

LINDSEY  
WILSON  
COLLEGE

## EMPLOYEE BENEFITS OVERVIEW

January 1, 2024 – December 31, 2024

MEDICAL | DENTAL | VISION | GROUP LIFE | DISABILITY | VOLUNTARY LIFE | FSA | 403(b) | EAP



Benefits overview intended for summary purposes only.

The health of our employees is a priority and we recognize the importance of providing quality benefits as part of our overall compensation package. This Employee Benefits Overview (EBO) is provided as a convenient reference document of your benefit options. Please refer to the carrier's Summary of Benefits and Coverage (SBC) and/or Certificate of Coverage for detailed descriptions of all available employee benefit programs and exclusions. If you require further explanation or need assistance regarding claims processing, please refer to the customer service telephone numbers at the back of this guide.

## Eligibility & Change in Family Status

Employees working 30 hours a week or more are eligible for all benefits outlined in this guide. Benefits are effective on the first of the month following your date of hire and coverage is available for you, your spouse and/or dependent child(ren). Dependent child(ren) are eligible for coverage up to age 26 for medical, dental and vision benefits.

We have adopted an IRS-sponsored Section 125 Plan that allows premiums for medical, dental, vision insurance, contributions to flexible spending accounts and/or certain supplemental policies to be deducted from your paycheck on a pre-tax basis. Under Section 125, changes to pre-tax benefits can be made ONLY during the Open Enrollment period unless you or a qualified dependent experience a change in family status (or Qualifying Event). Examples of Qualifying Events are as follows:

- Marriage/Divorce/Legal Separation
- Birth/adoption or placement of a child for adoption
- Death
- Loss of coverage (for you or dependents)/loss of eligibility status for dependents

It is your responsibility to notify Human Resources within 30 days of a Qualified Event if you want to add or remove a dependent from your benefit plans. The effective date will be the same day as the status change (for example, your newborn's birth date or date of marriage).



## Healthcare Flexible Spending Accounts (FSA)



Flexible Spending Accounts (FSAs) offer you the opportunity to payroll deduct some of your income on a pre-tax basis to pay for certain healthcare expenses that may not be covered as part of your benefit plans. In addition to the pre-tax savings benefit, your total election amount will be available at the beginning of the plan year! You will "pay back" the program with future paycheck deductions.

### Healthcare Flexible Spending Account Details

|   |  |
|---|--|
| <b>Annual Contribution Limits</b><br>(limits subject to change) | Up to \$3,050  |
| <b>Medical FSA</b> (Available with PPO Plans or stand-alone)    | Qualified Expenses:<br>Medical, Dental, Vision,<br>Pharmacy, Over-the-Counter<br>Medications |
| <b>Debit Card Included</b>                                      | Yes  |
| <b>Plan Year</b>  | January - December   |
| <b>Extension period to file claims from previous plan year</b>  | 90 days  |
| <b>Monthly Service Fee</b>                                      | \$4.15   |
| <b>Rollover Provision</b>                                       | Up to \$610  |

**The Dependent Care Account** (for use with either medical plan or stand-alone)

This account allows you to payroll deduct tax-free dollars to fund the daycare of children under the age of 13, or a disabled spouse, child, or parent. This account can be used for daycare, preschool, after school care, summer day camp or elder care.

The annual maximum contribution is \$5,000 for individuals or married couples filing jointly, or \$2,500 for married individuals filing separately. Married couples have a combined \$5,000 limit, even if each has access to a separate dependent care FSA. This account can only be used as the money accumulates from your paycheck and must be spent by the end of the Plan Year or may be forfeited. Please refer to plan policy for specific details regarding rollover allowances or extension periods. Please be aware there will be a \$4.15 monthly service fee for this account.

### Health Coaching Available to all LWC Health Plan Participants!

A **Fit for Life** nurse practitioner will provide **FREE** telephonic or in-person health coaching to Lindsey Wilson College employees. For more details, contact Human Resources.



**FIT FOR LIFE**

Your medical coverage is designed to help promote good health and protect you and your family from major financial hardships in the event of illness or injury. Aspirant is your health insurance administrator. See chart at right for medical summary.

**Each health plan offered has unique features.** You have the option to choose a medical plan that fits your needs and your budget by balancing the cost of premiums, deductibles, maximum out-of-pocket amounts, coinsurance, and copays. Generally, if you choose a plan with a higher deductible and maximum out-of-pocket, your monthly premium will be lower. Consider your family's overall typical or expected health plan utilization to choose the plan that is right for you.

**Preventive care is covered in full** when performed in a preventive capacity by an in-network provider. The types of tests or procedures typically covered as preventive may include mammograms, pap smears, wellness checkups, prostate specific antigen (PSA) tests, colonoscopies, and preventive screenings for newborns and children. Some testing may have age or gender requirements.

**The information below provides key definitions** and a review of your PPO medical benefits. The benefit summary grid to the right will outline your out-of-pocket expenses and the benefit period specific to your plan.

## PPO MEDICAL PLAN

- **Copays** are flat dollar amounts listed on your Benefit Summary for certain services. Typically, copays apply to physician office visits and prescriptions.
- When you use services such as MRIs, CT Scans, hospitalization, or surgeries you must meet the **deductible** as indicated on your plan. **Copays do not apply to your deductible.**
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after your deductible has been met.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay, during a benefit period, and includes all deductible, copay, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum is met by at least two family members, services are covered in full by the plan for the entire family until the end of the benefit period.

### Alternative Standard

If due to a medical condition it is unreasonable for you and/or your covered spouse to meet specific engagement criteria, an alternative standard may be made available to you. **Contact ICWS for details.** Contact information on back page.

## Medical Benefits Summary

| In-Network Benefits  | Core Plan                            | Buy Up Plan                          |
|--|--------------------------------------|--------------------------------------|
| <b>Calendar Year Annual Medical Deductible</b>   | \$2,500 individual<br>\$5,000 family | \$1,000 individual<br>\$2,000 family |
| <b>Coinsurance (Plan / Member)</b>   | 80% / 20%                            | 80% / 20%                            |
| <b>Medical Maximum Out-of-Pocket</b> (includes deductible, medical and Rx copays, and coinsurance) | \$4,000 individual<br>\$8,000 family | \$3,000 individual<br>\$6,000 family |
| Benefit Overview   | Member Cost Share                    |                                      |
| <b>Primary Care Office Visit</b>   | \$30 copay                           | \$20 copay                           |
| <b>Specialist Office Visit</b>   | \$60 copay                           | \$50 copay                           |
| <b>Preventive Care</b>   | No Charge                            | No Charge                            |
| <b>Health Improvement Coaching</b>   | No Charge                            | No Charge                            |
| <b>T.J. Regional Designated Local Providers</b>  | No Charge                            | No Charge                            |
| <b>Telemedicine – Anthem LiveHealth</b>  | \$10 copay                           | \$10 copay                           |
| <b>Telehealth Services (PCP / SPEC)</b>  | \$30 / \$60 Copay                    | \$20 / \$50 Copay                    |
| <b>Emergency Room</b>  | \$200 Copay                          | \$175 copay                          |
| <b>Urgent Care</b>   | \$50 Copay                           | \$50 copay                           |
| <b>Inpatient Facility Services</b>   | Deductible then 20%                  | Deductible then 20%                  |
| <b>Outpatient Services</b>   | Deductible then 20%                  | Deductible then 20%                  |

The above references in-network benefits only; for out of network benefits see full benefit summary.

## Pharmacy Benefits Summary

| CVS/caremark™                                    | Pharmacy Tier  |
|--|--|
| <b>Retail Copays-</b> (30 day supply)            | Tier 1: \$10<br>Tier 2: \$30<br>Tier 3: \$60   |
| <b>Mail Order Rx-</b> (90 day supply)            | Tier 1: \$20<br>Tier 2: \$75<br>Tier 3: \$150  |
| <b>Mail Order Information:</b><br>1-844-253-1825 |  |
| <b>Specialty Drugs*</b><br>(30 day supply)       | Tier 4:<br>-\$0 Member Cost if script filled through PrudentRx<br>-30% coinsurance if PrudentRx is not used. |

### Copay Assistance Program

- \$0 Member out-of-pocket cost for every specialty fill with PrudentRx
- All members are eligible to participate
- You will receive communication from PrudentRx if currently on or should you be prescribed a specialty medication



\* Caremark has a large network of retail pharmacies.

**NOTE: You can fill a 90 day supply of your maintenance medications at Retail 90 pharmacies.**

The programs offered to LWC employees are 100% voluntary. For employees who reach “Engagement Status” and do not use nicotine, you can receive discounts on your premiums. If a spouse is covered under the LWC Health Plan, they can also receive the same discounts as employees.

## Medical Payroll Deductions

### 24 Pay Periods

\* Engagement and Non-Tobacco Credits apply to Employee and Spouse only.

#### ▶ EMPLOYEE

| Plan Option | Engaged Non-Tobacco | Engaged Tobacco | Non-Engaged Non-Tobacco** | Non-Engaged Tobacco |
|-------------|---------------------|-----------------|---------------------------|---------------------|
| Core Plan   | \$40.00             | \$45.00         | \$45.00                   | \$90.00             |
| Buy Up Plan | \$70.00             | \$95.00         | \$95.00                   | \$120.00            |

\*\* Additional non-engaged / non-tobacco cost tier applies to Core Plan Single coverage only to comply with healthcare reform/ACA regulations. Please see HR with questions.

#### ▶ EMPLOYEE + CHILD(REN)

| Plan Option | Engaged Non-Tobacco | Engaged Tobacco | Non-Engaged |
|-------------|---------------------|-----------------|-------------|
| Core Plan   | \$392.50            | \$417.50        | \$442.50    |
| Buy Up Plan | \$468.50            | \$493.50        | \$518.50    |

#### ▶ EMPLOYEE + SPOUSE

| Plan Option | Both Engaged - Both Non-Tobacco | Both Engaged - Either EE OR SP Tobacco | Both Engaged - EE AND SP Tobacco | One Engaged - Non-Tobacco | One Engaged - Tobacco | Both Non-Engaged |
|-------------|---------------------------------|--|----------------------------------|---------------------------|-----------------------|------------------|
| Core Plan   | \$397.50                        | \$422.50                               | \$447.50                         | \$447.50                  | \$472.50              | \$497.50         |
| Buy Up Plan | \$473.50                        | \$498.50                               | \$523.50                         | \$523.50                  | \$548.50              | \$573.50         |

#### ▶ FAMILY

| Plan Option | Both Engaged - Both Non-Tobacco | Both Engaged - Either EE OR SP Tobacco | Both Engaged - EE AND SP Tobacco | One Engaged - Non-Tobacco | One Engaged - Tobacco | Both Non-Engaged |
|-------------|---------------------------------|--|----------------------------------|---------------------------|-----------------------|------------------|
| Core Plan   | \$403.50                        | \$428.50                               | \$453.50                         | \$453.50                  | \$478.50              | \$503.50         |
| Buy Up Plan | \$479.50                        | \$504.50                               | \$529.50                         | \$529.50                  | \$554.50              | \$579.50         |

## Medical Payroll Deductions

### Monthly Pay Periods

\* Engagement and Non-Tobacco Credits apply to Employee and Spouse only.

#### ▶ EMPLOYEE

| Plan Option | Engaged Non-Tobacco | Engaged Tobacco | Non-Engaged Non-Tobacco** | Non-Engaged Tobacco |
|-------------|---------------------|-----------------|---------------------------|---------------------|
| Core Plan   | \$80.00             | \$90.00         | \$90.00                   | \$180.00            |
| Buy Up Plan | \$140.00            | \$190.00        | \$190.00                  | \$240.00            |

\*\* Additional non-engaged / non-tobacco cost tier applies to Core Plan Single coverage only to comply with healthcare reform/ACA regulations. Please see HR with questions.

#### ▶ EMPLOYEE + CHILD(REN)

| Plan Option | Engaged Non-Tobacco | Engaged Tobacco | Non-Engaged |
|-------------|---------------------|-----------------|-------------|
| Core Plan   | \$785.00            | \$835.00        | \$885.00    |
| Buy Up Plan | \$937.00            | \$987.00        | \$1,037.00  |

#### ▶ EMPLOYEE + SPOUSE

| Plan Option | Both Engaged - Both Non-Tobacco | Both Engaged - Either EE OR SP Tobacco | Both Engaged - EE AND SP Tobacco | One Engaged - Non-Tobacco | One Engaged - Tobacco | Both Non-Engaged |
|-------------|---------------------------------|--|----------------------------------|---------------------------|-----------------------|------------------|
| Core Plan   | \$795.00                        | \$845.00                               | \$895.00                         | \$895.00                  | \$945.00              | \$995.00         |
| Buy Up Plan | \$947.00                        | \$997.00                               | \$1,047.00                       | \$1,047.00                | \$1,097.00            | \$1,147.00       |

#### ▶ FAMILY

| Plan Option | Both Engaged - Both Non-Tobacco | Both Engaged - Either EE OR SP Tobacco | Both Engaged - EE AND SP Tobacco | One Engaged - Non-Tobacco | One Engaged - Tobacco | Both Non-Engaged |
|-------------|---------------------------------|--|----------------------------------|---------------------------|-----------------------|------------------|
| Core Plan   | \$807.00                        | \$857.00                               | \$907.00                         | \$907.00                  | \$957.00              | \$1,007.00       |
| Buy Up Plan | \$959.00                        | \$1,009.00                             | \$1,059.00                       | \$1,059.00                | \$1,109.00            | \$1,159.00       |



## WELLNESS IS MORE THAN NUTRITION & EXERCISE

Your path to well-being is unique to you. Your goals may include wanting to be more active, eating healthier, learning better financial habits, practicing gratitude, recognizing your purpose, or fostering interpersonal relationships. This is YOUR program and can help you along in your wellness journey.

All employees are eligible to participate in our wellness program which includes a collection of holistic activities to help you form healthy habits. Employees and spouses on the medical plan have engagement challenges to earn a premium discount, and all employees have access to a gift card by completing preventative visits and monthly wellness challenges.



## HOW IT WORKS

This program consists of a combination of preventative care, physical biometrics, a health risk assessment, and healthy habit development through both wellness activities and personal wellness challenges.

### EARN REWARDS

Track your progress in WellRight and earn points for completing a challenge or activity.

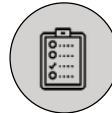
All activities must be logged in WellRight for you to earn wellness points. Access WellRight online or by downloading the WellRight app. Contact HR to get registered or email [support@icws-wellness.com](mailto:support@icws-wellness.com)

[LWC.WELLRIGHT.COM](http://LWC.WELLRIGHT.COM)

## ENGAGEMENT ACTIVITIES



BIOMETRIC SCREENING



HEALTH RISK ASSESSMENT



NICOTINE AFFIDAVIT



ANNUAL PHYSICAL

## INCENTIVES

Complete the 4 engagement activities to earn a premium discount in 2025. Then accumulate points by completing monthly wellness challenges and submitting proof of preventative visits to earn a gift card.

Employees and spouses on the medical plan must complete the 4 engagement activities by **October 31, 2024** to be eligible for the 2025 discount. New hires are automatically enrolled in the wellness rate for 2024 and must work to keep that rate for 2025.

All employees are eligible to redeem a \$100 gift card when they earn 10 points.

# HOW TO EARN INCENTIVES

## MY ENGAGEMENT ACTIVITIES

---

All employees and spouses on the medical plan must complete all four engagement activities by October 31, 2024 in order to be engaged in wellness and earn the 2025 medical premium discount.

- Biometric Screening - Complete on-site or have blood work done with your primary care provider and submit directly to ICWS via form instructions
- Health Risk Assessment - Complete the online health risk assessment found on WellRight
- Nicotine Affidavit or Alternative - Certify you have been nicotine free for at least 6 months or complete an approved tobacco cessation program to meet the requirements for the reasonable alternative
- Annual Physical - Complete a well visit with your primary care provider

**All employees are eligible for a \$100 gift card if you earn 10 points by completing preventative visits and monthly wellness challenges.**

## PREVENTATIVE VISITS

---

Submit proof of preventative screenings. You will earn 1 point per preventative visit submission from the list below. 4 points maximum can be earned from preventative visits.

- Colonoscopy
- Mammogram
- Well woman/Pap
- PSA test or prostate exam
- Vision exam
- Dental visit
- Preventative vaccinations
- Dermatology/Skin Cancer screen

## MONTHLY CHALLENGES

---

Participate in monthly wellness challenges to earn points towards your gift card. You must have 10 points to redeem your \$100 gift card. There will be one challenge offered each month. Challenges are centered on creating healthy holistic habits and all challenges must be completed on WellRight via the a web browser, text tracking, or the WellRight mobile app.

# Strategic Partnerships



## No Cost Barriers to Primary Care

In conjunction with T.J. Regional Health, covered employees and dependents may access the following providers **at no cost!** T.J. Regional Health provides access to Primary Care Physicians as well as Advanced Practice Nurse Practitioners (APRNs) who specialize in the following conditions:

- Preventive care screenings such as physicals, mammograms and colonoscopies
- Immunizations
- Pediatrics
- Acute Care Services such as flu, sore throat, and sinus infections

### T.J. Health Columbia Clinic

- Patricia Doolin, APRN
- Dennis Wooley, APRN

### T.J. Health Primary Care

- Dr. Clinton Kiteck
- Kandace Webster, APRN - Weight Management only
- Kristi Irvin, APRN
- Monika Varney, APRN
- Cardiology:** Dr. Hari Nair; Dr. Zakare Salifu; Ashley Collins, APRN
- Women's Health:** Dr. Catherine Feese
- Orthopedics:** Dr. Barret Lessenberry; Dr. Brian Elmlinger; Tyler Miller, APRN
- Pulmonology:** Dr. Omar Mahmoud
- Podiatry:** Dr. Mark Risen
- Sleep:** Kim Bowman, APRN
- Neurology:** Dr. Tracy Courtney

### T.J. Health Edmonton

- Dr. Ashley Matney
- Beth Wilson, APRN
- Natalie Bruce, APRN

### T.J. Health Greensburg

- Pediatrics and Ped. Behavioral Health:** Alisha Risen, APRN
- Orthopedics:** Dr. Barret Lessenberry; Dr. Brian Elmlinger; Tyler Miller, APRN

### T.J. Health Russell Springs

- Chris Doolin, APRN
- Linnea Tarter, APRN
- Neurology:** Dr. Tracy Courtney
- Orthopedics:** Dr. Barret Lessenberry; Dr. Brian Elmlinger; Tyler Miller, APRN

- **Annual Biometric Screenings & Health Risk Assessments**
  - Employee/Spouse personal reports and risk profiles
- **Tobacco Cessation**
  - Freedom from Smoking
    - Group Classes on campus based on interest
  - Custom Coaching
    - One-on-one with Pulmonary APRN
    - Customized for your specific needs



**FIT FOR LIFE**

### Strategic Health Coaching

- Telephonic or in-person Health Coaching
- Weight loss, Diabetic Management, Asthma, Depression, Metabolic Syndrome
- Measurable results based on pre-determined metrics

## Health Coaching Available to all LWC Health Plan Participants!

**Fit for Life** provides health coaching to Lindsey Wilson College employees. You have access to a **Fit for Life** nurse practitioner who will provide **FREE** telephonic or in-person health coaching. Health coaching can help you in the following areas:

- Weight management
- Stress management
- Physical activity
- Chronic conditions like diabetes, asthma, heart conditions, and metabolic syndrome
- And much more!

Your personal health information is protected by state and federal law and will not be shared with Lindsey Wilson College without your written consent. For more information on the **Fit for Life** privacy policy, please visit <https://www.tjregionalhealth.org/privacy-practices/>

Keeping a healthy set of teeth is more important than you might think, as many diseases and conditions have direct correlations to dental health. We offer comprehensive dental coverage through **Paramount's Network**. To find a dentist in Paramount's Network, contact Paramount. Contact information is provided at back of this booklet. Your plan summary is shown here. Additional details can be found in your plan certificate located within Paramount's online portal.

### Dental Benefits Summary

| In-Network Benefits   | Core                          |                | Buy-Up                |                |
|---|-------------------------------|----------------|-----------------------|----------------|
| <b>Dental Deductible</b>                                    | None                          |                | None                  |                |
| <b>Dental Plan Annual Maximum Benefit</b>                   | \$1,000                       |                | \$1,000               |                |
| <b>Lifetime Orthodontic Benefit (Child Only)</b>            | Not Covered                   |                | \$1,000               |                |
| <b>Covered Services</b>                                     | <b>Member pays In-Network</b> |                |                       |                |
| <b>Diagnostic &amp; Preventive</b>                          |                               |                |                       |                |
| - Exams - periodic, limited, comprehensive                  | 0%                            |                | 0%                    |                |
| - Radiographs - full mouth series, panoramic, bitewings     | 0%                            |                | 0%                    |                |
| - Routine teeth cleaning                                    | 0%                            |                | 0%                    |                |
| - Sealants  | 0%                            |                | 0%                    |                |
| <b>Restorative &amp; Prosthodontics</b>                     |                               |                |                       |                |
| - Fillings - silver or white (anterior and posterior teeth) | 50%                           |                | 0%                    |                |
| - Core build ups  | Not Covered                   |                | 40%                   |                |
| - Crowns - porcelain, ceramic, stainless steel              | Not Covered                   |                | 40%                   |                |
| - Protective restorations                                   | 50%                           |                | 40%                   |                |
| - Removable dentures  | Not Covered                   |                | 40%                   |                |
| <b>Endodontics &amp; Periodontics</b>                       |                               |                |                       |                |
| - Root canal therapy - anterior, posterior                  | Not Covered                   |                | 40%                   |                |
| - Root canal therapy - retreatment                          | Not Covered                   |                | 40%                   |                |
| - Scaling and root planing                                  | Not Covered                   |                | 40%                   |                |
| - Full mouth debridement                                    | Not Covered                   |                | 40%                   |                |
| - Periodontal maintenance                                   | Not Covered                   |                | 40%                   |                |
| <b>Oral Surgery</b>   |                               |                |                       |                |
| - Simple extractions  | 50%                           |                | 0%                    |                |
| - Impactions  | 50%                           |                | 40%                   |                |
| - Surgical extractions                                      | 50%                           |                | 40%                   |                |
| <b>Miscellaneous</b>  |                               |                |                       |                |
| - Emergency palliative treatment                            | Not Covered                   |                | 40%                   |                |
| - Anesthesia - general and IV sedation                      | Not Covered                   |                | 40%                   |                |
| - Athletic mouthguards                                      | Not Covered                   |                | 40%                   |                |
| <b>Dental Payroll Deductions</b>                            | <b>Core</b>                   |                | <b>Buy-Up</b>         |                |
|   | <b>24 Pay Periods</b>         | <b>Monthly</b> | <b>24 Pay Periods</b> | <b>Monthly</b> |
| <b>Employee</b>   | \$7.89                        | \$15.78        | \$12.60               | \$25.19        |
| <b>Employee + Spouse</b>                                    | \$17.38                       | \$34.76        | \$28.40               | \$56.80        |
| <b>Employee + Child(ren)</b>                                | \$19.14                       | \$38.27        | \$31.17               | \$62.33        |
| <b>Family</b>   | \$28.67                       | \$57.33        | \$47.84               | \$95.68        |

We are pleased to provide access to a comprehensive vision program through Avesis' nationwide network. The amount you pay for vision services depends upon whether you visit a network or non-network provider. To find a network provider, contact Avesis (contact info at back of this booklet). A brief description of benefits is provided here.

### Vision Benefits Summary

| In-Network Benefits                | Avesis Vision              |                |                            |                |
|------------------------------------|----------------------------|----------------|----------------------------|----------------|
|                                    | Level 1                    |                | Level 3                    |                |
| <b>Copays</b>                      |                            |                |                            |                |
| Exams                              | \$10 Copay                 |                | \$10 Copay                 |                |
| Materials                          | \$25 Copay                 |                | \$25 Copay                 |                |
| <b>Service Frequency</b>           |                            |                |                            |                |
| Exams                              | Every 12 months            |                | Every 12 months            |                |
| Lenses                             | Every 12 months            |                | Every 12 months            |                |
| Contacts                           | Every 12 months            |                | Every 12 months            |                |
| Frames                             | Every 24 months            |                | Every 24 months            |                |
| <b>Lens Option Package</b>         |                            |                |                            |                |
| Standard Spectacle Lenses          | \$25 Copay                 |                | \$25 Copay                 |                |
| Polycarbonate                      |                            |                | Covered in Full            |                |
| Standard Scratch-Resistant Coating |                            |                | Covered in Full            |                |
| Ultra-Violet Screening             |                            |                | Covered in Full            |                |
| Solid or Gradient Tint             |                            |                | Covered in Full            |                |
| Standard Anti-Reflective Coating   |                            |                | Covered in Full            |                |
| Level 1 Progressives               |                            |                | \$75                       |                |
| Level 2 Progressives               |                            |                | \$110                      |                |
| <b>Frames</b>                      | \$50 Allowance up to \$150 |                | \$50 Allowance up to \$150 |                |
| <b>Contact Lenses</b>              | \$130 Allowance            |                | \$130 Allowance            |                |
| <b>Vision Payroll Deductions</b>   | <b>24 Pay Periods</b>      | <b>Monthly</b> | <b>24 Pay Periods</b>      | <b>Monthly</b> |
| <b>Employee</b>                    | \$3.38                     | \$6.75         | \$3.98                     | \$7.95         |
| <b>Employee + Spouse</b>           | \$5.91                     | \$11.82        | \$7.20                     | \$14.40        |
| <b>Employee + Child(ren)</b>       | \$6.42                     | \$12.83        | \$7.84                     | \$15.67        |
| <b>Family</b>                      | \$8.78                     | \$17.56        | \$10.61                    | \$21.22        |



## Disability Benefits

Disability benefits are designed to provide income replacement in case you are unable to work due to an illness and/or injury. Details on disability benefits are provided here. Short-Term Disability lasts for a specified amount of time. If you are unable to return to work beyond that time, Long-Term Disability would begin subject to the policy limitations outlined below. Long-Term Disability benefits are provided **at no cost to you!**



| Disability Benefits Summary |                      |                                       |
|-----------------------------|----------------------|---------------------------------------|
|                             | Voluntary Short-Term | Employer-Paid Long-Term               |
| Benefits begin after        | 8 days               | 180 days                              |
| Duration                    | 25 weeks             | Social Security Normal Retirement Age |
| Amount of income protection | 60%                  | 60%                                   |
| Maximum Amount              | \$1,000 weekly       | \$3,000 monthly                       |

## 403(b) Plan



By participating in LWC's 403(b) Plan, you can save money for retirement tax-free. Based on your contribution amount, LWC will make matching contributions (see below)! Employees must be 18 years of age in order to participate and may start contributing on their date of hire. In order to qualify for the employer match, employees must have completed one year of service and worked 1,000 hours in a twelve-month period.

| Employee Contribution | LWC Contribution |
|-----------------------|------------------|
| 0-3% of wages         | 3% match         |
| 4% of wages           | 4% match         |
| 5% or more of wages   | 5% match         |

Employees are 100% vested in both elective contributions and matching contributions. In addition to reaching the retirement age of 65, distributions from the plan are also permitted upon severance of employment, for a hardship, and for disabilities. Please be sure to contact your personal accountant for tax ramifications.

### Need to enroll?

Visit [www.tiaa.org/lindsey](http://www.tiaa.org/lindsey) and select "Ready to Enroll"

## Employer-Paid Group Life and AD&D

Life insurance is a critical component of financial planning and is used to support your loved ones in the event of your death. Basic life insurance is employer-paid. This policy also includes Accidental Death & Dismemberment (AD&D). AD&D insurance provides benefits to you or your beneficiary if you suffer loss of life or limb due to an accident. AD&D is considered "double indemnity" which means that if your death is due to an accident, your beneficiary would receive double the life insurance benefit. Your policy may include benefit reductions based on specific ages, so please refer to the carrier's policy for details.



**Your basic life insurance policy through Lincoln Financial is equal to \$20,000. If you enroll in the medical plan, you will be enrolled in an additional basic life policy through Anthem equal to \$15,000.**

## Voluntary Life and AD&D\*

You may also purchase additional life insurance for you, your spouse and child(ren) that would pay in addition to the basic group life policy we provide. Premiums are based on your age and the amount of insurance you want to purchase. The Guarantee Issue amount below is available upon initial eligibility without Evidence of Insurability (no medical questions required). Your policy may include benefit reductions based on specific ages, so please refer to the carrier's policy for details.



|                                    | Employee  | Spouse                       | Child(ren)  |
|------------------------------------|---|------------------------------|---|
| Voluntary Life and AD&D Increments | 1 to 5 times salary                               | \$5,000                      | \$1,000   |
| Minimum Amount                     | \$10,000  | \$5,000                      | \$2,000   |
| Guarantee Issue Amount             | \$150,000   | \$50,000                     | All amounts are GI  |
| Maximum Amount                     | \$500,000<br>Employees age 70 and older: \$50,000 | \$50% of employee's election | Age 14 days to 6 months: \$250<br>Age 6 months or older: \$10,000 |

\*Voluntary life election of employee is often required to enroll spouse/child(ren) in additional coverage. Contact Human Resources with questions.

## Additional Benefits Available through Colonial Life

Please log into Banner Self-Service to learn more about these additional benefits and to enroll.

- Accident
- Cancer
- Critical Illness
- Hospital Confinement



# Lincoln offers these additional benefits at no cost to you:



## Lincoln TravelConnect

Emergencies can happen while traveling on vacation or company business, but help is available with **Lincoln TravelConnect**. TravelConnect can assist with:

- Emergency travel arrangements
- Assistance with lost or stolen documents; ID recovery assistance
- Language translation services
- Evacuation coordination for an emergency security or political event or natural disaster.

For more information go to [mysearchlightportal.com](http://mysearchlightportal.com) and enter your group ID: **LFGTravel123**



## LifeKeys Services

- You can save money on shopping and entertainment through LifeKeys
- Access tools on topics such as legal support, budgeting, estate planning
- Get protection against Identity theft
- Access free on-line Will preparation tools

To access LifeKeys services visit [GuidanceResources.com](http://GuidanceResources.com)

Registration ID: **Lifekeys**  
or call **855-891-3684**



## EmployeeConnect Assistance Program

Just when you think you have life figured out, along comes a challenge. But whether those challenges are big or small, **Lincoln's EmployeeConnect Assistance Program** is available to help you and your family find solutions to many of life's challenges and restore your peace of mind.

- Up to 5 face to face visits per person, per issue, per year with 24/7 access.
- In-person consultations with network lawyers (1 free 30-minute consultation/issue and 25% off subsequent meetings).
- Information/referrals on family matters such as child and elder care, pet care, moving, college planning and more.

Contact: [GuidanceResources.com](http://GuidanceResources.com)

User Name: **LFGSupport**

Password: **LFGSupport1**

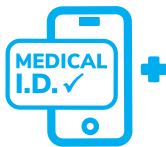
or call **888-628-4824**

### Download the ComPsych® GuidanceNow<sup>SM</sup> Mobile App

Prefer to access ComPsych® GuidanceResources® on our mobile app? **Scan the QR code** with your device to begin. Access secure and convenient tools anytime, anywhere across any of your devices.



## The Aspirant Mobile App



### Your ID Card

Quickly access your ID Card any time to share with a provider.

**\*Adult dependents are only viewable with HIPAA Consent.**



### Your Plan Details

You can view all the details relating to your plan such as copays, effective dates, as well as search for a pharmacy or provider.



### Your Activity

All claims for you and your dependents are available for your review. You can view all the details for the claim as well as view the Explanation of Benefits.\*

Download the Aspirant Wellness Mobile App at



ASPIRANT

# TicketsatWork Discounts

## What is TicketsatWork?

Having fun, getting away, and saving money are important for your well-being.

This cost-free benefit provides you access to thousands of exclusive travel and entertainment discounts, so you can make the most of your time away from work.

## How Do I Become a Member?

- Visit [ticketsatwork.com](https://ticketsatwork.com) and click *Become a Member*.
- Use your company code or work email to create an account.

Not by a computer? Use your phone camera or QR scanning app to access the site:

**Company Code** LINDSEYWILSONFUN



**There's something for everyone!**

**Movie Buffs - Travel Bugs - Thrill Seekers - Entertainment Enthusiasts - Sports Fanatics**

**Anthem**  **LiveHealth**  
ONLINE

**See a doctor 24/7 on your smartphone, tablet, or computer.**

LiveHealth Online is a convenient way to interact with a Board-Certified Doctor via live, two-way video on your computer or mobile device 24 hours a day/7 days a week! Doctors can ePrescribe to your local pharmacy, as needed.

There is a \$10 copay for a visit with the LiveHealth Online Primary Care doctor if you are covered under either of the Medical Plans. Note: Costs could vary for Specialist visits.

Behavioral Health Services are offered, by appointment, for the same cost as an in-office Behavioral Health visit. Behavioral Health professionals can help with depression, stress, anxiety, trauma, and other non-emergency behavioral health concerns.

**Visit [Livehealthonline.com](https://livehealthonline.com) or download the app.**



**GoodRx**



**SingleCare**

**Find the lowest local prices on your prescriptions.**

### Discount Rx Programs

- GoodRx.com and **SingleCare.com** are both free to use websites and mobile apps that track prescription drug prices and offer drug coupons.
- There are no membership fees to use these coupons.

**If you find that GoodRx or SingleCare offers better pricing on your prescription drug prices, you are free to use their coupons; however, this will be a cash price and will not go through your insurance plan or accumulate toward your Medical Max out-of-pocket.**

## Contact Information At-A-Glance

|   |   |  |
|---|---|--|
|  <p><b>General Information</b></p>   |    | <p>Karen Wright<br/>         Director of Human Resources<br/>         Phone: 270-384-7313<br/>         email: wrightk@lindsey.edu</p>    |
|  <p><b>Medical / Pharmacy Benefits</b></p>   |    | <p>Customer Service: 1-855-982-2583<br/>         www.aspirant.us</p>   |
|  <p><b>Pharmacy Benefit Manager</b></p>  |    | <p>Customer Service: 1-855-402-2583<br/>         www.caremark.com</p>  |
|  <p><b>Lindsey Wilson College Wellness Program</b></p>   |    | <p>Integrated Corporate Wellness Solutions<br/>         email: support@icws-wellness.com</p>   |
|  <p><b>Flexible Spending Account Administrator</b></p>   |    | <p>Customer Service: 1-888-868-3539<br/>         www.myameriflex.com</p>   |
|  <p><b>Dental Benefits</b></p>   |    | <p>Customer Service: 1-800-727-1444<br/>         www.InsuringSmiles.com/FindADentist</p>   |
|  <p><b>Vision Benefits</b></p>   |    | <p>Customer Service: 1-800-828-9341<br/>         www.avesis.com</p>  |
|  <p><b>Disability Benefits</b></p> <hr/>  <p><b>Employer-Paid Group Life and AD&amp;D Benefits</b></p> <hr/>  <p><b>Voluntary Life and AD&amp;D Benefits</b></p> |  | <p>Customer Service: 1-800-423-2765<br/>         www.lfg.com</p>   |
|  <p><b>Cancer / Hospitalization / Accident / Life / Critical Illness Information</b></p>   |  | <p>Customer Service: 1-800-325-4368<br/>         www.coloniallife.com</p>  |
|  <p><b>403b Administrator</b></p>  |  | <p>Customer Service: 1-800-842-2252<br/>         www.tiaa.com/lindsey</p>  |
|  <p><b>Additional Assistance</b></p> <p><b>Medical Claims, Billing, &amp; Enrollment Resolution</b></p> <p><b>Benefit Planning Firm</b></p>  |  | <p>Rose Taylor<br/>         Client Service Concierge<br/>         Phone: 859-255-9455 ext. 1102<br/>         email: rose@bimgroup.us</p> |

The benefits overview is intended for summary purposes only. It is not to be relied upon for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.



1151 Red Mile Rd | Lexington, KY 40504 | 859-255-9455 | bimgroup.us