

Enrollment Center for Illinois Universities

Mercer Marketplace 365+SM



2023

Benefits Decision Guide

Benefits Effective Through:
December 31, 2023



SIU Southern Illinois
University
CARBONDALE

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE



Welcome to Your 2023 Benefits Enrollment!

Choose Your Benefits Now!

2023 Benefit Elections:

- As NEWLY ELIGIBLE, you have 30 days to elect 2023 coverage. Eligibility may begin later than your hire date.

Changing Your Benefit Elections:

- You can make changes to some of your benefits in 2023 if you experience a Qualifying Life Event (QLE), such as getting married or having a baby. You must make the change within 30 days of the event.

Here's How It Works

365+

Visit Mercer Marketplace 365+ at www.mercermarketplace365plus.com/IPHEC for personalized support to guide you through the enrollment process.



Review the benefits available to you, which are summarized in this guide and on the website.



Select from the benefits available to you by the end of your enrollment period which is 30 days after your first day of eligibility.

Important:

- You must actively enroll within 30 days of your first day of eligibility to have coverage for 2023.

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 creditable prescription drug coverage and Medicare notice in the legal notices at the back of this booklet for more details.



What to Expect During 2023 Benefits Enrollment

With Mercer Marketplace 365+, you'll have access to enroll in benefits plus tools to help you through the enrollment process, including:

- + **Multi-factor authentication (MFA)** protects your information. MFA combines your username and password with additional security features to confirm your identity and keep your information secure.
- + **Virtual assistance available 24/7.** Click the chat bubble on any page of the website to get answers to your questions at any time. You can also have a secure live chat with a Benefits Counselor Monday – Friday, 7 am - 6 pm CT.
- + **Stay connected!** Receive personalized messages and reminders by email or text message by setting your communication preferences.
- + **Year-round support.** The Mercer Marketplace 365+ website is a great resource throughout the year for your benefits and coverage information.



What's Inside?

Your Enrollment

How to Enroll..... 5

Health Benefits

Frequently Asked Questions 6

Medical and Prescription Drug Coverage 7

Dental Insurance 11

Financial Protection

Life Insurance 12

Disability Insurance 13

Important Information

Contact Information..... 14

Legal Notices 15



Questions?

Mercer Marketplace 365+ is ready to help you understand your options and make the right choices for your needs and budget.

www.mercermarketplace365plus.com/IPHEC

CHAT

Click to Chat

Virtual assistant available 24/7
or chat with a live Benefits Counselor
Monday – Friday, 7 am – 6 pm CT



Phone

855-978-2918

Benefits Counselors available
Monday – Friday, 6 am – 8 pm CT

This Benefits Decision Guide provides an overview of the benefits available to eligible employees and their dependents. It should not be relied on as a binding legal document. In the event of any discrepancy, the official plan documents will govern in all cases.



How to Enroll?

Visit www.mercermarketplace365plus.com/IPHEC to Start Your Enrollment

- The first time you visit the Mercer Marketplace 365+ website, select “Get Started” and follow the instructions provided to register.

Multi-factor Authentication (MFA)

The security of your information is critical, which is why we use multi-factor authentication.

- MFA combines your username and password with a temporary numeric code sent to you as an additional security factor to confirm your identity and keep your information safe.
- As part of the registration process, you will need to provide the last four digits of your Social Security Number (SSN), your last name, date of birth and zip code.
- Once the above information is verified, you will be prompted to choose either the email and/or phone number you provided to your university. A verification code will be sent to the device you selected. You will then be able to complete the registration process by entering the code.
- If an email or phone number has not been provided by your university, you will need to add an email address at this time. You can input an alternate email or phone number to be used for future verification.
- You will be required to go through the MFA verification code process every time you log in.

Need Help?

If you don't have access to a computer or need assistance, you can enroll with a Benefits Counselor by calling
855-978-2918

Help is available via phone:
Monday – Friday, 6 am – 8 pm CT

Cost of Coverage

Your university offers you a benefits program that provides flexibility to select coverage that best fits your needs and your budget. Your university pays a portion of your coverage costs. You pay for any remaining costs for the benefits you select, which will be shown as you shop on Mercer Marketplace 365+.



Frequently Asked Questions

What if both my spouse and I work for the same employer?

You can either both choose single coverage or where spouse coverage is available, one of you may choose family coverage. You may not be covered twice. If you and your spouse have one or more eligible children, only one of you may cover all dependents (spouse and children). If an employee is currently enrolled and his/her eligible dependent (spouse or child) becomes a newly eligible employee and will be selecting his/her own benefits, a decision must be made as to how the newly eligible employee will enroll in the health plans. A few options are available: each employee can elect coverage in one or both health plans as an individual for employee only coverage <OR> One employee could waive coverage in one or both health plans and elect to be enrolled as a dependent (spouse or child) on the other employee's health plan. This applies to all Reliance Standard Plans offered. No individual can be covered as both an employee and as a dependent in the same health plan.

I DO NOT HAVE Health Coverage, What Should I Consider?

If you do not already have other health coverage, then enrolling in these medical plans may offer a cost-effective way to help you obtain limited health coverage. Please note, however, that this is not major medical coverage. Be sure to review each plan's details carefully so that you know what is covered under your plan. The University will pay 100% of the monthly premium for each medical plan for your employee only coverage. You will be required to pay the full cost for any eligible dependents you wish to enroll in the medical plans.

You will also pay 100% of the monthly premiums for any dental coverage, as well as any bundled Life and Short Term disability benefits you elect for yourself or your eligible dependents during the enrollment period. Premiums for eligible dependents and additional coverage will be either direct billed by your university or payroll deducted. Contact Mercer Marketplace 365+ Benefits at 855-978-2918, between 6:00 am – 8:00 pm CT, Monday through Friday, with questions.

What If I ALREADY HAVE Other Health Coverage, What Should I Consider?

If you already have a major medical plan (i.e., student insurance; State of Illinois Group Insurance Program; or coverage under a spouse, parent, or other employer plan), then you must carefully consider whether you need this coverage. If you elect the Essential Plan, the BasicAdvantage Total Plan, or both, these plans would be primary above any other coverage you may have in place. Other plans already in place would provide secondary coverage. If you have other coverage but elect to enroll in one or both Reliance Standard plans, you will have to work with your healthcare provider to determine the claims-filing process. In some instances, Reliance Standard may file a claim with the other carrier on your behalf. Or you may be responsible for submitting the claim to the other carrier after Reliance Standard has processed your claim. If you already have major medical coverage, please review the details of how that plan pays when it is a secondary payer.

What else should I consider about this plan?

This is not major medical coverage and is not a substitute for comprehensive health insurance. This coverage alone will NOT meet the health insurance minimum requirements for a J-1 Visa holder.

Important:

- **You must actively enroll within 30 days of your first day of eligibility to have coverage for 2023.**



Medical and Prescription Drug Coverage

BasicAdvantage Total Plan

The BasicAdvantage Total Plan is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage under the Affordable Care Act. It is intended to provide you, and your covered dependents, with basic coverage.

- No pre-existing conditions exclusions or limitations.
- Enrolled dependents receive the same coverage as you.
- You are free to use any licensed doctor or any certified hospital.
- BasicAdvantage Total Plan enrollees also receive these added non–insurance benefits:
 - ✓ Access to discounts through the MultiPlan Limited Benefit Plan provider network. If you choose a network provider, you may see some cost savings since network hospitals, doctors and other facilities discount their services. To find a network provider go to www.multiplan.com or call 800-877-0005.
 - ✓ Prescription Drug Card offering discounts at participating pharmacies. Call Express Scripts, Inc. at 866-282-1491 for providers in your area.
 - ✓ VSP Access Plan membership offering discounts on eye exams and prescription glasses at network doctors. For questions regarding the VSP Access Plan, call VSP at 800-877-7195 or visit their website at www.vsp.com.
 - ✓ On Call Travel Assistance. To use this benefit at any time before or during a trip, you may contact On Call for emergency assistance services. In the U.S., call toll-free at 800-456-3893. Worldwide, call collect at 603-328-1966.
 - ✓ Membership in the Broadreach Medical Resources (BMR) Telemedicine and Teletherapy plan, which is a separate benefit that you receive when you are enrolled in the BasicAdvantage Total Coverage. 24-Hour Telemedicine Services are available after a \$28 per-consultation fee has been paid. A credit card is required. Teletherapy Services. Services are available after a \$69 per-consultation fee has been paid. A credit card is required. To use these benefits, you may call toll-free 833-936-9633 or login to RSL.YourBMRBenefits.com.
- You may also get more information, download claim forms, check claim status, or request a new ID card by visiting our website at www.helpwithmyplan.com.



Medical and Prescription Drug Coverage

Review Your Medical Plan Options

Reliance Standard

Network: BasicAdvantage Total Plan

Medical Plan Summary

The following benefits are included in your plan options. Unless otherwise noted, benefits are per covered person and after deductible.

INPATIENT HOSPITAL BENEFITS	
HOSPITAL ROOM & BOARD BENEFITS	
Daily Benefit for the Treatment of Mental & Nervous Conditions Number of Daily Benefits Per Coverage Year	\$100 per day 25
Daily Benefit for the Treatment of Alcohol & Substance Abuse Number of Daily Benefits Per Coverage Year	\$100 per day 25
Daily Benefit for the Treatment of All Other Covered Conditions Number of Daily Benefits Per Coverage Year	\$200 per day 90
HOSPITAL ADMISSION BENEFIT FOR SPECIFIED CONDITIONS	
Daily Benefit for Cancer (Malignant Neoplasm) Number of Daily Benefits Per Coverage Year	\$2,000 per day 1
Daily Benefit for Heart Attack (Myocardial Infarction) OR Daily Benefit for Heart Disease ¹ Number of Daily Benefits Per Coverage Year	\$1,500 per day \$1,000 per day 1
Daily Benefit for Accidental Injury Number of Daily Benefits Per Coverage Year	\$1,000 per day 1
Daily Benefit for Stroke (Cerebrovascular Accident - CVA) Number of Daily Benefits Per Coverage Year	\$1,000 per day 1
Daily Benefit for Childbirth Number of Daily Benefits Per Coverage Year	\$1,000 per day 1
MAXIMUM SURGERY BENEFIT PER PROCEDURE²	\$500 PER DAY
MAXIMUM ANESTHESIA BENEFIT³	\$100 PER DAY

1 The Hospital Admission Benefit is payable for either Heart Attack or Heart Disease during a coverage year, but not both.

2 Benefits for covered inpatient surgery are scheduled and range from \$9 to \$500 and are based on the specific surgical procedure performed.

3 Benefits for covered inpatient anesthesia vary and are equal to 20% of the applicable inpatient surgery benefit.



For additional plan details, visit
www.mercermarketplace365plus.com/IPHEC



Medical and Prescription Drug Coverage

Medical Plan Summary, *continued*

The following benefits are included in your plan options. Unless otherwise noted, benefits are per covered person and after deductible.

OUTPATIENT BENEFITS	
DOCTOR VISIT BENEFITS	
Daily Benefit for a New Patient Office Visit	\$75 per day
Number of Daily Benefits Per Coverage Year	1
Daily Benefit for an Established Patient Office Visit	\$60 per day
Number of Daily Benefits Per Coverage Year	3
Daily Benefit for a Consultation Office Visit	\$75 per day
Number of Daily Benefits Per Coverage Year	1
Daily Benefit for an Emergency Room Doctor Visit	\$50 per day
Number of Daily Benefits Per Coverage Year	1
RADIOLOGY BENEFITS	
Daily Benefit for a Magnetic Resonance Imaging (MRI)	\$100 per day
Number of Daily Benefits Per Coverage Year	1
Daily Benefit for a Computerized Tomography (CT) Scan	\$50 per day
Number of Daily Benefits Per Coverage Year	1
Daily Benefit for all other Radiology Services	\$40 per day
Number of Daily Benefits Per Coverage Year	3
PATHOLOGY BENEFITS	
Daily Benefit for all Pathology Services	\$40 per day
Number of Daily Benefits Per Coverage Year	3
URGENT CARE BENEFITS	
Daily Benefit for an Urgent Care Facility Visit	\$50 per day
Number of Daily Benefits Per Coverage Year	1
EMERGENCY ROOM VISIT BENEFITS	
Daily Benefit for the treatment of an Accidental Injury	\$500 per day
Number of Daily Benefits Per Coverage Year	2
Daily Benefit for the treatment of a Sickness	\$50 per day
Number of Daily Benefits Per Coverage Year	3
MAXIMUM SURGERY BENEFIT PER PROCEDURE⁴	\$500 PER DAY
MAXIMUM ANESTHESIA BENEFIT⁵	\$100 PER DAY
PRESCRIPTION DRUG BENEFITS	
Daily Benefit per Generic Drug Prescription (filled or refilled)	\$25 per day
Number of Daily Benefits Per Coverage Year	7

⁴ Benefits for covered outpatient surgery are scheduled and range from \$14 to \$500 and are based on the specific surgical procedure performed.

⁵ Benefits for covered outpatient anesthesia vary and are equal to 20% of the applicable outpatient surgery benefit.



Medical and Prescription Drug Coverage

Essential Plan

The Essential Plan is intended to provide minimum essential coverage under the Affordable Care Act. It provides you and your enrolled dependents with **preventive care only** and helps you meet the requirements of the Affordable Care Act.

GENERAL INFORMATION - (PREVENTIVE CARE ONLY)

Copays	\$0 (\$50 copay for brand name contraceptives)
Deductible	\$0
Benefit percentage paid by plan	100% of covered expenses (Covered expenses are the lesser of the actual or usual & customary charges)
Plan Annual Maximum	Unlimited
Plan Lifetime Maximum	Unlimited

Summary of Covered Services

Below are a few of the common **preventive care services** the plan covers. The plan may also cover a service that is not listed, as long as the service is a covered preventive health service as described in the policy.

COVERED SERVICES FOR CHILDREN & ADOLESCENTS

Well Child Exams	Physical exams and visual acuity
Assessments	Developmental and behavioral
Immunizations	Diphtheria, tetanus and pertussis
Screenings	Hearing loss, lead poisoning and depression

COVERED SERVICES FOR ADULTS

Annual Preventive Care Visits – physicals & history	Physical exams and visual acuity
Immunizations	Hepatitis and influenza
General Health Screenings	Blood pressure, cholesterol and diabetes
Contraceptives	Prescription contraceptives for women



Dental Insurance

Regular dental check-ups and good oral hygiene are an essential part of your general health and well-being.

Review Your Dental Plan Options

Reliance Standard

Dental Plan Summary

- Plan pays up to \$1,000 maximum per person each coverage year after a \$50 per person deductible.
- Visit any dentist.
- Covers most common services and gives your enrolled dependents the same coverage.

The following benefits are included in your plan options. Unless otherwise noted, benefits are per covered person and after deductible.

TYPES OF CHARGES COVERED BY PLAN	PERCENT OF CHARGES THE PLAN PAYS	WAITING PERIOD OF CONTINUOUS ENROLLMENT BEFORE PLAN PAYS
Checkups and Routine Cleaning	80%	None
Bitewing X-Rays	80%	None
Sealants (for children)	80%	None
Fluoride Treatments (for children)	80%	None
Fillings	60%	3 Months
Crown and Bridge Repair	60%	3 Months
Denture Repair	60%	3 Months
Endodontics (root canal and pulpal therapy)	60%	3 Months
Periodontics (treatment of gums)	50%	12 Months
Crowns and Bridges	50%	12 Months
Dentures	50%	12 Months

In-network and out-of-network benefit provisions are the same, but may be applied differently for out-of-network services. Please refer to plan documents for additional details.



Life Insurance

Life insurance can provide important financial protection for your family.



Key Words to Know:

Beneficiary: Person or legal entity designated as the recipient of benefits from life insurance

Life Insurance: Pays a benefit upon the death of an insured person

Optional Employee-Paid Term Life Insurance

Reliance Standard

PLAN	DETAILS
Employee Term Life	\$10,000
Dependent Term Life	\$2,500 Employee must elect Supplemental Term Life in order to elect Spouse Term Life.

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

- Plan provides \$10,000 of term life coverage for you, with an additional matching \$10,000 in the event of accidental death.
- Your benefits reduce by 50% when you reach age 70. Spouse coverage ends at age 70.
- Your benefits will be paid in equal shares to members of the first surviving beneficiary class, as follows: spouse; children; parents; brothers and sisters; or, if none, your estate.
- If you sign up for this benefit, you can add term life coverage for your spouse and each child (older than six months) in the amount of \$2,500. Coverage amount for children six months of age or younger is \$500. You are the beneficiary for spouse and child term life coverage.
- Term life benefits are not payable for death during the first two years of coverage if due to suicide or attempted suicide.

Don't Forget to Select a Beneficiary!

Choose a beneficiary to receive the policy's benefit payment in the event of the insured person's death. The employee is automatically listed as the beneficiary for dependent coverage.



Disability Insurance

If you become disabled and are unable to work, disability insurance can replace a percentage of your lost income to help you continue to pay living expenses.



Key Words to Know:

Actively at Work: You are considered to be actively at work if you are performing all of the usual and customary duties of your job at your employer's place of business (or an alternate place approved by your employer). Use of normal time off provided by your employer does not impact your actively at work status. If you are not working due to an illness, injury or leave of absence, you are not considered to be actively at work. If you are not actively at work you cannot enroll in or increase life, disability or supplemental medical coverage.

Short Term Disability: When you are unable to work for a period of time due to a disabling illness or injury, short term disability insurance can replace a percentage of your lost income (up to a maximum weekly benefit) for a period of time as defined by the policy.

Optional Employee-Paid Short Term Disability

Reliance Standard Essential Plan

	EMPLOYEE-PAID SHORT TERM DISABILITY*
Benefit Provided	50% of salary
Maximum Benefit Amount	\$125 per week
Maximum Benefit Period (including waiting period)	26 weeks
Waiting Period	14 days

*Evidence of insurability and/or pre-existing condition clause may apply.

- Plan provides weekly benefits for up to 26 weeks of disability. The amount paid is 50% of base pay, up to a maximum of \$125 per week.
- Disability must be due to a sickness or an injury from an accident that happens while you are covered. You must become totally disabled while covered and, if due to an injury, within 90 days of the date of the accident.
- If you are hospitalized, the benefits are payable immediately; otherwise, the benefits begin after a 14-day elimination period.
- Benefits reduce by 50% when you reach age 70.
- Short Term Disability coverage is only available to you. There is no dependent coverage available.



Contact Information

If your university is required under state law to offer you short term disability benefits, your disability benefits will be coordinated between your university and the state. Check with your university if this applies to you. You will find many details about your university's benefit plans on the Mercer Marketplace 365+ website. However, you can use this table if you need to contact a benefit provider directly. **Please note that some websites and phone numbers may not be accessible until your benefits take effect.**

BENEFIT	ADMINISTRATOR	PHONE NUMBER	WEBSITE
Enrollment Support	Mercer Marketplace 365+ Benefits Center	855-978-2918	www.mercermarketplace365plus.com/IPHEC
Medical and Prescription Dental Life and AD&D Insurance Short Term Disability	Reliance Standard	866-375-0775	www.helpwithmyplan.com



Legal Notices

YOUR EMPLOYER RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE ANY BENEFITS PLAN AT ANY TIME FOR ANY REASON. PARTICIPATION IN A BENEFITS PLAN IS NOT A PROMISE OR GUARANTEE OF FUTURE EMPLOYMENT. RECEIPT OF BENEFITS DOCUMENTS DOES NOT CONSTITUTE ELIGIBILITY.

The Benefits Decision Guide, combined with these legal notices, provides an overview of the benefits available to eligible employees and their dependents. In all cases, the official plan documents govern and this Benefits Decision Guide is not, and should not be relied upon as a governing document. In the event of a discrepancy between the information presented in the Benefits Decision Guide and official plan documents, the official plan documents will govern.

SUMMARY OF BENEFITS COVERAGE

A Summary of Benefits Coverage (SBC) for each of the employer-sponsored medical plans is available at www.mercermarketplace365plus.com/IPHEC. You may also request a paper copy by calling Mercer Marketplace 365+.

MERCER'S ROLE AND COMPENSATION

Mercer Health & Benefits LLC facilitates the placement of insurance coverage on behalf of its clients.

Mercer is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. This compensation may include payment from insurers for marketing-related expenses, technology investments or service fees. Our compensation may vary depending on the type of insurance purchased, the insurer selected and other factors such as the volume, growth and/or retention of Mercer's book of business with the insurer or service provider.

You may obtain additional information regarding our compensation by sending an email to mercermarketplace.compensation@mercer.com.

TAXATION OF BENEFITS

The taxation of certain benefits may vary at the local, state and federal level. You should consult your tax advisor if you have any questions about the proper treatment of any benefits.

IMPORTANT NOTICE FROM YOUR EMPLOYER ABOUT NONCREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the your employer medical plan is **not** expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2023. This is known as "noncreditable coverage."

Why this is important: If you or your covered dependent(s) are enrolled in any prescription drug coverage listed in this notice during 2023 and are or become covered by Medicare, you may be subject to a late enrollment penalty (if you enroll after your applicable Medicare enrollment period) – unless you have "creditable" prescription drug coverage through a source other than the coverage listed below. You will not be subject to a late enrollment penalty if you do not go 63 days or longer without creditable prescription drug coverage. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with your employer and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

NOTICE OF NONCREDITABLE COVERAGE

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of your employer's prescription drug plans listed below, you'll be interested to know that the prescription drug coverage under the plan is **not**, on average, at least as good as standard Medicare prescription drug coverage for 2023. This is called noncreditable coverage. If you have drug coverage only through one of the below plans, you may have to pay a Part D late enrollment penalty if you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends.

- Reliance Standard BasicAdvantage Total Plan
- Reliance Standard Essential Plan

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, your employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop your employer coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event, assuming you remain eligible.

You should know that if you go 63 days or longer without creditable prescription drug coverage (after your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this your employer coverage changes, or upon your request.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org>.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

For more information about this notice or your prescription drug coverage contact section: Below are the contact information for each university:

Julie Nelson, Director
University Payroll & Benefits
University of Illinois
177 Henry Administration Building (MC-318)
506 South Wright Street
Urbana, IL 61801
217-265-6363
benefits@uillinois.edu

Karla Rowell
Human Resources Assistant Manager
Southern Illinois University Carbondale
900 S. Normal Ave. MC 6520
Carbondale, IL 62901
hrbenefits@siu.edu

Summer Murphy
Benefits Manager/SIUE
SIUE; #70 Hairpin Drive or Box 1040; Edwardsville, IL 62026
618-650-2124
summurp@siue.edu

Kelly Walker
Director of Benefits Services/ISU
Illinois State University Human Resources
Campus Box 1300
Normal, IL 61790
309-438-8311
hrbenefits@ilstu.edu

William Hodson,
Senior Associate VP of HR
Northern Illinois University
1515 W Lincoln Highway
DeKalb, IL 60115
(815) 753-6000
HumanResources@niu.edu

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) SPECIAL ENROLLMENT NOTICE
NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR HEALTH PLAN COVERAGE

If you have declined enrollment in your employer's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under these plans without waiting for the next Open Enrollment period, provided you request enrollment within 30 days after your other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Your employer will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the your employer group health plan. Note that this 60-day extension does not apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for special enrollment rights, you may add the dependent to your current coverage or change to another medical plan.

To request a HIPAA special enrollment based on the events described above or obtain more information, contact your university by referring to the list on page 16.

During the COVID National Emergency declaration, under certain circumstances, you may be able to request a HIPAA special enrollment outside the 30 day window mentioned above. If you have experienced a HIPAA special enrollment event (as described above) and would like to request a HIPAA special enrollment outside of the 30 day window, please contact your university by referring to the list on page 16. Note that the ability to request a HIPAA special enrollment outside of the 30 day window is temporary and may no longer apply based on the status of the COVID National Emergency declaration. In addition, the extended enrollment opportunity is individually determined and may not apply based on your specific circumstances.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	FLORIDA – Medicaid Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Phone: 1-888-346-9562 HIPP : https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 KY Medicaid Website: https://chfs.ky.gov	NEVADA – Medicaid Medicaid Website: http://dhcfs.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
MAINE – Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	VIRGINIA – Medicaid and CHIP Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor	U.S. Department of Health and Human Services
Employee Benefits Security Administration	Centers for Medicare & Medicaid Services
www.dol.gov/agencies/ebsa	www.cms.hhs.gov
1-866-444-EBSA (3272)	1-877-267-2323, Menu Option 4, Ext. 61565

YOUR EMPLOYER HIPAA PRIVACY NOTICE

Reliance Standard Life Insurance Company

First Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company of Texas

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice applies to the BasicCare Program within Reliance Standard Life Insurance Company, First Reliance Life Insurance Company, and Reliance Standard Life Insurance Company of Texas (collectively “Reliance Standard”). We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all personal health information maintained by us.

Reliance Standard Office Contact Information: To assert any of your rights with respect to this Notice, or to obtain an authorization form, please call 800-487-5553 and request the appropriate form. Please direct any questions about this Notice or requests for further information, or to file a complaint: The Privacy Office, Attn. HIPAA Privacy, 1700 Market Street, Suite 1200, Philadelphia, PA 19103-3938

YOUR RIGHTS

You have the right to:

Get a copy of your claims records

- You can ask to see or get a copy of your claims records we maintain about you. Ask us how to do this.
- We will provide a copy or a summary of your claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Correct your claims records

- You can ask us to correct your claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days

Request confidential communication

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit the information we share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect payment for your care.

Get a list of those with whom we’ve shared your information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Privacy Notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you believe your privacy rights have been violated

- You can complain if you feel we have violated your rights by contacting us using the contact information above.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- Answer coverage questions from your family and friends
- At your directions we will share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will not share your personal information for marketing purposes or sell your personal information unless you give us your written permission to do so.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

Example: We use health information about you to develop better coverage and service offerings for our insured members, including you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with other health benefit plans that you might also be covered by to coordinate payment for your health services.

Administer your health plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues – We can share your health information in certain situations such as to help prevent disease or to report suspected abuse, neglect or domestic violence.

Comply with the law – We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests – We can share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.

Respond to lawsuits and legal actions – We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

This Revised Notice is effective 9/23/13.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Note: References to the "Marketplace" in this notice refer to the federal public health insurance marketplace and not Mercer Marketplace 365+.

PART A: GENERAL INFORMATION

To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

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

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact your university by referring to the list on page 16.

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

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

1. Employer name	Illinois State University	2. Employer Identification Number (EIN)	37-6014070
3. Employer address	Campus Box 1300	4. Employer phone number	
5. City	Normal	6. State	IL
		7. Zip Code	61790
8. Who can we contact about employee health coverage at this job?	Kelly Walker, Director of Benefits Services/ISU		
9. Phone number (if different from above)		10. Email address	hrbenefits@ilstu.edu

1. Employer name	Northern Illinois University	2. Employer Identification Number (EIN)	36-6008480
3. Employer address	1515 W Lincoln Highway	4. Employer phone number	815-753-6000
5. City	DeKalb	6. State	IL
		7. Zip Code	60115
8. Who can we contact about employee health coverage at this job?	William Hodson, Senior Associate VP of HR		
9. Phone number (if different from above)		10. Email address	HumanResources@niu.edu

1. Employer name	Southern Illinois and Southern Illinois Edwardsville	2. Employer Identification Number (EIN)	37-6005961
3. Employer address	#70 Hairpin Drive or Box 1040	4. Employer phone number	618-650-2124
5. City	Edwardsville	6. State	IL
		7. Zip Code	62026
8. Who can we contact about employee health coverage at this job?	Summer Murphy, Benefits Manager/SIUE		
9. Phone number (if different from above)		10. Email address	summurp@siue.edu

1. Employer name	The Board of Trustees of the University of Illinois	2. Employer Identification Number (EIN)	37-6000511
3. Employer address	807 S. Wright St., 440 IUB, MC-312	4. Employer phone number	217-333-2600
5. City	Champaign	6. State	IL
		7. Zip Code	61820
8. Who can we contact about employee health coverage at this job?	System Human Resource Services		
9. Phone number (if different from above)		10. Email address	SystemHRServices@uillinois.edu

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

As your employer, we offer a health plan to:

- ☐ All employees.
- ☒ Some University employees not eligible for SEGIP coverage.

With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are: Spouse (same and opposite sex) and child(ren), including disabled and court-ordered dependents
- ☐ We do not offer coverage.

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

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process.