

Your health. Your wellness. Our commitment.



UNIVERSITY of ST. AUGUSTINE
for HEALTH SCIENCES

Dear University of St. Augustine for Health Sciences full-time employees:

Our continued commitment to your health, financial security, and overall well-being remains steadfast, and we are pleased to share updates that further strengthen and enhance your benefits program.

As we approach the upcoming open enrollment period, please be assured that **the benefits you rely on today will continue to meet your needs in the year ahead**. Only minimal premium adjustments will take effect, accompanied by several meaningful enhancements designed to simplify managing your benefits and deliver greater value to you and your family.

What's Staying the Same

You and your family will continue to enjoy:

- The same great **medical, dental, and vision plans**, with no changes to coverage, copays, or deductibles.
- Continued access to **supplemental health and life insurance**.
- Valuable **lifestyle benefits** — including the Employee Assistance Program (EAP), legal assistance, identity protection, discount shopping, and pet insurance.

What's New and Enhanced

We're introducing several updates to make your benefits experience even better:

- **A new, easy-to-use enrollment platform (Benefitfocus)** to streamline your enrollment process.
- **Expanded life and disability coverage** through Lincoln Financial Group — plus a special one-time opportunity to increase your coverage.
- **Integrated HSA, FSA, and commuter accounts** with HealthEquity for greater convenience and stronger investment options.
- **Expanded identity theft protection** and a broader BenefitHub marketplace offering even more discounts and savings.

Minimal Premium Adjustments

To maintain these comprehensive benefits, medical plan premiums will increase modestly by just **\$5, \$7, or \$10 per pay period**, and dental premiums by **only \$1, \$2, or \$3**, depending on your coverage tier. These small adjustments ensure our plans remain competitive and continue delivering exceptional value.

Our benefits are designed to help you care for yourself, your family, and your future. Thank you for your extraordinary contributions to the University of St. Augustine for Health Sciences.

Together, we are building a stronger, healthier community every day.

Sincerely,

Vivian A. Sanchez
Chancellor and Chief Executive Officer



UNIVERSITY of
ST. AUGUSTINE for
HEALTH SCIENCES

Our 2026 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.

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 or visit 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 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 30 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 30 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.
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. Please refer to Qualified Life Event section of this guide or notify 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

Accessing the Benefits Portal & Enrolling

To enroll, please utilize the Benefitfocus tile in your Okta dashboard to access Benefitfocus OnePlace 365. You can also complete your enrollment by downloading the Benefitfocus mobile app from the Google Play or Apple App Store. If you are using the app for the first time, you will enter the company code **perdoceobenefits**.

Once you have access to the benefits portal, you can begin your enrollment by locating the Begin Open Enrollment tab in the banner. Once you complete your enrollment and see the green checkmark, you can save and/or print your enrollment summary for your records.

Dependent Information

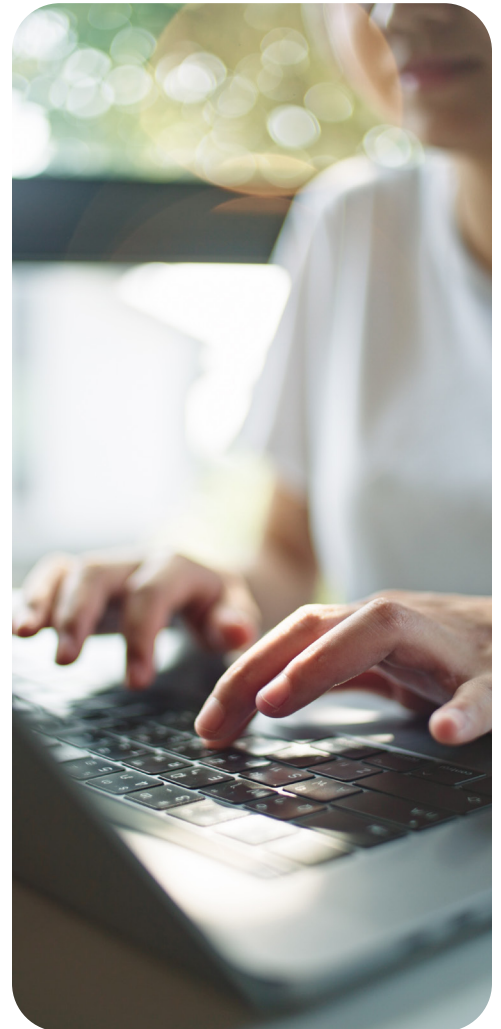
During your enrollment, you have the option to enroll any eligible dependents, such as your spouse, domestic partner or any dependent child(ren) under the age of 26. If you are adding dependents, be prepared to provide information such as names, birthdates, and Social Security Numbers.

If you have any questions or need assistance

you may call the PEC Benefits Center at 1-855-847-6068 and speak with a benefits representative.

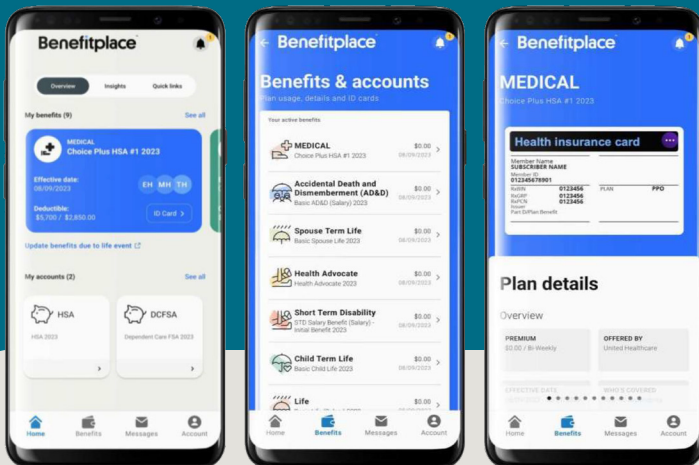
Benefits Center representatives are available between 7 a.m. and 7 p.m. CT, Monday through Friday.

There is a chat feature in the Benefitfocus portal or you can send an email to PECbenefits@benefitfocus.com.



Benefitplace™ App

Your personalized benefits experience, wherever you are



Take your benefits on the go with the Benefitplace app

- View all active benefits, coverage details, payroll deductions and ID cards
- Snap and tap to upload required documentation
- Get important benefits notifications and reminders pushed right to your device
- Send and receive sensitive personal information through secure messaging
- Check spending account balances and review transactions
- Make annual benefit elections and life event changes on the go
- Learn about and shop for benefits that are available for enrollment throughout the year



Company ID
perdoceobenefits

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
 - 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 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.
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.

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
Employees Seeded Health Savings Account	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)			
Deductible (Individual/Family)	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
Coinsurance	Percentage of bills employee pays after deductible is paid.	20%	50%	20%	50%	20%	50%
PCP Office Visit/ Specialist Office Visit	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
Emergency Room		20% after deductible	20% after deductible	\$200		\$200	
Urgent Care		20% after deductible	50% after deductible	\$100	50% after deductible	\$100	50% after deductible
Retail Prescription Drugs (30-day supply)		Co-pays after ded.	50% Coinsurance after in-network copay	Co-pays, no ded. applies	50% Coinsurance after in-network copay	Co-pays, no ded. applies	50% Coinsurance after in-network copay
	Generic	\$12		\$12		\$12	
	Preferred	\$40		\$40		\$40	
	Non-Preferred	\$60		\$60		\$60	
Mail Order Prescription Drugs (90-day supply)		Co-pays after ded.		Co-pays, no ded. applies		Co-pays, no ded. applies	
	Generic	\$24	Not Covered	\$24	Not Covered	\$24	Not Covered
	Preferred	\$80		\$80		\$80	
	Non-Preferred	\$120		\$120		\$120	
Out of Pocket Maximum (Individual/Family)	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

If you need help understanding your benefit offerings, planning ahead, or making health care simpler - Call the Aetna Concierge!

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 Telehealth

CVS Health Virtual Care

With your medical plan with Aetna, you have access to CVS Health Virtual Care. This allows you to schedule on-demand virtual visits for general medicine, dermatology, and mental health with a wide network.

- PPO Plan Members – no copay for general medicine or dermatology; \$30 copay for mental health specialist
- HSA Saver Plan Members – Copays count towards annual deductible.
 - \$55 general medicine
 - \$215 initial psychiatrist
 - \$99 ongoing psychiatrist
 - \$85 therapist

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.

Check out the Aetna member site at 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)
In-Network		
Generic	You pay \$12	You pay \$24
Preferred Brand	You pay \$40	You pay \$80
Non-Preferred Brand	You pay \$60	You pay \$120
Out-of-Network		
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 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 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.

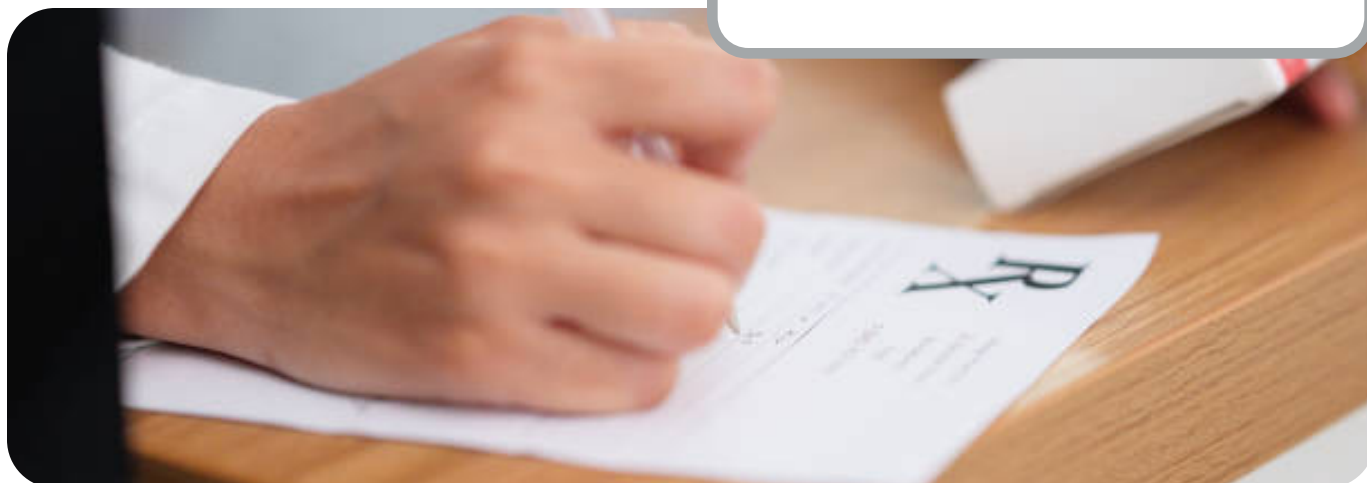
*Where allowed by law. Based on the availability of CVS Pharmacy locations and subject to applicable laws and regulations. Services are also available at Long's Drugs locations. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty. Certain specialty 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 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.

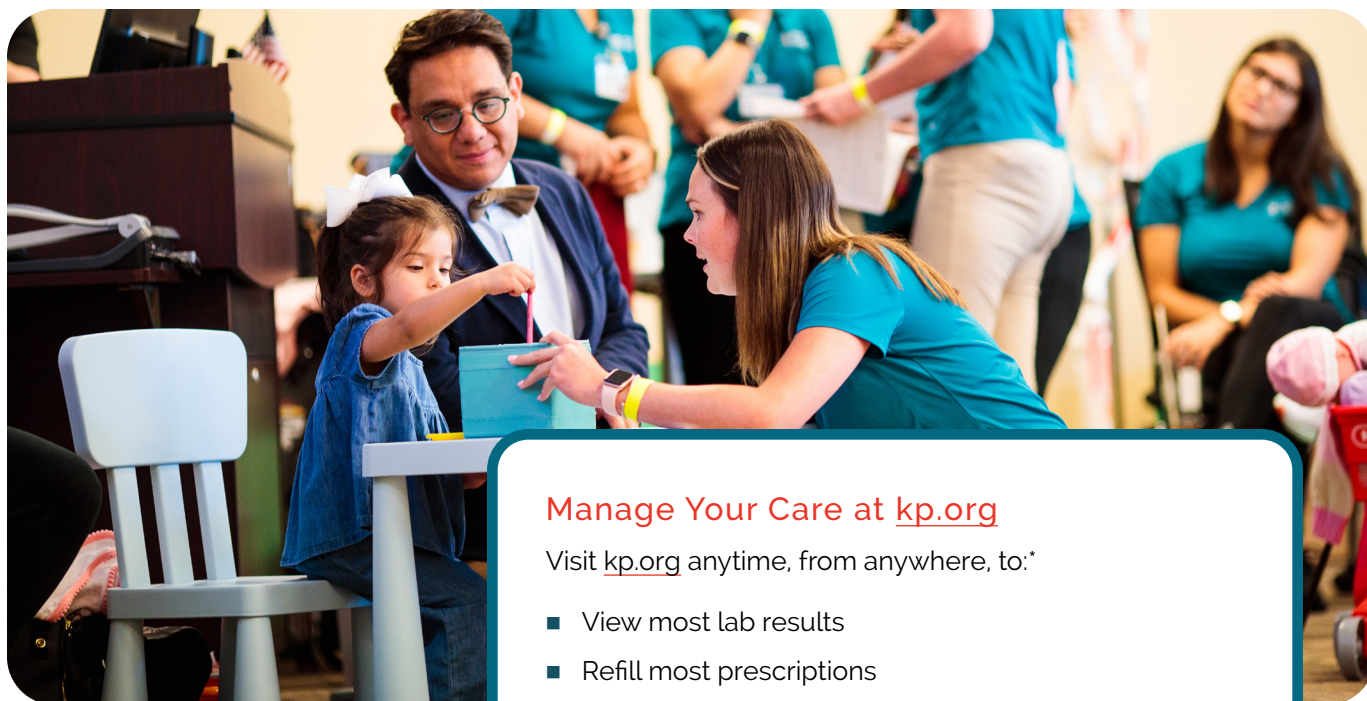
Each covered family member in the plan must choose a Primary Care Physician (PCP). You may choose from one of the following practices: family practice, general medicine, internist, gynecologist or pediatrician. Kaiser Permanente's customer service number is 800.464.4000. To locate a provider near you,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

Included in your Kaiser medical plan is access to Kaiser's Telemedicine platform - MyDoctor Online. Telemedicine allows you to easily access healthcare by scheduling online virtual visits for general medicine, dermatology, and mental health. No copays apply when using this feature.

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

Visit 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

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

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 Voluntary Telehealth • Teladoc

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

Services available through HealthiestYou include primary care, mental health, tobacco cessation, dermatology, back care, nutrition coaching, and more. Talk to a doctor 24/7, or receive confidential counseling seven days a week.

As part of the HealthiestYou Voluntary Benefit, employees will pay \$13.00 per month via payroll deduction, and will be subject to the following copays:

- \$0 General Medical
- \$59 Nutrition
- \$85 Dermatology
- \$235 Initial Psychiatry
- \$105 Ongoing Psychiatry
- \$95 Therapy

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

Expert Health Advisory Service

HealthiestYou is a voluntary telehealth benefit for employees and their families if they choose to elect this benefit during the open enrollment period, regardless of participation in a medical plan. 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 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

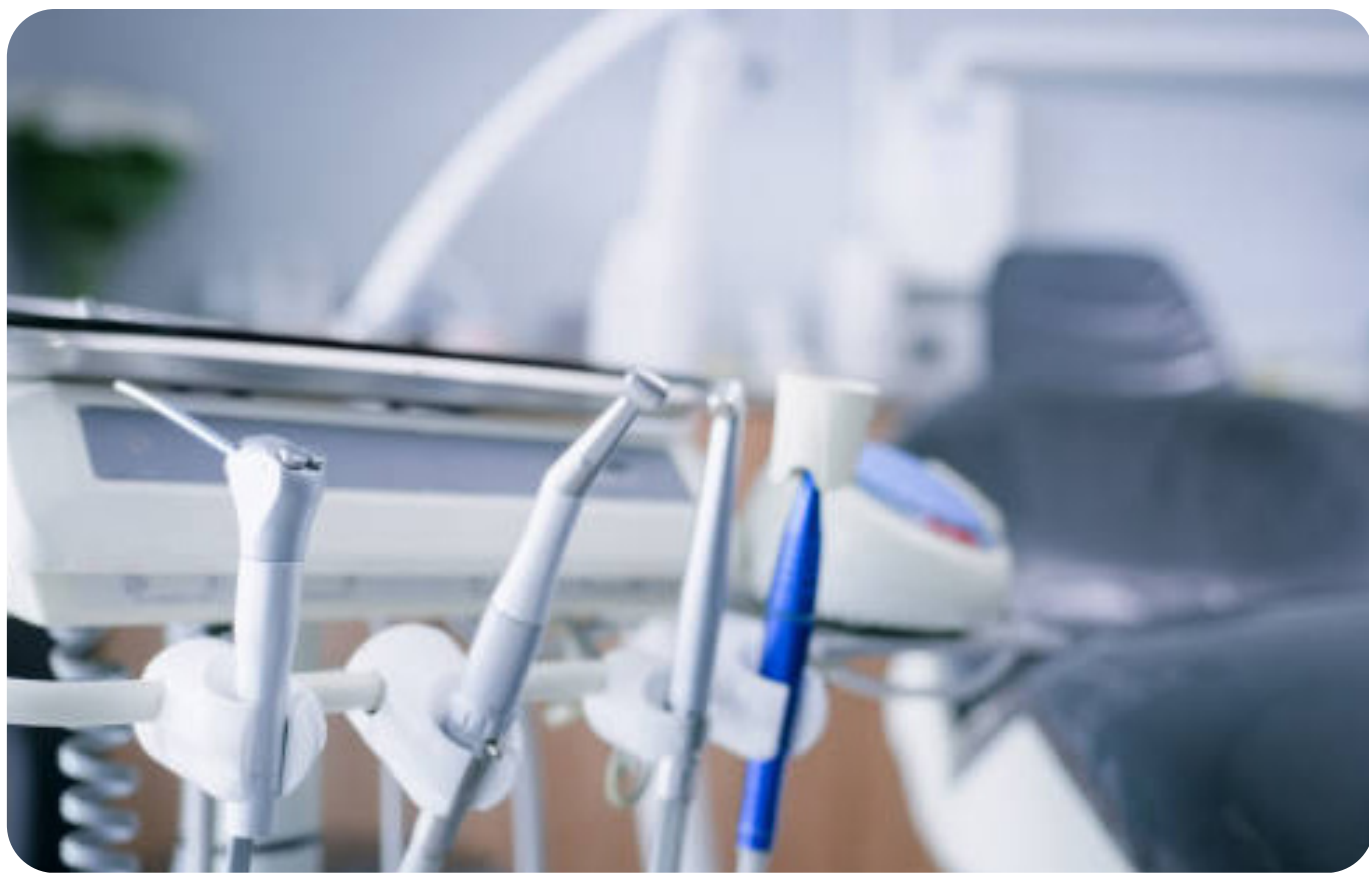
An unexpected or even planned stay in the hospital can be expensive as you meet your deductible and out-of-pocket obligations under the medical plan. The Hospital Indemnity insurance plan is designed to provide financial protection by paying you a direct benefit to meet out-of-pocket expenses and extra 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 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 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
Deductible Individual Family		\$50 \$150		\$50 \$150
Calendar Year Maximum (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			
Preventive Care Exams, X-Rays, Cleanings**	\$0	\$0	\$0	\$0
Basic Care Fillings, Root Canals	Deductible, then 10%	Deductible, then 20%	Deductible, then 10%	Deductible, then 20%
Major Care Crowns, Dentures	Deductible, then 40%	Deductible, then 50%	Deductible, then 40%	Deductible, then 50%
Orthodontia	Deductible, then 40%	Deductible, then 50%	Not covered	Not covered
Adult/Child Lifetime Maximum	\$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.
- 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 health¹

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.

¹ 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.

² U.S. National Library of Medicine. Dental care — adult. MedlinePlus. February 5, 2018. Available at: medlineplus.gov/ency/article/001957.htm. Accessed May 6, 2019.

³ American Dental Association. Test your brushing brainpower! Mouth Healthy. Available at: 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. 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.² 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.³

Check out your dental care discounts at 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
Choose a PCD from our network** Use our provider search tool on Aetna.com to find one.	<ul style="list-style-type: none"> See your PCD for regular exams and to get referrals if you need specialty care. Covered family members can choose their own PCDs. 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.
Visit your PCD If you see someone other than your selected PCD, you could end up paying more.	<ul style="list-style-type: none"> Check your benefits summary, so you'll know what to pay. Give your member information at your visit. 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. That's it. No deductible, no claims forms and no yearly dollar limits.

*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
Deductible	\$0
Calendar Year Maximum (including Orthodontia)	Unlimited
Preventive Care Exams, X-Rays, Cleanings	\$0
Basic & Major Care	
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
Orthodontia (24-month benefit)	
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)
Doctor Network: VSP Choice WellVision Exam® Focuses on your eye health and overall wellness \$20 copay (every 12 months)	Doctor Network: VSP Choice WellVision Exam® Focuses on your eye health and overall wellness \$20 copay (every 12 months)
Prescription Glasses \$20 copay Lenses (every 12 months) <ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal lenses Polycarbonate lenses for dependent children Solid tints and dyes Frame (every 24 months) <ul style="list-style-type: none"> \$150 allowance for a wide selection of frames 20% off the amount over your allowance OR Contacts (Instead of Glasses) (every 12 months) <ul style="list-style-type: none"> Up to \$60 copay for your contact lens exam (fitting and evaluation) \$130 allowance for contacts 	Prescription Glasses \$20 copay Lenses (every 12 months) <ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal lenses Polycarbonate lenses for dependent children Solid tints and dyes Scratch resistant coating Anti-reflective coating Premium Progressive Coverage Frame (every 12 months) <ul style="list-style-type: none"> \$250 allowance for a wide selection of frames 20% off the amount over your allowance OR Contacts (Instead of Glasses) (every 12 months) <ul style="list-style-type: none"> Up to \$60 copay for your contact lens exam (fitting and evaluation) \$200 allowance for contacts
Extra Savings and Discounts (applies to both plans)	
Glasses and Sunglasses <ul style="list-style-type: none"> Average 20-25% savings on non-covered lens options 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. Contacts <ul style="list-style-type: none"> 15% off the contact lens exam (fitting and evaluation) 	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities. Your Benefits from Other Providers <ul style="list-style-type: none"> Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

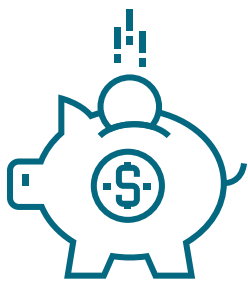


How to Use Your VSP Benefits:

- **To locate a VSP provider**, log on to 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, 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.



INCOME PLANNING AND PROTECTION

Retirement 401(k) Plan • Empower

The 401(k) Retirement Savings Plan allows eligible employees to save for their long term financial future. Regular, full-time employees 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 will match 50% of the first 2% and 25% of the next 4% employees contribute each pay period. That's up to an additional 2% contribution!

The company match will be contributed each pay period. To qualify for the company match, you must meet the eligibility requirements of the plan.

Email benefits@usa.edu for more details.

■ The money is yours once you are vested.

You become fully vested in matching contributions once you have completed two years of employment with USAHS. You are always 100% vested in your contributions. You are fully vested in the company match after two years.

It's easy to enroll!

Our plan has an automatic enrollment feature in which **we will automatically enroll you into the plan to defer 3% of your salary once you have achieved eligibility.*** Your contributions 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.

* 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 Empower. **If you do nothing, the automatic deferral will begin upon becoming eligible for the benefit.**

■ Investment Options & Support.

Empower offers a wide array of choices covering all of the major categories.

Log on to prdo401k.com or call our Customer Care Center at 877.403.4232. There is **no charge** for financial education related to the USAHS 401(k) Retirement Savings Plan.

IRS Limit for 401(k) Contributions

Note that retirement contributions are restricted to the annual IRS limit. For 2026, the IRS annual contribution limit is \$24,500. 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 2026, the "catch up" contribution limit is \$8,000, which means a total contribution limit of \$32,500. Ages 60-63 have a special catch-up limit of \$11,500, making their total contribution limit \$36,000.

How to Enroll — 401(k) Retirement Savings Plan

The USAHS 401(k) plan is administered by Empower. 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:

REGISTER your account, if you haven't already.

- Visit prdo401k.com or download and open the Empower app (Available in the App Store from Apple or on Google Play).
- Click the 'Register' button and select the 'I do not have a PIN' tab. Follow the prompts to create a username and password.

If you need assistance call Empower at 877-403-4232. Representatives are available weekdays from 7 a.m. to 9 p.m. Central time (excluding most financial market holidays) and Saturdays from 8 a.m. to 4:30 p.m. Central time.

REVIEW your beneficiary election(s), and update if necessary.

UPDATE your contact information - Review your contact information (phone and email address), and personal preferences so that you receive important account alerts.

- 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 Empower Customer Service Line at 877-403-4232.



Reminder

USAHS has an "Automatic Enrollment" feature. If you do not take action when you first become eligible, 3% 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, select "Enroll" to set up the account. If interested in payroll deduction, return the Payroll Direct Deposit form to 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

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

Manage your investments to achieve
your financial goals

Life Insurance

USAHS provides Basic Life Insurance to all eligible full-time employees, providing financial protection for your family at no cost to you.

Employer-Paid Term Life Insurance

Your employer-paid basic term life insurance provides a benefit of one times your base salary, rounded to the next highest \$1,000, up to \$1,000,000.

Visit mylincolnportal.com to access more information about your Life insurance coverage.



You can purchase additional term life and/or AD&D insurance for yourself and your dependents.

Employee Supplemental Term Life and AD&D Insurance

In addition to the Basic Life Insurance provided to you by USAHS, you may also purchase Supplemental Life Insurance.

Employee Term Life:

You may elect in multiples of your salary up to five times your salary, up to \$1,000,000.

Employee AD&D:

Elect in multiples of your salary up to five times your salary, up to \$1,000,000.

Spouse/ Domestic Partner Supplemental Life Insurance

You may also purchase supplemental term life insurance on your spouse/domestic partner.

Spouse or Domestic Partner Term Life:

Elect in \$5,000 increments, up to \$100,000 (Not to exceed 100% of employee coverage).

Dependent Child Supplemental Life Insurance

You may also purchase Supplemental Term Life Insurance for your dependent children.

Child Term Life:

Elect in \$5,000 increments, up to \$20,000.
Birth to less than 6 months - \$500

This coverage is tied to your employment and typically ends if your employment ends. However, if your employment ends, you may be offered the opportunity to retain coverage on your own with the same insurance carrier.

Select a Beneficiary:

It's important to choose a beneficiary to receive the policy's benefit payment in the event of the insured person's death. You should designate your beneficiary in Benefitfocus during Open Enrollment. For dependent coverage, the employee is automatically listed as the beneficiary.

Important Information Regarding Statement of Health:

For Open Enrollment 2026, Evidence of Insurability (EOI) will be required for any new elections or increases to the level of coverage for yourself and your Spouse or Domestic Partner.

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. Short-term disability and long-term disability are available through Lincoln Financial Group. Your coverage begins on the first of the month after 30 days of employment.

How to Start a Claim

mylincolnportal.com



Short-Term Disability

When you need to miss work for an extended period of time due to an illness or accident, short-term disability insurance can replace a percentage of your lost income (up to a maximum weekly benefit) for a certain number of weeks. This benefit is completely paid by USAHS after one year of full-time employment. If you have been employed less than one year, you have the option to elect voluntary coverage if needed. Log on to perdoceobenefits.hrintouch.com for coverage and cost information.

If USAHS is required under state law to offer you short-term disability benefits, your disability benefits will be coordinated with the state. For employees who reside in CA, before electing employee-paid STD, you should compare the employee-paid benefits to the benefits provided by the state plan.



Long Term Disability

If you experience a disabling illness or injury that lasts longer than your short-term disability benefit, long-term disability insurance can replace a percentage of your lost income (up to a maximum monthly benefit).

Summary Of Long-Term Disability Benefits

Waiting Period	180 Days
Percentage of Income Replaced	60% of Salary
Maximum Benefit	\$7,000 per month
Maximum Benefit Period:	
Until you are no longer considered disabled or you reach normal retirement age	



REIMBURSEMENT ACCOUNTS

Flexible Spending Accounts (FSAs)

HealthEquity 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. USAHS offers Health Care FSAs, Dependent Care FSAs, and Combination FSAs. See the table below to decide which might be the best for you.

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).

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 \$3,400 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, 2026).

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 \$7,500 per year. If you are married and filing separate tax returns, you are limited to \$3,750 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 HealthEquity Customer Service Representatives:

By phone:

HSA:

866-346-5800

FSA/Commuter:

877-924-3967

By web:

www.HealthEquity.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: \$4,400 Family: \$8,750 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.

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 Benefits

Commuter benefits allow you to lower your commuting costs by using before-tax dollars to pay for qualified transportation expenses, such as transit passes and parking. You decide how much to contribute, and the money will be automatically deducted from your paycheck and placed on a debit card for your use.

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 \$340 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 HealthEquity debit card. Contribution amounts may be changed throughout the year in Benefitfocus. 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 \$340 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 Benefitfocus.

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.



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.

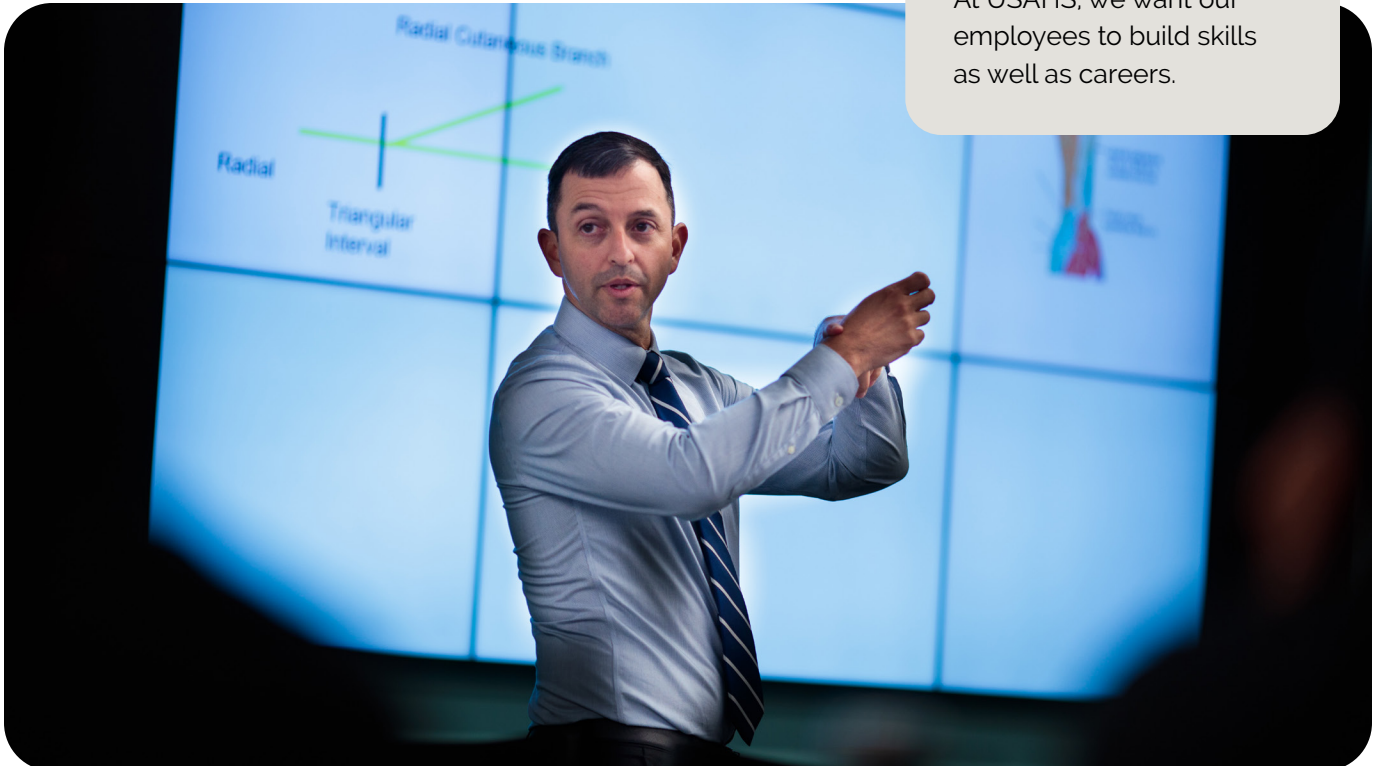
Tuition Assistance

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.**

Tuition Assistance Program benefits are subject to change or cancelation at any time at the sole discretion of USAHS and cannot be combined with other grants and discounts that may be available through USAHS.

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, a Campus HR Partner, or 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.

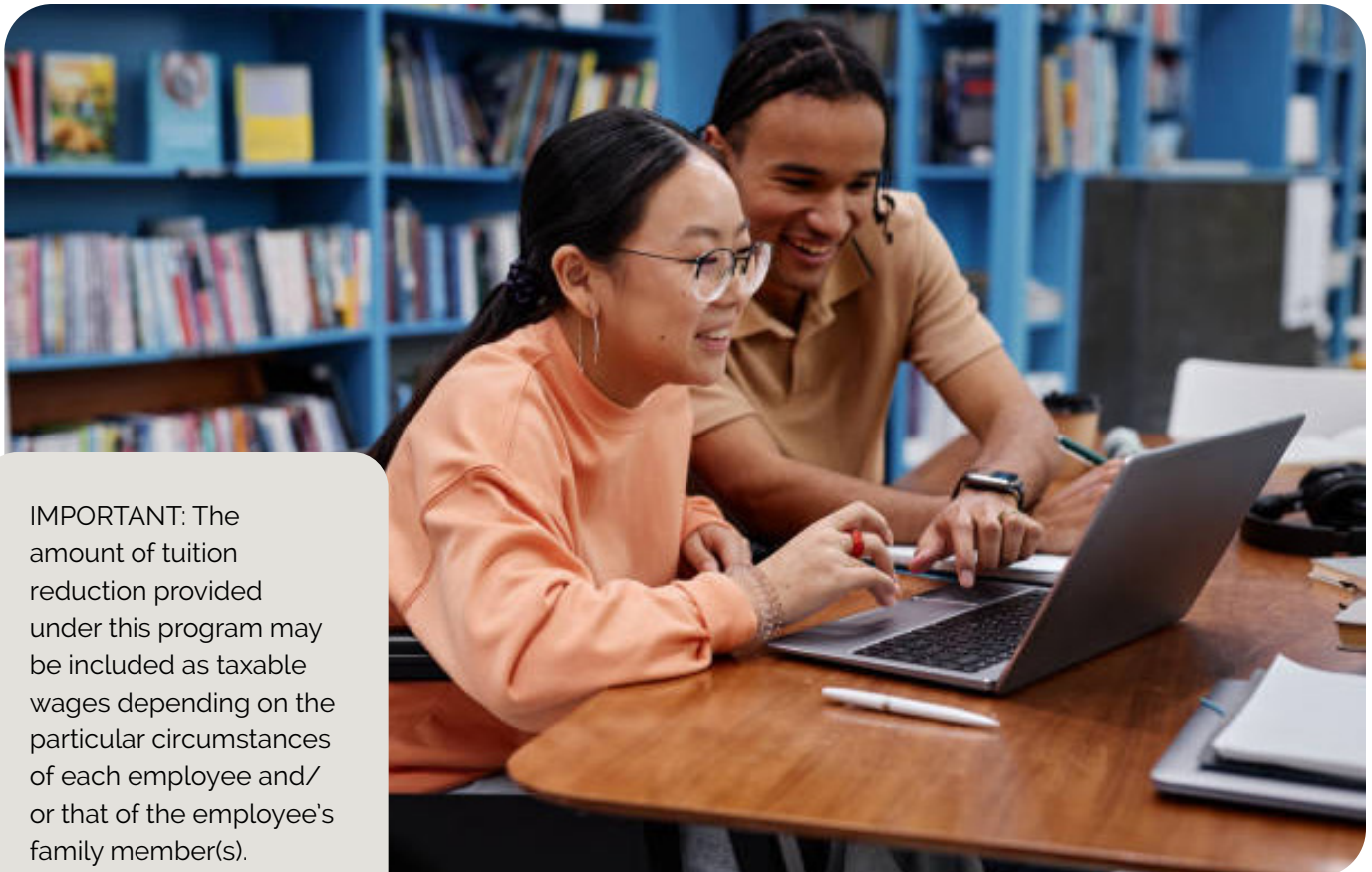
Employee Responsibility

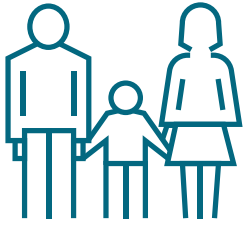
Employees must apply to and be admitted to the university or university partner. **Upon admission, the USAHS employee or immediate family member completes the USAHS Education Tuition Reduction Request Form and promissory agreement and submits them to his/her manager for approval.**

Employees must forward their approved application and promissory agreement to benefits@usa.edu 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

EmployeeConnectSM | Lincoln Financial Group (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: 1-888-628-4824
- Online: guidanceresources.com
- Username: LFGSupport
- Password: LFGSupport1
- 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.



Identity Protection

1 in 6 Americans have been impacted by identity crime. That's why USAHS offers Allstate Identity Protection plans as a benefit for you and your loved ones. You can enroll in either of the plans offered - Pro + or Pro+ Cyber - and premium contributions are taken as payroll deductions.

Why Choose Allstate Identity Protection?

- **Inclusive Family Coverage:** Protects everyone under your roof (or your wallet), regardless of age.
- **Comprehensive Monitoring:** Identity, financial account, and credit monitoring.
- **Cyber Protection:** Tools to defend against today's digital threats.
- **24/7 Support:** Access to expert help anytime.



Allstate Identity Protection Pro+

- See and control your personal data with Allstate Digital FootprintSM
- Catch fraud early with comprehensive identity and financial monitoring
- Identity Health Status checks and personalized threat insights
- Social media account monitoring for takeover attempts
- Robocall and ad blockers to fend off scams
- Family digital safety tools (with family plan)
- Tri-bureau credit monitoring and annual credit report/score
- One-click TransUnion credit lock and freeze assistance
- Dark web monitoring for compromised data
- Alerts for financial transactions (e.g., cash withdrawals, large purchases)
- Full-service remediation and resolution support
- Up to \$1 million in expense reimbursement for stolen funds and out-of-pocket costs due to identity theft

Allstate Identity Protection Pro+ Cyber - All Pro+ features, plus:

- Cyber protection for up to 5 mobile devices (viruses, phishing, malware)
- Mobile device/app security and missing device tools (Android only)
- Safety VPN with safe browsing and phishing protection
- Wi-Fi and network security
- Password manager
- Up to \$1 million in ransomware expense reimbursement (does not cover ransom payments)

Family Plan Extras:

- Coverage for your whole household, including parents, in-laws, and grandparents age 65+
- Family mobile device protection for up to 10 devices
- Up to \$2 million in expanded identity theft and ransomware expense reimbursement

Easy Enrollment

1. Choose your plan—protection starts from your effective date.
2. Activate key features—explore more in the easy-to-use portal and apps.
3. Live your best life online—with 24/7 alerts and support.

Questions? Call 1.800.789.2720

Benefit


**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
- 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.


**Legal
Assistance**

With a legal plan, you can rest assured that you'll have access to legal advice and services when you need them, no matter how big or small your legal matter is.

The LegalEASE Legal Insurance plan offers you economical access to attorneys for common legal services, such as will preparation, estate planning, family law and more. You and your family will have access to a nationwide network of 20,000 experienced attorneys that are just a phone call away. If you choose, you also have the flexibility to use a non-plan attorney and get reimbursed for covered services according to a set fee schedule.

When you call, a concierge will help you locate a plan attorney in your area. You'll also have convenient online access to resources that will assist with court appearances, document review and preparation, and/or real estate matters. *

*Employment-related legal issues are not covered.

You have the option to elect the legal plan benefit during open enrollment. Premiums for the plan are paid bi-weekly through payroll deductions.

For more information prior to enrolling, visit legaleaseplan.com/perdoceod or call 1-888-416-4313

Benefit



Discount Shopping

We care about your financial well-being. That is why we are excited to offer **BenefitHub**—a discount shopping program free to employees and their families. BenefitHub provides discounts and cash back on a variety of categories, including travel, auto, entertainment tickets, and much more! You'll find name brands at hundreds of your favorite retailers. You'll also have access to discounts at restaurants, gyms, Groupon deals and thousands of other local offers.

It's easy to access and start saving!

Simply visit perdoceoed.benefithub.com and complete the following steps:

1. Select "Create a new account"
2. Enter the Referral Code: 8NBWJR
3. Enter your email
4. Enjoy Savings!



Pet Insurance

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

Pets are unpredictable. While it's hard to anticipate accidents and illnesses, Nationwide Pet Insurance makes it a little easier to be prepared for them. From preventive care visits to significant medical incidents, Nationwide provides protection for pets when you need it most.

Nationwide policies cover a multitude of medical problems and conditions related to accidents and illnesses, including cancer. You are free to use any veterinarian worldwide—even specialists and emergency care providers. Coverage Exclusions: Elective procedures, grooming, and pre-existing conditions.

Pet Discounts Include:

5% for 2-3 pets

10% for 4 or more pets

Premiums and Enrollment Information

Premiums for My Pet Protection plans are based on species (type of pet) and state of residence. Premiums are NOT payroll deductions and will be paid by you through your Nationwide My Pet Protection plan account. To obtain a free no-obligation quote, please visit benefits.petinsurance.com/perdoceoed or call 1-855-525-1458

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 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.

How To Request Family Medical Leave

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



2026 HOLIDAY SCHEDULE

To allow employees to spend holidays free from their job responsibilities, the University of St. Augustine for Health Sciences provides the holidays noted below.

2026 Holiday Schedule		
New Year's Day	Thursday	January 1
Martin Luther King Jr. Day	Monday	January 19
President's Day	Monday	February 16
Memorial Day	Monday	May 25
Juneteenth	Friday	June 19
Independence Day	Friday	July 3
Labor Day	Monday	September 7
Veteran's Day	Wednesday	November 11
Day Before Thanksgiving	Wednesday Close at 3pm local time	November 25
Thanksgiving	Thursday	November 26
Day After Thanksgiving	Friday	November 27
Winter Holiday	Thursday	December 24
Winter Holiday	Friday	December 25
New Year's Eve	Thursday	December 31
All Staff Employees: Two Floating Holidays*	Used for holidays, celebrations or observances not listed above, at the employee's discretion. Approved in advance by Supervisor.	

*Note: All full-time staff employees only will be provided with two floating holidays (FH) in 2026. Full-time employees earn one FH as of January 1 and the second FH as of July 1. New employees who are hired prior to June 30 will be eligible for two floating holidays. New employees hired on or after July 1 but prior to November 1 will be eligible for one floating holiday in 2026.

Employee Payroll Contributions

2026 PER PAYCHECK EMPLOYEE COST

Plan name	Employee	Employee + Spouse	Employee + Children	Family
Medical				
Aetna HSA Saver	\$73.69	\$160.20	\$124.40	\$213.16
Aetna Choice POS II High Deductible	\$93.78	\$202.15	\$168.35	\$268.71
Aetna Choice POS II Low Deductible	\$142.43	\$323.91	\$270.01	\$422.28
Kaiser HMO (Southern CA)	\$71.89	\$147.09	\$138.53	\$200.99
Dental				
Aetna PPO Dental with Orthodontia	\$22.14	\$47.09	\$43.33	\$58.21
Aetna PPO Dental without Orthodontia	\$16.96	\$36.42	\$33.84	\$44.17
Aetna DMO	\$4.99	\$12.64	\$12.64	\$13.64
Vision				
VSP Basic Plan	\$3.53	\$6.05	\$6.18	\$9.96
VSP Premier Plan	\$7.86	\$13.48	\$13.76	\$22.19
Group Legal Plan	\$7.62			\$7.62
Identity Theft Protection				
Pro +	\$4.13			\$7.82
Pro + Cyber	\$5.05			\$8.75

LIFE INSURANCE - MONTHLY RATE PER \$1,000

Option	Monthly Rate
Employee and spouse/ domestic partner life insurance	See rate tables
Employee AD&D	\$0.016
Child(ren) life insurance (Birth to Age 26)	\$0.050

Age	Employee	Spouse
0-24	\$0.050	\$0.050
25-29	\$0.050	\$0.050
30-34	\$0.064	\$0.060
35-39	\$0.078	\$0.070
40-44	\$0.100	\$0.080
45-49	\$0.148	\$0.130
50-54	\$0.228	\$0.220
55-59	\$0.424	\$0.360
60-64	\$0.632	\$0.560
65-69	\$1.084	\$0.980
70-74	\$1.668	\$2.060
75+	\$1.668	\$2.060

2026 PRE-TAX CONTRIBUTION LIMITS

401(k)	\$24,500 per year \$8,000 per year "catch-up" for 50 years and over
HSA	HSA employee only max is \$4,400 (including employer contribution) HSA family max is \$8,750 (including employer contribution)
Health Care FSA	\$3,400 per year
Dependent Care FSA	\$7,500 per year OR \$3,750 each if married filing separately
Commuter Spending – Transit	\$340 per month
Commuter Spending – Parking	\$340 per month

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		Monthly Premium; \$1,000 Spouse	
	AETNA		AETNA
<25	\$0.288	<25	\$0.564
25-29	\$0.346	25-29	\$0.651
30-34	\$0.452	30-34	\$0.810
35-39	\$0.608	35-39	\$1.043
40-44	\$0.861	40-44	\$1.423
45-49	\$1.149	45-49	\$1.855
50-54	\$1.660	50-54	\$2.264
55-59	\$2.344	55-59	\$3.652
60-64	\$3.391	60-64	\$5.226
65-69	\$4.605	65-69	\$7.049
70-74	\$6.375	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. 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

Mobile App: Aetna Health App

Policy # 176145

Aetna • Accident, Critical Illness, and Hospital Indemnity

800.607.3366

myaetnasupplemental.com

Allstate Identity Protection

800.789.2720

myAIP.com

HealthEquity

HSA: 866.346.5800

FSA/Commuter: 877.924.3967

healthequity.com

Lincoln Financial (ComPsych)

888.628.4824

username: LFGSupport

password: LFGSupport

guidanceresources.com

Mobile App:

GuidanceResources®Now

HealthiestYou Voluntary

866.703.1259

healthiestyou.com

Expert Medical Review: 866.904.0910

HealthiestYou App

Invesco 529 College Savings Plan

877.517.4829

CollegeBoundSaver.com

Kaiser Permanente California

800.464.4000

Group Number: 234167

kp.org

Lincoln Financial (Life and Disability)

Life Insurance: 888.787.2129

Disability: 888.259.4843

mylincolnportal.com

LegalEASE

888.416.4313

legaleaseplan.com/perdoceoed

Nationwide Pet Insurance

855.525.1458

[benefits.petinsurance.com/](https://benefits.petinsurance.com/perdoceoed)

[perdoceoed](https://benefits.petinsurance.com/perdoceoed)

BenefitHub

866.664.4621

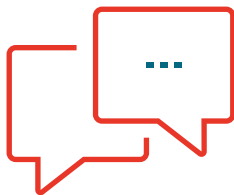
perdoceoed.benefithub.com

Code: 8NBWJR

Vision Service Program

800.877.7195

vsp.com



USAHS HR

benefits@usa.edu

Active employees may also use

benefits.usa.edu

