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WHAT'S NEW?

This guide includes the benefits and enrollment material offered at Gustavus Adolphus College for 2024. We encourage you to take the time to read through and explore your benefits options. At Gustavus Adolphus College, we value our employees and are committed to providing a comprehensive and competitive benefits package. To keep up with evolving trends, below are changes you will see in this year's benefit package:

Health plan changes

- Gustavus will have a separate health plan and prescription drug plan administrator.
- AmeriHealth Administrators (AHA), a Blue Cross Blue Shield Company, is our new health plan administrator.
 - o The Aware Network will be referred to as BlueCard PPO Network, but it is the same network of providers.
 - o There's no change to the High Value Network name.
 - There are new value-added services available through our health plan; see pages 14-16 for more details.
- SmithRx will be our new prescription drug plan administrator.
 - There will be a new "formulary" or approved list of drugs for all three plans.
 - There will be a new Preventive Prescription Drug List under the HDHP/HSA plans.
 - Prescription Drugs will be tiered (Tier 1, Tier 2, Tier 3, Tier 4, Tier 5). See page 5 for details.
 - o Any current mail order or specialty medications will need to be transferred to SmithRx.
- New ID cards will be issued to all employees who enroll in a health plan in 2024.
 - o ID cards will have the health plan and prescription drug plan information on one card.
 - o Remember to show your new ID to all providers and pharmacies beginning Jan. 1, 2024.

Health Savings Account (HSA) Changes

- The HSA contribution limits in 2024 are as follows:
 - Single: \$4,150Family: \$8,300

Nice Healthcare



• Children over age 26, non-immediate family members of an employee such as parents, siblings, aunts/uncles, cousins, roommates, or other household members will not be eligible for Nice. If the employee is enrolled in a Gustavus health plan, spouses and children up to age 26 can continue to use Nice even if they are not enrolled in a Gustavus health plan.

Flexible Spending Account (FSA) Change

• You can set aside up to \$3,050 in pre-tax dollars in the General Purpose or Limited Purpose FSA. You can rollover up to \$610.

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ELIGIBILITY

Full-time employees who work a minimum of 30 hours per week for at least nine months of the year are eligible to participate in Gustavus' benefit program on the first of the month following your date of hire.

Eligible Dependents

You may also enroll your eligible dependents in certain benefit coverage, including medical, dental, vision and voluntary life insurance.

Eligible dependents include:

- Your spouse, and
- Your child(ren) up to age 26



CHANGING ELECTIONS DURING THE YEAR

The benefit elections you make during your initial or annual enrollment remain in effect for the entire calendar year. However, you may be allowed to make changes if you experience a qualifying life event (QLE). QLEs include changes in:

Dependent status – change due to age or other circumstance which causes your dependent to satisfy or cease to satisfy eligibility requirements under the plan

Medicare or Medicaid eligible status – you or your spouse become Medicare or Medicaid eligible

Legal marital status - marriage, death of spouse, divorce, legal separation, or annulment

Number of dependents – birth, adoption, placement for adoption, divorce or death of a dependent, or assuming primary support of a child of an unmarried dependent child

Employment status – eligible dependent gains or loses access to employer-sponsored coverage

If you experience a QLE, you must request a change within 30 days of the life event date to make changes to your current coverage (or within 60 days for changes involving Medicaid and state child health plans). Otherwise, you will have to wait until the next annual enrollment period to change your benefits. The new election becomes effective as of the date of the change in status or loss of coverage, whichever comes later.

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HEALTH PLAN SUMMARY

Gustavus offers three health plans and two provider networks through AmeriHealth, a Blue Cross Blue Shield company.

In Network Blue Card PPO or High Value Network	\$2,500 - \$40 Copay Creditable*	\$4,000 - 100% HDHP/HSA Creditable*	\$6,000 – 100% HDHP/HSA Non-Creditable*	
Deductible per calendar year	\$2,500/single \$7,500/family	\$4,000/single \$8,000/family	\$6,000/single \$12,000/family	
Out of Pocket Maximum per calendar year	\$5,500/single \$11,000/family	\$4,000/single \$8,000/family	\$6,000/single \$12,000/family	
Physician Services				
Office visits, urgent care, retail health	You pay \$40	You pay deductible, then \$0	You pay deductible, then \$0	
Preventive Services				
Well child, annual physicals, mammogram, colonoscopy, immunizations	You pay \$0	You pay \$0	You pay \$0	
Mental Health / Chemical Dependency				
Outpatient/Inpatient	You pay \$40 per office visit, 20% after deductible for all other services	You pay deductible, then \$0	You pay deductible, then \$0	
Emergency Services				
Emergency room, ambulance	You pay 20% after deductible	You pay deductible, then \$0	You pay deductible, then \$0	
Hospital, X-rays, Imaging				
Outpatient/Inpatient hospital care, X-rays, MRI, CT Scan	You pay 20% after deductible	You pay deductible, then \$0	You pay deductible, then \$0	
Prescription Drugs Retail (31 day supply)				
Tier 1: Generics	You pay \$15			
Tier 2: Preferred Brands	You pay \$70			
Tier 3: Non-Preferred Brands	You pay \$120	You pay deductible, then \$0	You pay deductible, then \$0	
Tier 4 & Tier 5: Preferred & Non-Preferred Specialty	You pay 20% up to a max of \$500			
93 day Rx / Mail Order (93 day supply)				
Tier 1: Generics	You pay \$45			
Tier 2: Preferred Brands	You pay \$210			
Tier 3: Non-Preferred Brands	You pay \$360	You pay deductible, then \$0	You pay deductible, then \$0	
Tier 4 & Tier 5: Preferred & Non-Preferred Specialty	Mail order not available			
Out-of-Network Coverage				
In and out-of-network deductibles and out-of-pockets are separate. Not all services are covered out-of-network. Please refer to the plan document or call AHA for more information.	\$5,000/single, \$10,000/family deductible, then 50% up to \$10,000/single, \$20,000/family out of pocket	\$7,500/single, \$15,000/family deductible, then 50% up to \$12,500/single, \$25,000/family out of pocket	\$7,500/single, \$15,000/family deductible, then 50% up to \$12,500/single, \$25,000/family out of pocket	

^{*}A health plan is deemed creditable if, on average, the drug coverage is as good or better than the basic Medicare Part D prescription drug benefit. For more information about Medicare prescription drug coverage visit www.medicare.gov. This is important if you are nearing Medicare eligibility.

QUESTIONS?

Call customer service at the phone number on the back of your ID card or visit <u>www.myahabenefits.com.</u>



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Blue Card PPO Network (previously called Aware Network)

The Blue Card PPO Network has more than 98% of doctors and hospitals in Minnesota and gives you broad, open access to the largest selection of providers. No referrals are needed to see specialists.

High Value Network

The High Value Network is a narrower network of providers. It is open access and does not require referrals to specialists. It does not include Mayo Clinic. Below is a list of some, but not all, participating providers:

Southeast	<u>Metro</u>		<u>Central</u>
Gundersen Health System	Allina		CentraCare Health
Mankato Clinic	Children's H	ospitals & Clinics	Cuyuna Regional
Northfield Hospital and Clinics	Entira		Integrity Health
Olmstead Medical Center	M Health Fa	irview	
Winona Health	North Mem	orial	
River's Edge Hospital & Clinic	Ridgeview		
	St. Croix Reg	gional Medical Center	
	University o	f Minnesota Physicians	
Northeast	Northwest/	Southwest	
Fairview	Alomere	Lakewood	
Grand Itasca Clinic & Hospital	Altru	Sanford	
St. Luke's	Carris	Swift County-Benson	
Welia Health	Lake Region		

To locate a provider in either network, visit <u>myahabenefits.com</u>, or call the number on the back of your ID card. It is important to make sure your provider or hospital is in the network to receive the best benefit. If you do not visit an innetwork provider, you will incur higher out-of-pocket costs.

You will choose a plan and a network. If you are covering family members, your election will apply to them. Your premiums are dependent on which plan and network you choose. See pages 9-10 for premiums. Here are your choices:

Step 1: Choose a plan	Step 2: Choose a Network	
\$2,500 - \$40 Copay	High Value Network	Blue Card PPO Network
\$4,000-100% HDHP/HSA	High Value Network	Blue Card PPO Network
\$6,000-100% HDHP/HSA	High Value Network	Blue Card PPO Network

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detail explanation about your health plan benefits, including mail order prescriptions and out-of-network benefits.

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PRESCRIPTION DRUG BENEFITS

Gustavus partners with SmithRx to provide you with prescription drug benefits.

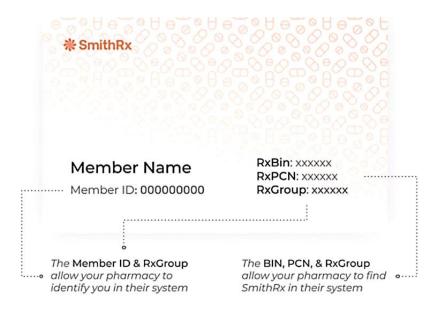
ONLINE MEMBER PORTAL

SmithRx's online Member Portal allows you to access important forms, review your pharmacy transactions, find Member Support contact information, and more.

To register for your account, go to www.mysmithrx.com/login and click on" Create An Account". Please have your SmithRx prescription benefits card available.

GETTING STARTED

Beginning Jan. 1, 2024, remember to provide your new ID card to your pharmacy and ask them to update your insurance profile. The pharmacy will need the BIN, PCN, Member ID, and Rx Group number to process any covered prescriptions.





Formulary*: A formulary is a list of drugs that your doctor may prescribe for you that includes information related to coverage and cost of these drugs. This list may change over time, the drugs being listed on the formulary does not guarantee coverage. You can access your drug formulary by visiting the SmithRx member portal at www.mysmithrx.com.

* If your medication is not covered on the formulary, there may be a lower cost alternative available. If you have explored all alternatives, your doctor can work with SmithRx to determine if an exception to coverage can be made. Please contact SmithRx Member Support to assist with finding alternatives if your medication is not covered.

Extra Savings Opportunity: If you're taking a qualifying drug, you may hear from SmithRx about additional cost savings programs. These programs can help you achieve no cost for expensive drugs. It is important that you engage with them and provide them the information they request. You cannot opt out of this program.

Low-Cost Insulin: The SmithRx Low-Cost Insulin program helps lower the cost of insulin to reduce your cost to \$35 or less for a 30-day supply for Lily insulin products. Download Lily Diabetes Savings Card at www.insulinaffordability.com to get started.

QUESTIONS? If you have any questions, please call SmithRx Member Support at:

(844) 454-5201 or visit www.smithrx.com to chat with a Member Support agent

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FIND A PHARMACY



SmithRx partners with over 83,000 retail pharmacies across the nation including the major national chains, regional chains, grocers, and independent pharmacies. In addition, SmithRx has three preferred mail order pharmacies and two specialty pharmacies.



You can always find the pharmacy with the best price by using the "Find My Meds" search tool in the Member Portal at www.mysmithrx.com. For specific in-network pharmacy questions or to check whether your local pharmacy is in-network, please contact SmithRx's dedicated Member Support team at (844) 454-5201, email at help@smithrx.com, or live chat at www.smithrx.com.

Retail pharmacies: Here are just a few of the retail pharmacies in the SmithRx network.















Mail order pharmacies

amazon pharmacy	Register at www.amazon.com/smithrx . Doctors can send prescriptions via electronic prescribing, fax, or phone: Name/E-scribe: Amazon Pharmacy Home Delivery Amazon Pharmacy fax: (512) 884-5981 Amazon prescriber and pharmacy line: (855) 206-3605
Walmart :	 Doctors can send prescriptions via electronic prescribing, fax, or phone: Walmart Pharmacy fax: (800) 406-8976 Walmart prescriber and pharmacy line: (800) 273-3455 Website: www.walmart.com/cp/1042239
CostPlus DRUG COMPANY	See whether your medications are available: https://costplusdrugs.com/medications Doctors can send prescriptions via electronic prescribing to: • Mark Cuban Cost Plus Drug Company (MCCPD)

Specialty pharmacies

Kroger • specialty pharmacy	For enrollment assistance patients can call: (888) 355-4191. Prescribers can visit www.krogerspecialtypharmacy.com and fill out the appropriate forms for the appropriate department. Faxed prescriptions will only be accepted from the prescriber.
SENDERRA Specially Pharmacy	For enrollment assistance patients can call: (888) 777-5547. Prescribers can visit https://senderrarx.come/prescribers/forms and fill out the appropriate forms for the appropriate department. Faxed prescriptions will only be accepted from the prescriber.

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HIGH VALUE NETWORK HEALTH PLAN PREMIUMS

The monthly premium rates listed below are effective January 1, 2024.



	Employee Premium	Employer Contribution	Total
\$2,500 - \$40 Copay Plan			
Employee	\$213.95	\$402.32	\$616.27
Employee + spouse	\$605.95	\$688.23	\$1,294.18
Employee + children	\$546.95	\$808.86	\$1,355.81
Family	\$878.95	\$1,154.75	\$2,033.70
\$4,000 - 100% HDHP/HSA			
Employee	\$76.95	\$530.08	\$607.03
Employee + spouse	\$262.95	\$1,011.83	\$1,274.78
Employee + children	\$259.95	\$1,075.54	\$1,335.49
Family	\$499.95	\$1,503.26	\$2,003.21
\$6,000 – 100% HDHP/HSA			
Employee	\$48.95	\$481.58	\$530.53
Employee + spouse	\$174.95	\$939.19	\$1,114.14
Employee + children	\$172.95	\$994.25	\$1,167.20
Family	\$342.95	\$1,407.83	\$1,750.78

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BLUE CARD PPO NETWORK HEALTH PLAN PREMIUMS

The monthly premium rates listed below are effective January 1, 2024.



	Employee Premium	Employer Contribution	Total
\$2,500 - \$40 Copay Plan			
Employee	\$266.95	\$506.25	\$773.20
Employee + spouse	\$757.95	\$865.79	\$1,623.74
Employee + children	\$683.95	\$1,017.11	\$1,701.06
Family	\$1,099.95	\$1,451.62	\$2,551.57
\$4,000 - 100% HDHP/HSA			
Employee	\$96.95	\$664.67	\$761.62
Employee + spouse	\$328.95	\$1,270.47	\$1,599.42
Employee + children	\$324.95	\$1,350.64	\$1,675.59
Family	\$624.95	\$1,888.41	\$2,513.36
\$6,000 – 100% HDHP/HSA			
Employee	\$61.95	\$603.71	\$665.66
Employee + spouse	\$218.95	\$1,178.96	\$1,397.91
Employee + children	\$215.95	\$1,248.53	\$1,464.48
Family	\$428.95	\$1,767.75	\$2,196.70

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HEALTH SAVINGS ACCOUNT (HSA)

If you elect the \$4,000-100% HDHP or the \$6,000-100% HDHP, you are eligible to open an HSA account.

HSA Eligibility

You must be enrolled in a HDHP (high deductible health plan) to be eligible to contribute to an HSA, and you *cannot be*:

- Covered by other non-HDHP health insurance.
- Contributing to or participating in a Medical Flexible Spending Account.
- Claimed as a dependent on someone else's tax return. Children over age 19 covered by one of the high deductible health plans are not eligible for HSA reimbursement unless they are a dependent on your tax return.
- Enrolled in a government health plan, such as Medicare or Medicaid.

HSA Contributions

Gustavus is pleased to make the following contribution to your HSA account. Monthly installments of the Gustavus contribution will begin in January and continue through the end of the year.

Annual Contribution	Employee	All other coverage tiers
Gustavus	\$250	\$500

We encourage eligible employees to make pre-tax contributions to your own HSA as well. The IRS limits the annual amount contributed to an HSA, but you can start, stop or change your contribution amount anytime throughout the year.



Know Your Limits

How much can you put in your health savings accounts?

Maximum contributions are **\$4,150** for single coverage **\$8,300** for family coverage for 2024 (employer and employee contributions combined).

NOTE: If you are age 55 or over, you can contribute up to an additional \$1,000 per year beyond the current contribution limits.



TOP REASONS TO HAVE AN HSA

Tax Saving & Earned Interest — Contributions are tax-deductible and earn tax-free interest.

Portability — You own your account, so even if you change jobs, your HSA funds are yours to keep.

Affordable Health Coverage — Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab tests, and prescription medications.

Reduced Insurance Premiums — The cost of coverage under a qualified HDHP is typically lower than the other plan.

Long-Term Savings — Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

Retirement Bonus — After age 65, funds may be withdrawn for any reason with no penalties If used for non-medical purposes, however taxes will be imposed.

Safety Net — An HSA has no "use it or lose it" restrictions, so balances can be built up to use for major medical events.

Coverage for the "Extras" — HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

Money That Works for You — Balances over a certain amount may be invested.

Empowerment — Take control of your health care decisions, including which providers you want to use, to ensure your health care dollars are spent wisely.

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BE A SMART HEALTH CARE CONSUMER!

You have different care options to choose. Gaining a better understanding of your options now can help you save both time and money when you need to seek care.

Options for treatment include:

Nice Healthcare: Unlimited virtual and home visits, lab work, virtual physical therapy and 550+ free medications. **Cost: Free!**

Convenience Care, Online Care: Located inside of retail stores or online, visit these for common aliments like strep throat, pink eye, bladder infection, etc. **Cost:** \$

Doctor's Office: Staffed by doctor, PA and nurses, visit this for care of illnesses, injuries, preventive care, etc.

Cost: \$\$

Urgent Care Clinic: Staffed by doctor, PA and nurses, visit this for care of minor illnesses or injuries that require **immediate** attention.

Cost: \$\$\$

Emergency Room: Located inside of a hospital, visit this for serious illnesses, injuries or lifethreatening issues, such as, chest pains, shortness of breath, burns, head injuries, etc.

Cost: \$\$\$\$

Using Your HSA

You will be issued a debit card to pay for qualified health care expenses. If you prefer, you may also reimburse yourself from your HSA at a later date. The funds in your HSA are yours to keep even if you leave Gustavus.

For more information about HSAs, contact Further at (800) 859-2144 or visit www.hellofurther.com.

HSAs and FSAs – Important Reminder

If you participate in either of the high deductible health plans and utilize an HSA, you are not eligible to participate in the Medical Flexible Spending Account. However, you may be eligible to participate in the Limited Flexible Spending Account.

Can I withdraw money from an HSA for nonmedical expenses?

Yes, but if you withdraw funds for nonmedical expenses before you turn 65, you have to pay taxes on the money and a 20% penalty. If you take money out after you turn 65, you pay normal income taxes but no penalties.



How do I find information about medical costs and quality so I can make informed choices?

Visit <u>www.myahabenefits.com</u> to search for providers and clinics that offer the medical services you need at the best cost.

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FLEXIBLE SPENDING ACCOUNTS (FSA)

Gustavus offers three types of Flexible Spending Accounts (FSAs) administered by Further. FSAs allow you to set aside money to pay certain out-of-pocket expenses. You make contributions to your FSAs from your paycheck with pre-tax dollars, which reduces your taxable income.

Medical FSA

If you enroll in the \$2,500-\$40 copay plan or have non-HDHP coverage through your spouse's employer, you can use the Medical FSA to pay medical, dental, and vision expenses not paid by your health plan, such as deductibles, coinsurance, and copayments.

The maximum amount you can contribute to this account for 2024 is \$3,050. The minimum is \$200.

Limited FSA

If you enroll in either of the high deductible health plans and utilize a Health Savings Account (HSA), you can use the Limited FSA to pay qualified dental, vision, and hearing costs only.

The maximum amount you can contribute to this account for 2024 is \$3,050. The minimum is \$200.

Dependent Care FSA

You can use this account to pay for work-related daycare expenses that are necessary to allow you and your spouse to work or attend school. Expenses can include daycare, preschool, summer day camp, before or after school programs or eligible senior centers. Eligible dependents include children under age 13 and disabled dependents of any age who are incapable of self-care.

The maximum amount you can contribute to this account for 2024 is \$5,000 (\$2,500 if married and filing separately).

Maximize your benefits

To fully utilize your FSA, check out the list of eligible health care and dependent care expenses on the Further website at https://learn.hellofurther.com/Individuals.



MORE ABOUT FSA'S

- You choose the annual amount you want to contribute to your FSA(s), up to the IRS limits for each account.
- This amount is taken out from your paycheck in equal installments throughout the year before federal and social security taxes are withheld.
- You cannot change your contribution amount during the year unless you experience a qualifying life event (see page 4).
- The money in one account cannot be used to pay expenses in another account.
- The Dependent Care FSA has a "use it or lose it" rule, so plan your contribution amount carefully. Any funds remaining in your account at the end of the calendar year will be forfeited.
- The Medical and Limited FSAs allow you to carry over up to \$610 of unused funds at the end of the calendar year.
- You can pay for eligible expenses using the FSA debit card or by submitting a claim form (this method is required for dependent care reimbursement).
- Expenses must be incurred between
 January 1, 2024, and December 31, 2024.
 You will have until March 31, 2025, to
 submit claims for reimbursement during this
 run-out period.

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RESOURCES FROM AMERIHEALTH



Online Member Portal: Log on for personalized information, find a doctor, view claims, view and order ID cards and access health and wellbeing benefits. Register at www.myahabenefits.com to have all of your plan information at your fingertips. You will need your member ID card to get started.
Mobile App: Download the myAHABenefits Mobile app and access your information, deductible and out of pocket totals, digital ID card and cost estimates for procedures.

Well-being Platform

Access online tools and resources such as a well-being profile to create an action plan, get reminders about health goals, stay motivated with tokens and badges, and sync up fitness apps and devices to track your progress.

Case Management

If you are diagnosed with a complex, catastrophic, or chronic illness or injury, case management can help support you and your health care providers by locating, coordinating, and evaluating services across various levels and places of care.

Registered Nurse Case Manager

When you call our Health Information Line, Registered Nurse Case Managers are available 24/7 for questions about your health and treatment options.

Exclusive Discounts and Savings

The AmeriHealth Insider discount program is your exclusive pass to discounts on family events, amusement park tickets, sporting events, online shopping, and more. You can save up to 60 percent at a wide range of national, regional, and local businesses, attractions, and events.

Baby Beginnings

Baby Beginnings is a maternity management program specifically designed to help expecting mothers successfully manage their health before, during and after a baby is born. To get started, call (833) 242-1777 or email babybeginnings@ahatpa.com with "Enroll" in the subject line. A nurse will reach out to you within two business days.

NICU Care Management

Support is available if your newborn needs treatment in the Neonatal Intensive Care Unit (NICU), including telephone and in-person support from the day the baby is admitted through discharge planning and the transition home.

Log in at <u>myahabenefits.com</u> to check out all the exciting member perks.

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HUSK Wellness Marketplace

If you're enrolled in a health plan through Gustavus, you have access to HUSK Marketplace. Achieving optimal health and wellness doesn't have to be complicated and expensive. HUSK Marketplace provides exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition and wellness.





Exercise

- Exclusive savings and flexible membership options to a variety of facilities
- Top brands include LA Fitness, Anytime Fitness, Gold's Gym, Curves, and 24-Hour Fitness
- Specialty studios such as yoga, kickboxing, cycling, CrossFit and Pilates
- Take advantage of the benefits of on-demand fitness in the comfort of your home
- Find deals on exercise equipment and wearable technology



Nutrition

- Evidence based virtual health and nutrition programs
- Discounts on vitamins, supplements, and other healthy food products

How to Register:

- 1. Visit your custom landing page to access your offerings (marketplace.huskwellness.com/paretohealth)
- 2. Activate and set up your account or log in if you've already set up your account.
- **3.** Use the top navigation bar to view products and services available to you.

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CancerCARE



What is CancerCARE?

The CancerCARE Program is a free, fully integrated cancer solution included in your health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Center of Excellence location.

Day One Help

The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses.

Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.

Personalized Care

Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.

National Resources

New treatments are developed and tested at leading cancer centers called Centers of Excellence. Care from your local oncologist is often best, but in some instances CancerCARE may suggest care at a Center of Excellence where a new treatment may be more effective. Clinical Trials or proven new treatments not yet been written into treatment guidelines for community oncologists are examples.

Expert Medical Team

When registering by phone, our highly trained Intake Coordinators will quickly gather your medical and health plan information. Patients with complex care needs are assigned an Oncology Nurse Expert who will answer questions regarding your diagnosis and discuss care options. CancerCARE's team of medical experts will support you throughout your treatment journey.

How do I use the Program?

To gain access to our services, register online at CancerCAREprogram.net, or call us at (877) 640-9610. Once you
are registered in our system, a nurse will be assigned to your case, and they will help you for the rest of your
cancer journey.

Do I have to pay for CancerCARE?

• The CancerCARE Program is an additional service included in our health plan. Registration and program features are covered by your health plan.

What if I am already being treated for cancer?

You can join CancerCARE at any point during your treatment. Once registered, we are able to collaborate with
your local oncologist and give them access to resources they may not have at their facility. We will also review
your treatment plan to ensure everything is evidence-based quality care.

• I don't have cancer; do I still need to register?

Registration is only required if you have been diagnosed with cancer. If you had cancer in the past and are now
cancer-free, you can still register as a survivor, and we will help you deal with any long-term issues and
concerns. Covered dependents can also register for CancerCARE.

Phone: (877) 640-9610, Website: cancercareprogram.com, Email: cancercaremanagement@cancercareprogram.com

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NICE HEALTHCARE

Gustavus Adolphus College is delighted to continue to offer our employees Nice Healthcare. Nice Healthcare offers chat, video and in-home direct primary care visits. They also provide in-home labs, (blood work), X-Rays, chronic condition management, virtual mental health, virtual physical therapy and much more, all at no charge!

WHO CAN USE NICE

Employees enrolled in one of Gustavus's health plans automatically has coverage with Nice Healthcare. Even if you have "Employee Only" coverage, your spouse/domestic partner, and children under the age of 26 have access to Nice Healthcare services.

NICE'S SERVICES INCLUDE:

- **Video visits:** Secure online video chat. Over 60% of issues can be resolved by video.
- Home visits: If the condition requires a lab test, X-ray or in-person examination, a provider will come to your home, often the same day.
- Nice healthcare offers 550+ free medications. Prescriptions are sent to your local pharmacy.
- Unlimited virtual mental health visits.
- Nice's pharmacy network includes over 65,000 pharmacies including CVS and Walmart as well as local mom & pop pharmacies. Present your Nice Rx card at pick up. Chronic medications can be mailed to you at no cost.
- **Unlimited** virtual physical therapy.

Save hundreds of dollars each year with Nice!







WHAT IS NICE?

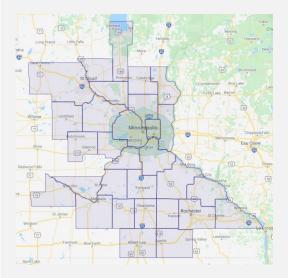
A primary care clinic that comes to you, on your schedule, while spending the time to make sure everything makes sense.

There is no limit on the number of visits. So next time you need care, have a question about a mysterious ache or pain, or just want some wellness advice, think of Nice.

HOURS OF SERVICE -

Online Visit Hours	Home Visit Hours
Monday – Friday	Monday – Friday
8am to 7pm	9am to 5pm
Saturday – Sunday	Saturday – Sunday
9am to 12pm	N/A

HOME VISIT SERVICE AREA



You can use Nice for virtual visits even if you are out of state.

They can even send a prescription to a local pharmacy wherever you are.

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How to schedule your Nice visit

Using Nice Healthcare is very easy. Set up your account by downloading the Nice Healthcare mobile app or go online at www.nice.healthcare/schedule.

Within the app, you will need to create separate accounts for each family member.



Getting started with Nice is easy



Simply download the 'Nice Healthcare' app, sign up and schedule a visit at the time that works best for you.



Start with a chat or video visit, which includes diagnosis, prescriptions, referrals, and wellness.



If deemed medically necessary, we'll send a provider to your home for labs, x-rays and medical assessments.



Then, check back in the app for your results and a treatment plan from your provider.

You can also ask questions and chat with your Nice team all from the palm of your hand.

WHERE TO GET STARTED

Text 'start nice.free' to 612.806.0144 or visit www.nice.healthcare/schedule

Acute conditions we treat:

Sore throat
Ear pain
Cough, cold, flu, bronchitis
Rashes
1st degree burns
Headache
UTI
Sinus infection
Minor asthma flare
Mononucleosis
Hand, foot, mouth
Cold sore
Sprains and strains
Pink eye
Bug bite
Suture removal

Athlete's foot

And many more!

Chronic conditions we manage:

High Cholesterol Hypothyroidism Diabetes Type 2 (noninsuline dependent) Asthma (mild) **GERD** High blood pressure COPD (mild) Seasonal allergies **Epi-Pen refills** Eczema Acne Depression (mild) Anxiety (mild) Menopause Constipation Gout Obesity

And many more!

Wellness/Preventive care:

Adult physicals
Sports physicals
Well child / baby checks (no
vaccines)
Wellness goals
Contraception (no
injectables or
implants/IUDs)
Tobacco cessation

Not Included:

Care that can't wait 1-2 hrs Emergency services Specialty care Vaccines Controlled substances Breast or pelvic exams Medicare eligible/enrolled individuals Covid-19 testing

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DENTAL PLAN SUMMARY

Gustavus offers dental coverage through Delta Dental.

This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible.

You may use any dentist you choose; however, using an in-network provider will reduce your out-of-pocket costs. If you use an out-of-network provider, the plan will pay the allowed amount for in-network services; you will pay the balance.

Features	In-Network Delta Dental PPO or Delta Dental Premier	Out-of-Network
Annual Maximum per person Combined in and out-of-network	\$1,000	\$1,000
Annual Deductible Does not apply to diagnostic & preventive	\$50/person; \$150/family	\$50/person; \$150/family
Diagnostic & Preventive Exams, cleanings, x-rays, fluoride, sealants, space maintainers	You pay \$0	You pay \$0
Basic Services Fillings, emergency services	You pay \$0	You pay \$0
Oral Surgery Basic & complex surgery	You pay 20%	You pay 20%
Endodontics Therapy Root canal therapy	You pay 20%	You pay 20%
Periodontics Gum disease treatment	You pay 20%	You pay 20%
Major Services Crowns, bridges, dentures	You pay 50%	You pay 50%
Orthodontics For dependents through age 18	You pay 50% Lifetime benefit maximum per child is \$1,000 and is separate from the annual maximum benefit.	



INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta's app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

AMPLIFON HEARING HEALTH CARE

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call (877) 846-7074 or visit www.amplifonusa.com for information.

QUESTIONS?

Call customer service at (800) 553-9536 or call the phone number on the back of your ID card or visit **www.deltadentalmn.org**.

Dental Plan Premiums: The following monthly premium rates are effective January 1, 2024:

	Monthly Premiums	
Employee	\$21.95	
Employee + 1	\$52.95	
Family	\$83.95	

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VISION PLAN SUMMARY

Gustavus offers vision coverage through EyeMed. The vision plan provides coverage for materials and hardware only. Coverage for vision exams is provided through the AmeriHealth health plan.

Under the EyeMed vision plan, you have the freedom to receive services from any provider. You will, however, receive a greater level of benefit if you use a provider who participates in the EyeMed Insight network. These providers have agreed to discounts on prescription glasses and contact lenses, as well as other vision-related items. By using a network provider, you may also receive discounts for services not otherwise covered by the vision plan (e.g. sunglasses, LASIK).



Always use an in-network provider to obtain the highest level of benefits.

QUESTIONS?

Visit <u>eyemed.com</u> or call (888) 203-7437. To find an EyeMed provider near you, visit <u>eyemed.com</u> and search the **Insight Network**.

VISION BENEFITS	IN-NETWORK Insight Network	OUT-OF-NETWORK	
Eyeglass Lenses			
Standard Single Vision Standard Bifocal Standard Trifocal Progressives	\$25 copay \$25 copay \$25 copay \$90 - \$135 copay	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$70 Reimbursed up to \$50	
Frames	\$0 copay; \$130 allowance; 20% off balance over \$130	Reimbursed up to \$91	
Contact Lenses (in lieu of glasses)			
Conventional	\$0 copay; \$130 allowance; 15% off balance over \$130	Reimbursed up to \$130	
Disposable	\$0 copay; \$130 allowance	Reimbursed up to \$130	
Medically Necessary	\$0 copay; Paid-in-full	Reimbursed up to \$210	
Lens Options/Non-Covered Items/ Additional Purchases	Discounted up to 20% off retail	N/A	
Laser Vision Correction	15% off the retail price or 5% off the promotional price	N/A	
Frequency	Lenses or contact lenses: Once every 12 months Frames: Once every 24 months		
Hearing Care Hearing care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A	

This chart does not describe all covered services. Please review the plan summary for complete coverage information or call EyeMed at (888) 203-7437.

Vision Plan Premiums: The following monthly premium rates are effective January 1, 2024:

	Monthly Premiums
Employee	\$4.32
Employee + Spouse	\$8.20
Employee + Child(ren)	\$8.63
Family	\$12.69

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LIFE INSURANCE

Gustavus offers Life and AD&D benefits through Reliance Standard.

Basic Term Life and AD&D Insurance

Gustavus automatically provides Basic Term Life and AD&D insurance at no cost to you. Coverage is equal to 1.5 times your annual salary, up to a maximum of \$550,000 (minimum \$10,000). An additional AD&D benefit is payable to you in the event of a covered dismemberment or to your beneficiary if your death is the result of an accident. Coverage over \$425,000 requires you to provide evidence of good health to Reliance Standard.

Per IRS regulations, you pay tax on the premium paid by Gustavus for coverage over \$50,000. Any benefits paid out are then tax-free.

NOTE: At age 65, benefits will reduce to 65% of your in-force amount. At age 70, benefits will reduce to 40% of your pre-age 65 benefit. At age 75, benefits will reduce to 20% of your pre-age 65 benefit.

Voluntary Life and AD&D Insurance

You have the option to supplement the coverage Gustavus provides by purchasing additional insurance through Reliance Standard for yourself, your spouse and your dependent children (up to age 26). You are required to purchase coverage for yourself to elect coverage for any of your dependents. You pay the full cost of this voluntary coverage on an after-tax basis, which varies depending on your age and the amount of coverage you choose.

Voluntary Life	Employee	Spouse	Child(ren)
Benefit Amount	Lesser of 5x annual earnings or \$550,000, in increments of \$10,000	\$250,000, in increments of \$10,000; may not exceed 100% of the employee amount	\$10,000 option
Guarantee Issue	\$150,000	\$50,000	\$10,000

^{*} Guarantee issue refers to the amount of coverage you can purchase without providing evidence of good health. If you have previously declined coverage, you will be required to provide Evidence of Insurability and be approved in order to gain coverage. Any increases to your life insurance will require an Evidence of Insurability document.

Voluntary AD&D	Employer	Spouse	Child(ren)
Benefit Amount	\$10,000 to \$500,000, subject to 10x annual earnings max for principal sum over \$150,000	Spouse w/no child(ren): 50% of your benefit Spouse w/child(ren) covered: 40% of your benefit	Dependent children: 10% of your benefit Dependent children (if no spouse): 15% of your benefit
Age Regulation	At age 75, benefits will reduce by 50% of in-force amount. At age 80, benefits will reduce to 25% of pre-age 65 benefit		

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VOLUNTARY LIFE INSURANCE RATES



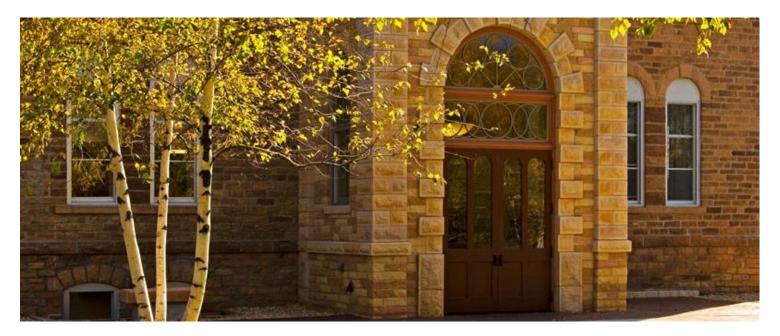
Cost is based off employee's age for Voluntary Employee Life and based off spouse's age for Voluntary Spouse Life.

Employee/Spouse Age	Rate per \$10,000
< 34	\$4.80
35-39	\$8.40
40-44	\$12.00
45-49	\$21.60
50-54	\$37.20
55-59	\$64.80
60-64	\$68.40
65-69	\$121.20
70-74	\$214.80
75+	\$343.20
Child(ren) Regardless of number of children	\$19.20 per \$10,000 of coverage

AD&D Coverage	Employee Rates	Family Rates
\$10,000	\$3.36	\$4.56
\$50,000	\$16.80	\$22.80
\$100,000	\$33.60	\$45.60
\$150,000	\$50.40	\$68.40
\$200,000	\$67.20	\$91.20
\$250,000	\$84.00	\$114.00
\$500,000	\$168.00	\$228.00

These are examples of annual rates for different principal amounts.

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SHORT-TERM DISABILITY

Exempt / Salaried Employees

If disabled, the College will continue to pay 100% of your regular pre-disability earnings until you are either no longer disabled, or for a period of up to six months, whichever happens first.

Non-Exempt / Hourly Employees

In the event of a disability, you may be eligible to still be paid 100% of your pre-disability weekly earnings for up to 135 days. Benefits begin paying after 45 days of continuous disability.

Please Note:

Leave-related benefits will be subject to taxes since the College pays these premiums.

LEAVES & SABBATICALS

With appropriate premium payments, your benefit coverage will continue:

- While on FMLA
- For up to one (1) year while on Paid/Unpaid Sabbatical
- For up to one (1) month while on Paid/Unpaid Leave
- For up to one (1) month while on Paid/Unpaid Military Leave

QUESTIONS?

See the Office of Human Resources if you need a leave of absence.

Long Term Disability (LTD)

After you have been disabled for 180 days, you may apply for LTD benefits. If approved, you will receive 66 2/3% of your base pay, up to a maximum of \$11,111 per month. Your LTD benefit will be offset by any other disability payments you may receive, like Social Security or Workers' Compensation. Benefits continue until you are no longer disabled or you reach Social Security Normal Retirement Age, whichever comes first. Note: Pre-existing condition limitations apply and your disability must be approved by Reliance Standard on a periodic basis.

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ADDITIONAL BENEFITS

Tuition Scholarship & Exchange for Dependents

Gustavus offers a Tuition Scholarship & Exchange for eligible employees and their tax-dependent children. Benefits begin at the start of the semester following the qualifying full-time anniversary date. The tuition scholarship does not cover fees, room or board. Eligibility is based on employment status and date of hire.

Who is eligible?

Dependent children of employees after two years of aggregate full-time employment.

- Employees must remain full-time during benefit use (Full time is defined as benefiteligible employees who work a minimum of 30 hours per week for at least nine months of the year)
- To be considered a dependent, children must be claimed as tax dependents for the previous and current calendar years
- If an eligible employee retires as defined by College policy, is permanently disabled, or becomes deceased, any tax-dependent children at the time of change will remain eligible for the Tuition Scholarship & Exchange

Details:

- Dependent(s) must be accepted to the College
- FAFSA completion is required for a minimum of the first year when participating in the Tuition Scholarship & Exchange
- Tuition Scholarship & Exchange is available at other institutions. All enrollment decisions are made by the importing college:
 - www.tuitionexchange.org
 - www.imaginecolleges.org
- A parent's service at a qualifying higher education institution immediately preceding employment at Gustavus may be considered for the two years of full-time employment requirement
- Should an employee drop below full-time status or terminate employment, the Tuition Scholarship & Exchange terminates at the end of the current semester.

Gustavus reserves the right to amend this benefit at any time for any reason.

RESOURCES THROUGH RELIANCE STANDARD

24-Hour Travel Assistance

On Call International provides access to:

- Personal travel emergency companion
- Pre-Trip Assistance
- Emergency Medical Transportation / Evac
- Emergency Personal Assistance Services
- Prescription Assistance

Bereavement Support Service

- Grief Counseling
- Legal and Financial Services
- 24/7/365 Access for covered employees and family members (regardless of relationship)

Employee Assistance Program (EAP)

Gustavus employees have access to a robust Employee Assistance Program through ACI:

- Unlimited telephonic sessions of professional assessment for employees and family members
- Child care and elder care referrals
- Legal and financial consultation
- myACl app for mobile access
- Unlimited pet care consultation
- Affinity online work-life website

QUESTIONS?

Call (855) 775-4357 or e-mail rsli@acieap.com.

Gustavus Adolphus College

403(B) RETIREMENT PLAN

Purpose

The Gustavus Adolphus College Retirement Plan is a Defined Contribution, Tax-deferred Annuity Plan as allowed under section 403(b) of the Internal Revenue Code. Participation in the Plan is voluntary. You must be employed for one year before the College will make automatic contributions of your salary/wage to the fund sponsor. The fund sponsor is TIAA, the principal retirement system for the nation's education community.

Eligibility

Eligible employees will be sent the Plan's summary plan description for review and all necessary forms to participate in the Plan.

An eligible employee is any employee of the College except:

- Employees who normally work less than 20 hours per week
- Students performing certain services

If you are an eligible employee, you are immediately eligible to contribute upon hire. You may contribute on a pre-tax or Roth (after-tax) basis. When contributed after-tax, earnings on your account grow tax free.

If you are a new employee and do not make an alternative election, you will be automatically enrolled into the Plan and will contribute 3% of your eligible earnings to your retirement account. You may change this election at any time.

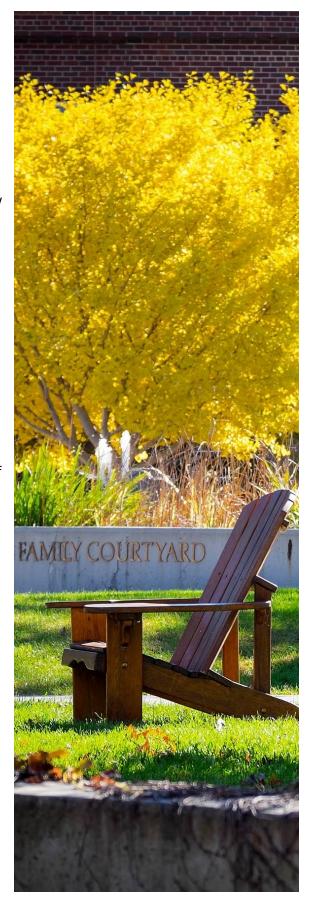
Contributions

- The College contribution begins for eligible employees after 12 months of employment
- It is recommended that employees contribute a percentage of regular pay towards retirement
- Contributions will be made by the College to the fund sponsor(s) that an employee chooses
- An employee's salary reduction agreement will remain in effect until it is modified (at any time) or terminated
- Eligible employees age 50+ are eligible for a "catch up" contribution

Gustavus Adolphus College reserves the right to change or terminate the Plan at any time.

Enroll/Login

- Visit <u>www.tiaa.org/gustavus</u> to Enroll online or Login to your existing account
- Fill out a Salary Deferral Form with the Office of Human Resources for any personal contribution changes
- To speak with a financial professional, call TIAA at (800) 842-2252, Monday – Friday, 7:00 am-9:00 pm.



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CONTACT INFORMATION

Plan Benefit	PHONE NUMBER	WEBSITE
Health Plan AmeriHealth Networks: Blue Card PPO & High Value	For the most direct service, call the number on the back of your AmeriHealth ID card.	www.myahabenefits.com
Prescription Drug Plan SmithRx	Member Services: (844) 454-5201	www.mysmithrx.com
Nice Healthcare		www.nice.healthcare/schedule
Dental Insurance Delta Dental Network: PPO & Premier	Member Services: (800) 553-9536	www.deltadentalmn.org
Vision Insurance EyeMed Network: Insight	Member Services: (888) 203-7437	www.eyemed.com
Health Savings Account (HSA) Further	Member Services: (800) 859-2144	www.hellofurther.com
Flexible Spending Accounts (FSA) Further	Member Services: (800) 859-2144	www.hellofurther.com
Retirement Plan TIAA	Client Services: (800) 842-2252	www.tiaa.org/gustavus
Employee Assistance Program (EAP) Reliance Standard (through ACI)	(855) 755-4357	http://rsli.acleap.com , Company Code: RSL1859 Email: rsli@acieap.com
Life Insurance Reliance Standard Group Basic Life/AD&D Voluntary Life/AD&D	Member Services: (800) 644-1103	www.reliancestandard.com
Benefit Resource Center Benefit Specialists available through USI, our insurance broker. Can assist with open enrollment questions, benefit, and policy questions, etc.	(855) 874-0742	Email: BRCMT@usi.com
Gustavus Human Resources Nicole Goebel, Assistant Director	(507) 933-6310	Email: ngoebel@gustavus.edu

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