period as long as the employee's total FMLA time off is 12 weeks or less in a rolling backward 12-month period.

Note: Eligible employees who are the child, spouse, parent or next of kin (defined as the nearest blood relative) of a covered service member may also take up to 26 weeks of unpaid leave in one single 12-month period to care for this service member if he or she has incurred an injury or illness while on active duty in the Armed Forces, rendering him/her medically unfit to perform duties of his/her office, grade, rank or rating.

To be eligible for FMLA leave, an employee must have been employed by USAHS for at least 12 months and must have worked at least 1,250 hours during the 12-month period preceding the beginning of leave.

For more details, email [benefits@usa.com](mailto:benefits@usa.com).

### How To Request Family Medical Leave

Work directly with your local HR Campus Partner for any FMLA related questions.



# Employee Payroll Contributions

## 2025 PER PAYCHECK EMPLOYEE COST

Plan name	Employee	Employee + Spouse	Employee + Children	Family
<b>Medical</b>				
Aetna HSA Saver	\$68.69	\$153.20	\$117.40	\$203.16
Aetna Choice POS II High Deductible	\$88.79	\$195.15	\$161.35	\$258.71
Aetna Choice POS II Low Deductible	\$137.43	\$316.91	\$263.01	\$412.28
Kaiser HMO (Southern CA)	\$66.90	\$140.09	\$131.52	\$190.99
<b>Dental</b>				
Aetna PPO Dental with Orthodontia	\$21.14	\$45.09	\$41.33	\$55.21
Aetna PPO Dental without Orthodontia	\$15.96	\$34.42	\$31.84	\$41.17
Aetna DMO	\$3.99	\$10.64	\$10.64	\$10.64
<b>Vision</b>				
VSP Basic Plan	\$3.53	\$6.05	\$6.18	\$9.96
VSP Premier Plan	\$7.56	\$12.96	\$13.23	\$21.23
<b>Group Legal Plan</b>	\$7.62			\$7.62
<b>Identity Theft Protection</b>				
PrivacyArmor	\$3.67			\$6.44
PrivacyArmor Plus	\$4.59			\$8.28

## 2025 PRE-TAX CONTRIBUTION LIMITS

401(k)	\$23,500 per year \$7,500 per year "catch-up" for 50 years and over
HSA	HSA employee only max is \$4,300 (including employer contribution) HSA family max is \$8,550 (including employer contribution)
Health Care FSA	\$3,300 per year with \$660 carryover
Dependent Care FSA	\$5,000 per year OR \$2,500 each if married filing separately
Commuter Spending - Transit	\$325 per month
Commuter Spending - Parking	\$325 per month

## SUPPLEMENTAL LIFE — MONTHLY RATE PER \$1,000

Age	Employee	Spouse
< 29	\$0.045	\$0.045
30 - 34	\$0.054	\$0.054
35 - 39	\$0.081	\$0.081
40 - 44	\$0.090	\$0.090
45 - 49	\$0.135	\$0.135
50 - 54	\$0.207	\$0.207
55 - 59	\$0.387	\$0.387
60 - 64	\$0.567	\$0.567
65 - 69	\$1.071	\$1.071
70+	\$1.737	\$1.737

## SUPPLEMENTAL LIFE — MONTHLY RATE PER \$1,000

Child	\$0.091
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## VOLUNTARY AD&D — MONTHLY RATE PER \$1,000

Employee Only	Family
\$0.018	\$0.025

## BUY-UP LTD — MONTHLY RATE PER \$1,000

\$0.134
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# Employee Payroll Contributions

## ACCIDENT INSURANCE

Monthly Premium	AETNA
Employee	\$9.72
Employee + Spouse	\$19.44
Employee + Child(ren)	\$20.41
Family	\$30.13

## HOSPITAL INDEMNITY INSURANCE

Monthly Premiums	AETNA
Employee	\$9.51
Employee + Spouse	\$21.14
Employee + Child(ren)	\$18.27
Family	\$29.63

## CRITICAL ILLNESS INSURANCE

Monthly Premium per \$1,000 Employee	AETNA
<25	\$0.288
25-29	\$0.346
30-34	\$0.452
35-39	\$0.608
40-44	\$0.861
45-49	\$1.149
50-54	\$1.660
55-59	\$2.344
60-64	\$3.391
65-69	\$4.605
70-74	\$6.375

Monthly Premium; \$1,000 Spouse	AETNA
<25	\$0.564
25-29	\$0.651
30-34	\$0.810
35-39	\$1.043
40-44	\$1.423
45-49	\$1.855
50-54	\$2.264
55-59	\$3.652
60-64	\$5.226
65-69	\$7.049
70-74	\$9.708
Child Rate per \$1,000	Included in Employee Rates



# GLOSSARY OF INSURANCE TERMS AND CLAIMS RESOLUTION TIPS

## Insurance Claims – Tips for Claims Resolution

Most health insurance claims are paid with no intervention from you or your Campus HR Partner. What's the best way to handle a claim issue that doesn't go quite so smoothly?

- **Keep any Explanation of Benefits (EOB) forms you receive** from the health insurance carrier until you see that the claim has been fully paid. If you have to contact the carrier for help, the EOB will give you the reference number, which individually identifies your particular claim, the date of service, the provider and the status of the claim. All of this will be helpful in resolving your claims issue.
- **If you have to call the insurance carrier** to request that a claim be reprocessed, be sure to write down the name of the person you spoke to and the date you called. If things don't go smoothly, or if you still have unresolved questions, it helps to know to whom you talked with, so we can facilitate resolving your issue quickly.
- **Finally, if you've been working with the insurance carrier** and are having trouble getting your issue resolved, contact [benefits@usa.edu](mailto:benefits@usa.edu). We'll gather information, ask to see copies of your EOBs and ask you to sign a HIPAA Release/Waiver. We can then act as your advocate to getting your issues resolved.

## Glossary of Terms

**Allowed Amount** – The amount negotiated by the insurance company that a provider or facility has contractually agreed to accept as a participating provider within the insurance company's network.

**Copay** – A fixed dollar amount (e.g., \$15) paid by you to the provider at the time of service.

**Coinsurance** – The cost of a covered service that is shared by the plan and by you, expressed in percentages; for example, 80% carrier and 20% employee. The provider typically bills you after the plan has paid.

**Deductible** – The dollar amount that you will pay before the insurance company begins to pay at the co-insurance level. Deductibles do not apply to services that have a copay listed in the benefit summary.

**Emergency Care** – Services furnished by a facility that are required to stabilize a patient with symptoms of such severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the individual's health in serious jeopardy.

**Explanation of Benefits (EOB)** – Detailed information of how your medical or dental claim was processed. Shows the date of service, provider's name, billed amount, allowed amount, amount insurance paid and amount that is your responsibility to pay.

**Out-of-Pocket Maximum** – The annual amount for which you are responsible for deductibles and coinsurance before the plan covers all remaining eligible expenses at 100% (minus required copays) for the remainder of the calendar year. This limit restarts each plan year.

**Pre-authorization** – A plan requirement that covered services be approved by the plan prior to receiving services.

**Preferred Providers** – doctors, hospitals and other health care providers who have a contract with the plan to honor your medical coverage and bill the plan directly. They will also accept the plan's allowed amount as payment in full.

**Out-of-Network Providers** – do not have an agreement with the plan. They may accept you as a patient, but will not bill the plan directly. You must pay the provider at the time of service and submit a claim to the plan. You will be reimbursed based upon the plan's allowed amount. Your provider may charge you for the difference between the allowed benefit and the billed charges.

**Primary Care Physician (PCP)** – The primary doctor you see for services. Typically includes family practice, general practice, pediatricians and gynecologists. This doctor is the main provider you see and will be the one to coordinate any care.

**Prescription Drug Formulary** – List of medications covered at preferred pricing due to their proven quality and effectiveness.

# Contacts

## Vendors

### Aetna • Medical & Dental

888.478.9498

Group Number: 176145

[aetnaresource.com/m/USAHS](http://aetnaresource.com/m/USAHS)

Mobile App: Aetna Health App

### Aetna • Accident, Critical Illness, and Hospital Indemnity

800.607.3366

[myaetnasupplemental.com](http://myaetnasupplemental.com)

### Allstate Identity Protection

800.789.2720

[myAIP.com](http://myAIP.com)

### Ameriflex

888.868.3539

[myameriflex.com](http://myameriflex.com)

Help Center: [myameriflex.crunch.help/participants](http://myameriflex.crunch.help/participants)

### ComPsych

844.819.4777

Web ID: USAEAP

[guidanceresources.com](http://guidanceresources.com)

Mobile App:

GuidanceResources®Now

### Expert Health Advisory

866.904.0910

[members.bestdoctors.com](http://members.bestdoctors.com)

### HealthiestYou

866.703.1259

[healthiestyou.com](http://healthiestyou.com)

### Invesco 529 College Savings Plan

877.517.4829

[CollegeBoundSaver.com](http://CollegeBoundSaver.com)

### Kaiser Permanente California

800.464.4000

Group Number: 234167

[kp.org](http://kp.org)

### Lincoln Financial Group

800.234.3500

[LFG.com](http://LFG.com)

Retirement Consultant:

Flor Ortega

305.962.6957

[flor.ortega@lfg.com](mailto:flor.ortega@lfg.com)

### MetLife Legal Plan

Plan ID: 99014447

800.821.6400

Before enrolling:

[info.legalplans.com](http://info.legalplans.com)

After enrolling:

[members.legalplans.com](http://members.legalplans.com)

### Nationwide

877.738.7874

[petinsurance.com/usahs](http://petinsurance.com/usahs)

### Inspira Financial

888.879.9280

[inspirafinancial.com](http://inspirafinancial.com)

### Perks At Work

[perksatwork.com](http://perksatwork.com)

### Vision Service Program

800.877.7195

[vsp.com](http://vsp.com)

### The Standard •

### Insurance & Leave of Absence

Life Insurance Claims:

800.628.8600

Disability Income Insurance:

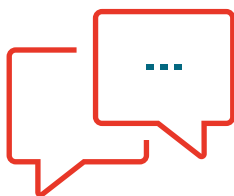
833.760.7018

Leave of Absence:

833.760.7018

Group Number: 762815

<https://sites.standard.com/edu/university-st-augustine-health-sciences/89926>



## USAHS HR

[benefits@usa.edu](mailto:benefits@usa.edu)

Active employees may also use

[benefits.usa.edu](http://benefits.usa.edu)



