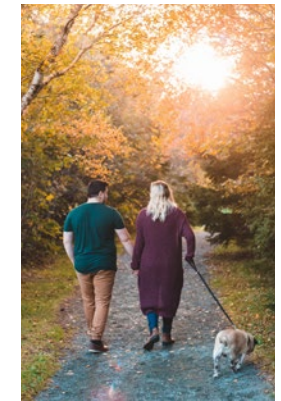
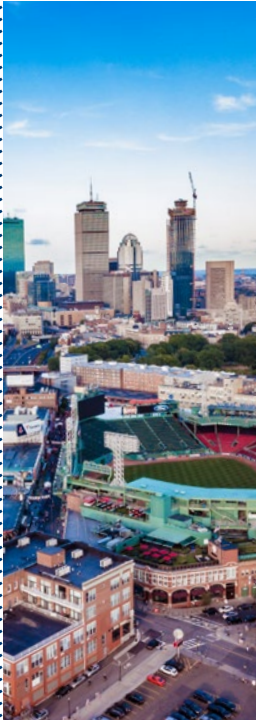
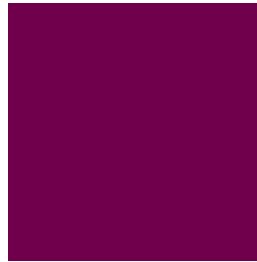
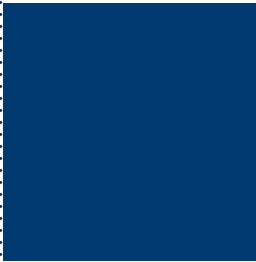


Benefits at Work

FY23
INFORMATION GUIDE



Simmons
UNIVERSITY

CLICK THE LINKS TO ACCESS
SECTIONS OF THIS GUIDE.

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices

Welcome

At Simmons University, we've made it our priority to offer faculty and staff – and their families – a range of benefits to support your best health and well-being every step of the way.

Because you're essential to our success – the reason we thrive as an academic institution.

FY23 open enrollment begins April 25 and continues through May 6, 2022. To help you make the most of the health and financial benefits plans available at Simmons, we've created this guide, which serves as a valuable resource during open enrollment, but also throughout the plan year (July 1, 2022 to June 30, 2023).

The [Benefits Website](#) offers additional resources to help you determine which health and wellness and financial plans best meet the needs of you and/or your family. If you have any questions regarding your benefits, the information presented in this guide, or on the Benefits Website, please contact benefits@simmons.edu.

YOUR BENEFITS OVERVIEW

>> Eligibility

How to Enroll

Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans

Prescription Drugs

Health Reimbursement
Arrangement (HRA)

Health Savings Account (HSA)

Flexible Spending Accounts
(FSAs)

Wellness Resources

Dental Plan

Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans

Life and Accidental Death
& Dismemberment (AD&D)

Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)

Care.com

Additional Benefits

HELPFUL INFORMATION

Important Contact
Information

Required Notices



Your Benefits Overview ELIGIBILITY

Employees

You're eligible for benefits if you are a faculty or staff member and are scheduled to regularly work:

- At least 35 hours a week or the full-time equivalent of the faculty workload, OR
- At least 20 hours a week or at least the half-time equivalent of the faculty workload, OR
- At least an average of 30 hours a week over a 12-month look-back period and qualify under the Affordable Care Act (ACA)

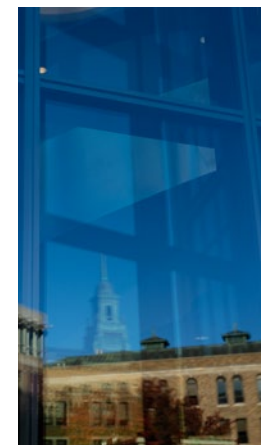
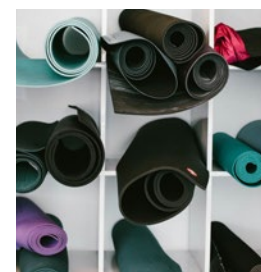
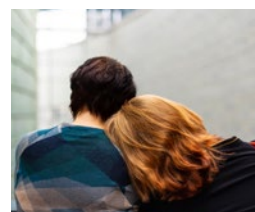
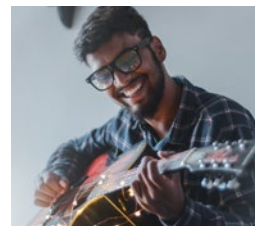
NOTE: For medical and dental plans, full time is defined as scheduled to work at least 30 hours per week.

Dependents

Eligible dependents include:

- Your legally married spouse or domestic partner
- Children, up to the end of the month in which they turn 26, for medical, dental, vision, and life insurance plans
- Child with a disability of any age

NOTE: Definition of Dependents: Any individual who qualifies as a dependent under Code Section 152 (as modified by Code Section 105(b)). A child of a Plan Participant who is determined to be an alternate recipient under a Qualified Medical Child Support Order under ERISA Section 609 shall generally be considered a Dependent under the plans.



Because your success is our success, we've designed our benefits plans to help you be healthy and happy at work or at play, on campus or off.

YOUR BENEFITS OVERVIEW

Eligibility

>> **How to Enroll**

>> **Qualifying Life Event**

MANAGING YOUR HEALTH

Medical Plans

Prescription Drugs

Health Reimbursement

Arrangement (HRA)

Health Savings Account (HSA)

Flexible Spending Accounts
(FSAs)

Wellness Resources

Dental Plan

Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans

Life and Accidental Death
& Dismemberment (AD&D)

Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)

Care.com

Additional Benefits

HELPFUL INFORMATION

Important Contact
Information

Required Notices



Your Benefits Overview HOW TO ENROLL

Open Enrollment

Open enrollment for Simmons benefits runs from **April 25 through May 6, 2022**.

To enroll or change your elections, go to workday.simmons.edu and look for the Open Enrollment notification in your Workday Inbox.

ACTION REQUIRED

Your Health Savings Account (HSA), Flexible Spending Account (FSA), and Dependent Care FSA plan elections will not carry over – these elections need to be renewed in **Workday** each benefit year.

New Hires

As a newly hired faculty or staff member, you're eligible for Simmons benefits. Here's what you need to know:

- You must complete your enrollment through Workday within 30 days of your hire date.
- If you do not enroll within 30 days of your hire date, you will not be able to participate in our medical, dental, vision, health savings account (HSA), flexible spending accounts (FSAs), or voluntary life plans. You will not have the opportunity to enroll until the next plan year.

NOTE: You are automatically enrolled in some benefits, including Basic Life Insurance, Long-Term Disability (LTD), the Employee Assistance Program (EAP), and Care.com.

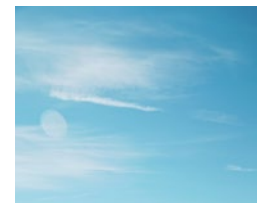
Qualifying Life Event

You can make changes to your Simmons benefits outside the open enrollment period **ONLY** if you experience a qualifying life event. These include:

- Marriage, divorce, birth, adoption, or death
- An employment status change for you, your spouse, or your eligible dependents that impacts benefits eligibility
- A loss or gain of insurance coverage for either you, your spouse, or your eligible dependents
- An eligible dependent who becomes ineligible, most likely because the eligible dependent has reached the age of 26 and is no longer covered by our medical, dental, or vision plans.

If any of these events happen to you, you must update your benefits and provide supporting documentation in Workday within 30 days* of the event.

*If you're eligible through CHIP, you have 60 days to enroll; see page 27 for more information.



All changes must be made within 30 days* of the event and must be consistent with, and as a result of, your Qualifying Life Event.



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

>> Medical Plans

Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health MEDICAL PLANS

ENROLLMENT

During FY23 open enrollment, your current medical benefit election will roll over into the new plan year, unless you choose to change it.

Your Choice

Simmons offers a choice of two medical plans through Blue Cross Blue Shield of Massachusetts (BCBSMA):

- HMO Plan
NOTE: The HMO plan has a Simmons-sponsored Health Reimbursement Arrangement (HRA), see page 7 for information
- PPO Plan with Health Savings Account (HSA)
NOTE: The PPO Plan is considered a High-Deductible Health Plan (HDHP) and has a Simmons-sponsored Health Reimbursement Arrangement (HRA), see pages 7 and 8 for information

We share these costs with you, with Simmons paying an average of 76% of the total premium for full-time employees, depending on the plan. Your share varies, based on the tier of coverage you select (individual coverage, employee+1 dependent, or family coverage) and whether you are a full-time or part-time employee.

Telehealth

You have quick access to medical and behavioral health services on your smartphone, computer, or tablet through Telehealth, a medical benefit offered by Simmons through BCBSMA. Telehealth services allow you to speak with a doctor or therapist anytime you need care, 24 hours a day, 7 days a week. Visit bluecrossma.org/telehealth to learn more about Telehealth.

FY23 Monthly Medical Plan Contributions

HMO Plan			
	Full-Time Base Salary up to and including \$75,000	Full-Time Base Salary over \$75,000	Part-Time Scheduled 20-29 hours/week
Individual	\$215.81	\$240.35	\$573.80
Employee+1	\$446.84	\$497.62	\$1,164.49
Family	\$685.45	\$763.34	\$1,794.11
PPO/HDHP Plan with HSA			
Individual	\$139.65	\$155.08	\$489.15
Employee+1	\$294.48	\$325.32	\$994.46
Family	\$451.73	\$499.03	\$1,525.47

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

>> Medical Plans

Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health MEDICAL PLANS COSTS & SUMMARY

	HMO Plan (In-Network Only)	PPO Plan with HSA In-Network	PPO Plan with HSA Out-of-Network
Plan Year Deductible Individual Employee+1 / Family	\$1,000 (medical) \$2,000 (medical)	\$2,000 (medical and Rx) \$4,000 (medical and Rx)	\$3,000 (medical and Rx) \$6,000 (medical and Rx)
Simmons HRA Contribution (pg. 7) Individual Employee+1 / Family	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000
Simmons HSA Contribution (pg. 8) Individual Employee+1 / Family	N/A N/A	\$500 \$1,000	\$500 \$1,000
Coinsurance	10%	10%	30% (for most service)
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Plan Year Out-of-Pocket Maximum (Includes Rx) Individual Employee+1 / Family	\$3,000 (includes Rx copays) \$6,000 (includes Rx copays)	\$3,000 (includes Rx copays) \$6,000 (includes Rx copays)	\$4,000 (includes Rx copays) \$8,000 (includes Rx copays)
Office Visits (Diagnostic) Primary Care Specialist	\$20 copay/visit \$35 copay/visit	10% after deductible 10% after deductible	30% after deductible 30% after deductible
Preventive Care Annual Physical Exams/Screenings Well Child	No cost No cost	No cost No cost	20% after deductible 20% after deductible
Emergency Room Visits	\$150 (copay waived if admitted)	\$150 after deductible (copay waived if admitted)	\$150 after deductible (copay waived if admitted)
Inpatient Hospitalization	10% after deductible	10% after deductible	30% after deductible
Day Surgery	10% after deductible	10% after deductible	30% after deductible
Mental Health Inpatient Outpatient	10% after deductible \$20 copay/visit	10% after deductible 10% after deductible	30% after deductible 30% after deductible
Substance Abuse Inpatient Outpatient	10% after deductible \$20 copay/visit	10% after deductible 10% after deductible	30% after deductible 30% after deductible
Diagnostic X-Rays, Lab Tests, Allergy Injections (Inpatient)	10% after deductible	10% after deductible	30% after deductible
Chiropractic Care	\$35 copay/visit	10% after deductible	30% after deductible
Durable Medical Equipment	10% after deductible	10% after deductible	30% after deductible
Pharmacy Copays Retail (up to 30-day supply) Mail Order (31 to 90-day supply)	Generic/Preferred/Non-Preferred \$15 / \$30 / \$50 \$30 / \$60 / \$150	Generic/Preferred/Non-Preferred \$10 / \$25 / \$45 (after deductible) \$20 / \$50 / \$135 (after deductible)	Generic/Preferred/Non-Preferred \$20 / \$50 / \$90 (after deductible) No Out-of-Network Mail Order benefit
WellConnect Telehealth Visits	\$10 copay/visit	10% after deductible	30% after deductible
Accupuncture	\$35 copay/visit (up to 12 visits)	10% after deductible (up to 12 visits)	30% after deductible (up to 12 visits)

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

>> Medical Plans

>> Prescription Drugs

Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health COMPARE PLANS | PRESCRIPTIONS

	HMO Plan (New England area only)	PPO Plan with HSA (National Network)
Providers	You must use in-network providers to receive coverage, with the exception of emergency and urgent care. For a provider in the BCBSMA network, visit bluecrossma.org , go to "Find Care," then "Find a Doctor," and on the next screen, enter the type of doctor or specialist you are looking for, enter your zip code, enter "HMO Blue New England" as your network, and click search. You will need the PCP ID number for Workday.	You may see any provider you want. If you go out-of-network for anything other than emergency or urgent care, you will pay higher costs through co-insurance and balance billing. For an in-network provider, visit bluecrossma.org , go to "Find Care," then "Find a Doctor," and on the next screen, enter the type of doctor or specialist you are looking for, enter your zip code, enter "PPO or EPO" as your network, and click search.
PCP/Referral	You must select and designate a PCP for yourself and covered members of your family. You will need a referral from your PCP for most specialist visits.	You do not need to designate a primary care physician (PCP) nor do you need a referral to see a specialist. Still, we encourage you to choose a primary care physician for preventive care and health management.
HSA Eligibility	Not eligible for an HSA if enrolled in the Simmons HMO plan.	Eligible for an HSA if other eligibility criteria are met (see page 8). Simmons will contribute funds to your HSA if enroll in the HSA in Workday. IRS maximum contributions for 2021 are \$3,650 for individuals, \$7,300 for families, and \$1,000 additional catch-up contribution for employees 55 or older. <i>Exclusions apply. Visit the Benefits Website for more information.</i>
FSA Eligibility	Eligible for a Health Care FSA. (Maximum for FY23 is \$2,850.) See pages 9 and 10 for details.	Eligible for a Limited Purpose FSA only. See pages 9 and 10 for details. (Maximum for FY23 is \$2,850.)
HRA Eligibility	A health reimbursement arrangement (HRA) is an account funded by Simmons University that helps offset your plan deductible. HRAs require no payroll deductions and you do not pay taxes on HRA funds. See page 7 for details. You are automatically enrolled when eligible.	A health reimbursement arrangement (HRA) is an account funded by Simmons University that helps offset the increase in your plan deductible effective July 1, 2021. HRAs require no payroll deductions and you do not pay taxes on HRA funds. See page 7 for details. You are automatically enrolled when eligible.

Prescription Drugs

Both medical plans include a prescription drug program, which features:

- A mail-order pharmacy program to help you save money on prescriptions for maintenance medications. The biggest advantage of the mail-order pharmacy is that for most long-term maintenance medications, you can order up to a 90-day supply, and your medications will be delivered to your home address.
- The dollar amount you pay is determined by the type of drug prescribed: generic, preferred brand name, or non-preferred brand name.

Generic

- Lowest cost
- Just as effective as name brand drugs (*chemical and therapeutic equivalent*)

Preferred Brand Name

- Slightly higher cost
- Name-brand drugs with no generic equivalent

Non-Preferred Brand Name

- Highest cost
- Less expensive equivalents available

MEDICATIONS AND YOUR DEDUCTIBLE

There are several free and reduced-cost prescription options for certain types of medications, to which your deductible may not apply. See lists below:

[PPO Preventive Medication List \(No Deductible\)](#) [HMO & PPO \\$9 Generic Medication List](#)
[HMO & PPO Affordable Care Act Free Medication List](#) [HMO & PPO Value-Based Benefit Medication List \(No Deductible\)](#)

MAIL ORDER PHARMACY

You have the option to get your maintenance prescriptions filled through Express Scripts (90-day supply) or at a retail pharmacy.

To enroll in home delivery, visit [Express Scripts](#), and select "Register Here." You can also download the Express Scripts mobile app, or call 1-800-892-5119 (TTY: 800-305-5376).

SELECT HOME DELIVERY

You have the option to get your maintenance prescriptions filled through mail order or a retail pharmacy. **If you prefer to use a retail pharmacy, you must notify Express Scripts before your third fill by calling them at 1-800-892-5119.** If you do not contact them, you could be responsible for the full cost of the medication.

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
>> **Health Reimbursement
Arrangement (HRA)**
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING
YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health HEALTH REIMBURSEMENT ARRANGMENT

What is a Health Reimbursement Arrangement (HRA)?

A health reimbursement arrangement (HRA) is an account funded by Simmons University that helps offset your plan deductible. HRAs require no payroll deductions and you do not pay taxes on HRA funds.

How it Works

- Visit your provider as you normally would and present your BCBSMA ID card.
- Your provider will bill BCBS who will process the claim in accordance to their contracts.
- BCBSMA will send these claims to Health Equity and they will **automatically** appear in your Health Equity account for reference.
- You are responsible for paying your deductible responsibility expenses until you have met the amounts outlined below.
- Once you have reached the Simmons deductible, Simmons, via Healthy Equity, will **automatically** pay your provider for deductible expenses above your responsibility as outlined below.

FY23 HRA Plan Schedule

HMO Plan			
	Deductible	EE Deductible Responsibility First	Simmons Deductible Responsibility through the HRA
Individual	\$1,000	\$500	\$501 to \$1,000
Employee+1	\$2,000	\$1,000	\$1,001 to \$2,000
Family	\$2,000	\$1,000	\$1,001 to \$2,000
PPO/HDHP Plan with HSA*			
	Deductible In-Network/ Out-of-Network	EE Deductible Responsibility First In-Network/Out-of-Network (same as FY22)	Simmons Deductible Responsibility through the HRA (new for FY23)
Individual	\$2,000 / \$3,000	\$1,500 / \$2,500	\$1,501 to \$2,000 / \$2,501 to \$3,000
Employee+1	\$4,000 / \$6,000	\$3,000 / \$5,000	\$3,001 to \$4,000 / \$5,001 to \$6,000
Family	\$4,000 / \$6,000	\$3,000 / \$5,000	\$3,001 to \$4,000 / \$5,001 to \$6,000

* Employee also eligible for a Simmons Health Savings Account contribution, if employee elects the HSA. See page 8 for HSA details.

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
>> **Health Savings Account (HSA)**
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health HEALTH SAVINGS ACCOUNT

What is a Health Savings Account (HSA)?

An HSA is an individually held account that allows you to set aside pretax dollars if you are enrolled in a qualified high-deductible health plan like our PPO Plan. You can use your HSA for eligible health care expenses now or in the future. In addition to contributing pretax dollars and earning interest on that money, you can roll over your year-end balance — and your HSA stays with you if you change jobs.

ConnectYourCare is changing its name to Optum Financial over the next year, but this will have no impact on the services they offer.

You cannot participate in the HSA if:

- You are enrolled in any part of Medicare.
- You are not enrolled in a high-deductible health plan like the Simmons PPO.
- You are enrolled in a military health plan, such as TriCare.
- You are enrolled in a Health Care FSA, including your spouse's FSA.

NOTE: Employees age 65 or older should consult with their tax advisor to understand tax implications before re-enrolling in the HSA.

Eligible Expenses

- A list of eligible expenses can be found at optum.com/financial/resources/library/com-mon-hsa-eligible-expenses.html
- Masks, sanitizers and wipes, and personal protective equipment (PPE) are newly eligible expenses.

Enrollment

ACTION REQUIRED

You must re-enroll in the HSA in **Workday** during open enrollment each benefit year.

- If you elect the PPO Plan with HSA, you cannot also elect the traditional Health Care FSA.
- Although you cannot elect a traditional Health Care FSA, you may enroll in Simmons' HSA-compatible Limited Purpose FSA and enjoy pretax savings for out-of-pocket dental and vision care expenses. The "use it or lose it" rule applies to the Limited Purpose FSA, so be sure to plan accordingly.
- If you want to enroll in the PPO Plan with HSA during open enrollment and are currently enrolled in the traditional Health Care FSA, you must have a \$0 FSA balance on **June 30**.
- Because of HSA tax implications, we strongly suggest you speak with a tax advisor. If you have an HSA, you will have an additional schedule when filing your tax return.
- You cannot use your HSA to pay for the health care expenses of a dependent who is not claimed as such on your tax returns.
- You can invest your HSA contributions in the market through our provider, Optum Financial. Please see additional details at optumfinancial.com.

NOTE: If you are not enrolled in the PPO Plan and have a balance remaining in the HSA, OptumFinancial will charge a \$3 monthly fee.

HSA PERKS

If you are enrolled in the Simmons PPO and HSA, Simmons contributes \$500 to your account if you enroll in Single and \$1,000 to your account if you enroll in Family or Employee+1.

HSA CONTRIBUTIONS

To enroll in the HSA, you must enroll in our PPO plan. IRS maximum contributions for 2022 are \$3,650 for individuals and \$7,300 for families, plus a \$1,000 catch-up contribution for people over age 55. This includes Simmons' contributions.

Money put into your HSA can be used for qualified out-of-pocket medical, dental, and/or vision expenses tax free. It is not considered income when it is used for these services.

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
**>> Flexible Spending Accounts
(FSAs)**
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health FLEXIBLE SPENDING ACCOUNTS

What is a Flexible Spending Account (FSA)?

FSAs are set up by Simmons for you to set aside pretax dollars to pay for eligible out-of-pocket health care and dependent care expenses, reducing your taxable income and saving you money.

In addition to using your FSA for eligible health care expenses throughout the year, you can plan ahead and make contributions to cover any eligible out-of-pocket medical, dental, and/or vision expenses.

Any balance in your FSA at the end of the year will be forfeited under IRS rules. These do not carry over. You must re-enroll in an FSA plan each benefit year to continue to participate.

ConnectYourCare is changing its name to Optum Financial over the next year, but this will have no impact on the services they offer.

NOTE: If you have incurred health expenses and are terminated, retire, leave employment, or change to a non-benefits-eligible position, these expenses will be paid by your FSA. You may submit expenses incurred up to your termination date, retirement date, or last day of employment in a benefits-eligible position. Unused funds will be forfeited.

Simmons Offers

- Traditional Health Care FSA
- Limited Purpose Health Care FSA for PPO Plan participants
- Dependent Care FSA

Enrollment

ACTION REQUIRED

You must re-enroll in the Health Care FSA, Limited Purpose FSA, **AND** Dependent Care FSA During Open Enrollment in **Workday** each benefit year.

You can be enrolled in the Health Care FSA and Dependent Care FSA at the same time.

Important IRS Notice

Under IRS rules, you can only enroll in a Limited Purpose FSA to be used alongside an HSA. Funds in the Limited Purpose FSA can only be used for dental- and vision-related expenses. (See the last row of the chart on page 10 for details.)

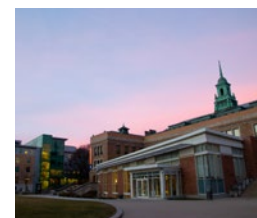
For more information on any FSA, please visit the [Benefits Website](#).



FSA PLANNING AND ASSISTANCE

For access to planning calculators, FAQs, and information on eligible expenses, visit optumfinancial.com, the website for our FSA Plans administrator.

You can also manage your FSA account(s) online — submit claims, view the status of submitted claims, see how much you've contributed to your accounts, and what has been paid year-to-date.



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
**>> Flexible Spending Accounts
(FSAs)**

Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health FLEXIBLE SPENDING ACCOUNTS

FAQs	Limited Purpose/Health Care FSA	Dependent Care FSA
How much can I contribute?	You must contribute a minimum of \$100, and may contribute up to a maximum of \$2,850/year, per IRS rules. REMEMBER: The Simmons plan year runs July 1 to June 30 and FSA funds do not roll over so please plan accordingly.	You can contribute up to \$5,000/year, per IRS rules. REMEMBER: The Simmons plan year runs July 1 to June 30 and FSA funds do not roll over so please plan accordingly.
How are my funds contributed?	Once you enroll and the new plan year begins, funds are taken in even installments from your paycheck on a pretax basis from July 1 - June 30 .	Once you enroll and the new plan year begins, funds are taken in even installments from your paycheck on a pretax basis from July 1 - June 30 .
When are my FSA funds available?	Your entire election is available to you at the start of the plan year. Simmons front-loads the plan, so if you use more funds than you've contributed, you will be able to reimburse the plan through payroll deduction.	You can only be reimbursed up to what you have already contributed.
What are examples of eligible expenses for reimbursement?	Traditional out-of-pocket health care (medical, dental, and vision) costs for medically necessary services and treatments. Masks, sanitizers and wipes, and personal protective equipment (PPE) are newly eligible expenses. Limited Purpose only: dental and vision expenses. For a complete listing, visit optumfinancial.com or see IRS Publication 502 irs.gov/forms-pubs/about-publication-502 .	Day and after-school care or day camp for a dependent child under age 14 (or a child with a disability of any age), or day care for a tax-dependent elder. Both parents must be working or in school full-time to be eligible for this benefit. For a complete listing, visit optumfinancial.com or see IRS Publication 503 irs.gov/forms-pubs/about-publication-503 .
When must I incur an expense for it to be eligible for reimbursement?	For our FSA plans, eligible expenses must be incurred during the plan year (July 1 - June 30). Simmons also offers an additional 2 1/2 month grace period for those who are actively employed and incur expenses up to September 15 . Expenses not incurred on or before September 15 will be forfeited. If you terminate your employment, your grace period will be forfeited and you are eligible to submit expenses up to your termination date.	For our FSA plans, eligible expenses must be incurred during the plan year (July 1 - June 30). Simmons also offers an additional 2 1/2 month grace period for those who are actively employed and incur expenses up to September 15 . Expenses not incurred on or before September 15 will be forfeited. If you terminate your employment, your grace period will be forfeited and you are eligible to submit expenses up to your termination date.
When is the last day I can submit eligible expenses for reimbursement?	You have until October 15 to file eligible claims.	You have until October 15 to file eligible claims.
If I'm enrolled in an HSA, can I use the Health Care FSA?	You can only enroll in a Limited Purpose FSA if you are enrolled in an HSA. The Limited Purpose FSA only applies to eligible dental and vision expenses.	You may enroll in a Dependent Care FSA while enrolled in an HSA, since the Dependent Care FSA is not used for medical, dental, or vision expenses.

NOTE: You need to re-enroll in the HSA and all FSA plans annually during open enrollment.

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)

>> Wellness Resources

Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health WELLNESS RESOURCES

Care Concierge Program

When you enroll in our medical plan, you have access to Care Concierge through BCBSMA. Care Concierge helps you and your family get the most out of your health plan and manage your health, including:

Taking control of your health

- Coaching on healthy lifestyle changes
- Proper use of medications
- Understanding a diagnosis
- Guidance on complex medical issues

Choosing the right care

- Through education on quality care centers
- Based on your doctor's recommendation
- With decision-making support regarding a surgery or procedure

Getting more from your health plan

- Specialty care programs
- Wellness coaching services
- Prevention and wellness programs
- Online tools and resources

Health Advocacy

Care Concierge nurses can be reached toll-free at **888-456-1351** to discuss questions and help with:

- Diagnosis received
- Prescribed medications
- Treatment recommendations
- A planned surgery or procedure
- Seeking a second opinion
- Identifying a doctor, specialist, or facility
- Disease and case management
- Health coaching, prevention, and wellness
- Online wellness tools and resources
- Wellness coaching and care management

Wellness Coaching and Care Management

Care Concierge is focused on ensuring you receive the best possible care, particularly if you or a family member has been diagnosed or is dealing with a chronic or acute condition.

Care Concierge nurses and wellness coaches are accredited and offer personalized care management services. They will reach out to you directly to help you manage your condition and/or achieve your goals.

You can also call Care Concierge to initiate a discussion and form an ongoing relationship with a nurse or wellness coach.



WELLNESS AND CARE MANAGEMENT SERVICES

If you want to participate in one of these wellness or care management programs, please call **888-456-1351**.

Health Advocacy
Maternity and Postpartum
Hips and Knees
Hypertension
Low Back Pain
Shared Decision Making Consultation

LIFESTYLE TELEPHONIC COACHING OPTIONS

Stress Management
Healthy Eating
Increased Physical Activity
Tobacco Cessation
Weight Management

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)

>> Wellness Resources

Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health WELLNESS RESOURCES

Resource	Description
AHealthyMeRewards.com	Blue Cross has teamed up with Virgin Pulse to enhance the wellness experience! Employees covered by the Simmons Medical Plan can participate in the new wellness platform. Register at ahealthymerewards.com and start earning points for working out, going for your physical, tracking calories, or participating in a walking challenge. You can earn up to \$100 per quarter—for a total of \$400 per year.
Living Healthy Babies	Prenatal and child development program that provides resources to keep you and your baby healthy from preconception through the first year of life. Enroll by calling 888-247-BLUE (2583) , or by logging onto livinghealthybabies.com .
Fitness Benefit	\$150 reimbursement per calendar year per family toward membership or exercise classes at a qualified health club. Visit myblue.bluecrossma.com/health-plan/fitness-reimbursement-weight-loss to download a fitness benefit claim form.
Weight Management	\$150 reimbursement per calendar year per family for participation in a weight loss program recommended by BCBSMA. Visit myblue.bluecrossma.com/health-plan/fitness-reimbursement-weight-loss to receive a weight management benefit claim form.
24-Hour Nurse Care LineSM	A registered nurse available 24/7. Explain the situation, detail your symptoms, and a qualified professional will tell you whether you should see your doctor, go to the emergency room, or how to care for yourself at home. Call 888-247-BLUE (2583) .
Living Healthy NaturallySM	Discounts on acupuncture, massage therapy, weight management, and nutrition counseling through Living Healthy Naturally network practitioners. For more information, call 888-247-BLUE (2583) or visit myblue.bluecrossma.com/tools-resources/find-care/alternative-naturopathic .
Blue365SM Discounts and Savings	Visit myblue.bluecrossma.com/health-plan/blue365-discounts to learn about discounts and savings on a variety of products and services: Health and Wellness: Fitness, weight management, elective procedures, complementary and alternative medicine, stress management, and quality care resources. Family Care: Senior care advisory services, long-term care insurance, and Medicare options. Financial Well-Being: Financial services and assessments, and information about Medicare prescription drug coverage. Travel: Worldwide health coverage, travel tips, and much more.
Immunizations and Screening Guidelines for Adults and Healthy Children	Chronic diseases such as high blood pressure and diabetes can lead to life-threatening illnesses, including heart disease and cancer. Screening is vital, especially for illnesses that have no early warning signs. Keeping your children up-to-date on immunizations will help protect them from many common childhood diseases. To see BCBSMA's screening guidelines, visit myblue.bluecrossma.com and go to "ahealthyme" and then "Screening & Immunization guidelines."
Live to Learn	There's been a lot of uncertainty in the wake of the COVID-19 pandemic. As a result, many of us have experienced a decline in our emotional health. If you haven't felt like yourself lately, let us help you get back on track by offering you access to self-paced, online programs from Learn to Live, an independent company, designed to help you overcome stress, anxiety, worry, and depression. They can even assist with insomnia and substance use. Simmons has partnered with BCBS and Learn to Live to make these programs available to you and your family (above the age of 13) at no additional cost. Get started at learntolive.com/partners and enter code WELLNESS to start your assessment.

BE AN EDUCATED CONSUMER

When you enroll in our medical plan and become a BCBSMA member, you have access to MyBlue, a secure online portal where you can register and have 24/7 access to your claims and benefits information and member resources.

MyBlue also provides tools to help you manage your medical plan and optimal ways to spend your health care dollars, such as:

- Interactive online health plan statements
- Hospital cost and quality comparison tools
- Medication cost and coverage search tools
- Health care cost search tools
- Health and wellness information

To access MyBlue, you must be a BCBSMA member. Visit [bluecrossma.org](#).

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
>> Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health DENTAL PLAN

NOTICE OF CHANGES

The new Enhanced plan calendar-year benefit is \$2,500, up from \$2,000. The age limit for orthodontia benefits has been removed.

Dental Plans

Simmons offers a free “preventive only” dental option* with the Core dental plan. The Enhanced dental plan is full service dental plan.

**free plan offered to full-time benefit eligible participants*

Simmons offers dental coverage through the Blue Cross Blue Shield of Massachusetts (BCBSMA) Dental Blue plan. There are two levels of this plan, Core and Enhanced. The **Core plan** is a preventive and diagnostic-only plan, and the **Enhanced plan** has a calendar-year benefit maximum of \$2,500 which covers a variety of services, including preventive and diagnostic, basic treatment, major treatment, and orthodontia benefits.

FY23 Monthly Dental Plan Contributions

	Core Dental Plan	
	Full-Time 30 hours/week	Part-Time 20-29 hours/week
Individual	\$0.00	\$22.64
Family	\$0.00	\$65.82

Enrollment

During FY23 open enrollment, your current dental benefit election will roll over into the new plan year.

Rollover Maximum

If you are enrolled in the Simmons dental coverage and receive at least one preventive treatment during the year, you are eligible to receive additional funds the following year toward your rollover maximum. Each family member is eligible for their own rollover account. This is another way to make your dollars stretch even further. For more information, see the [dental summary](#) on the [Benefits Website](#).



SAVE MONEY IN-NETWORK

Dental Blue® Freedom Dental Blue Freedom offers the largest selection of network dentists. Members of this plan receive the best rates for in-network care, with further discounts when you see dentists in the Dental Blue PPO network. If you go out-of-network, you're still covered, but will pay higher out-of-pocket costs for service.

If you would like help choosing a dentist, call the Physician Selection Service at **800-821-1388** or access the online dental provider directory at [bluecrossma.org](#). Dental plan participants will choose providers from the Dental Blue network.

Dental Blue participating providers will offer covered members the same discount pricing for services after you have exceeded your dental maximum.

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
>> **Dental Plan**
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health DENTAL PLAN

Core Plan Benefits* (Preventive Only)	Core Plan In-Network	Core Plan Out-of-Network**
Calendar Year Deductible***		
Per Person	\$0	\$0
Family Maximum	\$0	\$0
Preventive and Diagnostic Care	100%, no deductible	100%, no deductible
Basic Treatment (fillings, oral surgery)	no coverage	no coverage
Major Treatment (bridges, crowns, dentures)	no coverage	no coverage
Orthodontics Lifetime Maximum Benefit/Person	no coverage	no coverage
Calendar Year Benefit Maximum/Person (does not include orthodontics)	\$500	\$500
Rollover Maximum	See page 13 for details	See page 13 for details

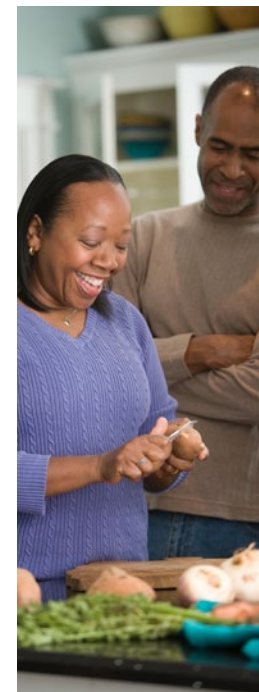
NOTE: Blue Cross Blue Shield has pre-negotiated reduced rates with participating dentists which can be found at bluecrossma.org under the "Find a Doctor" tool, using the Dental Blue Network or Dental Blue PPO Network.

Enhanced Plan Benefits*	Enhanced Plan In-Network	Enhanced Plan Out-of-Network**
Calendar Year Deductible***		
Per Person	\$50	\$50
Family Maximum	\$150	\$150
Preventive and Diagnostic Care	100%, no deductible	100%, no deductible
Basic Treatment (fillings, oral surgery)	80% after deductible	80% after deductible
Major Treatment (bridges, crowns, dentures)	50% after deductible	50% after deductible
Orthodontics Lifetime Maximum Benefit/Person	\$1,000	\$1,000
Calendar Year Benefit Maximum/Person (does not include orthodontics)	\$2,500	\$2,500
Rollover Maximum	See page 13 for details	See page 13 for details

* This grid is intended as a summary only. Check your plan documents for more details.

** Non-participating dentists may balance bill. Members are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

*** The calendar year max deductible restarts as of January 1, 2023.



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
>> Vision Plan

PROTECTING & BUILDING
YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Managing Your Health VISION PLAN

Vision Plan

Simmons offers vision coverage through VSP and provides additional benefits for you and your family members, including routine eye exams and eyewear discounts. Simmons does not contribute to this plan but does accept pretax payroll deductions to mitigate your costs for the full plan year, **July 1 through June 30**.

VSP does not provide member ID cards. All you need for your vision appointment is the VSP member's name, date of birth, and last four digits of the member's Social Security number. The Simmons Group number is 30026513.

If you prefer to carry a member ID card with you, you can print an ID card from the VSP website by clicking on "My Benefits" and selecting "My Member Vision Card."

Enrollment

During FY23 open enrollment, your current vision benefit election will roll over into the new plan year.

FY23 Monthly Vision Plan Contributions

	Total Monthly Cost
Individual	\$8.94
Employee+1	\$12.97
Family	\$23.25

NOTE: These rates apply to full-time and part-time benefits-eligible employees.



LEARN MORE

To learn more about VSP and their provided benefits, visit vsp.com or call 800-877-7195.

FY23 Vision Plan At-A-Glance		
Benefits*	Frequency	You Pay
Exam	Every plan year	\$10 copay
Frames	Every other plan year	\$25 copay (allowance of \$150 for frames + 20% discount for any out-of-pocket expenses)
Lenses	Every plan year	Standard lenses included in frames benefit; lens options like progressive lenses subject to copays
Contacts In lieu of glasses	Every plan year	\$60 copay (allowance of \$150)

* This grid is intended as a summary only. Check your plan documents for more details. Amounts indicated are based on in-network coverage.

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

>> **Disability Plans**
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Your Wealth **DISABILITY PLANS**

Short-Term Disability (STD) Plan

To protect your income in the event of a non-work related disability resulting from illness or injury, Simmons provides salary continuation of up to **60% of base salary for up to 26 weeks, reduced by other income**, to full-time or eligible part-time faculty and staff members (working 20 hours or more a week). This coverage starts on your date of hire and comes at no cost to you, giving you a taxable benefit.

Supplemental Short-Term Disability Plan

If you would like to purchase supplemental Short-Term Disability insurance to supplement the University-paid benefit, we offer supplemental Short-Term Disability coverage through Colonial Life. Contact Colonial Insurance at **401-596-1510** to obtain a Supplemental Short-Term Disability individual quote.

Long-Term Disability (LTD) Plan

If you are a full-time or eligible part-time faculty or staff member, you are automatically enrolled in the Long-Term Disability plan. This coverage provides partial income replacement if you still qualify as having a disability after STD benefits run out. The LTD plan replaces up to **60% of your base salary up to a maximum of \$25,000 per month, reduced by other income**. You have the choice of paying taxes on the University-paid premiums for your coverage.

You must select your tax election for your University-paid Long-Term Disability coverage premiums upon hire or during the annual open enrollment.

Enrollment

Electing this benefit is irrevocable until the next open enrollment period.

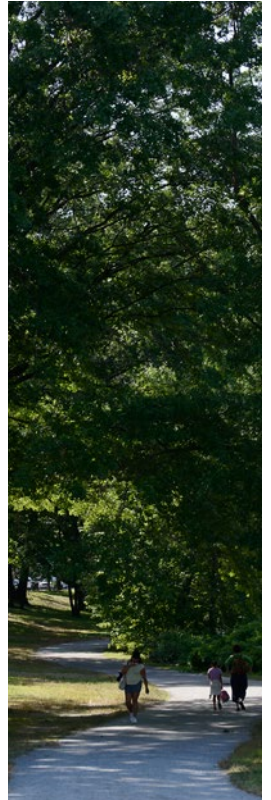
Our plan allows two election options:

- Faculty and staff can elect **to have** their Simmons-paid Long-Term Disability premiums included on their W2 as taxable income.
- Faculty and staff can elect **not to have** their Simmons-paid Long-Term Disability premiums included on their W2 as taxable income.

If you are paying taxes on the University-paid premiums during the same fiscal year in which you qualify as having a disability, LTD benefits you receive under the plan would generally not be taxable. To change your LTD taxation election, you must do so in Workday between **April 26 and May 6, 2022**.



Electing this benefit is irrevocable until the next annual open enrollment period.



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
>> Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Your Wealth LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

NOTICE OF CHANGES

The Basic Life Insurance benefit is now 1.5x base pay, up from 1x base pay.

Group Life and AD&D*

Simmons pays the full cost of your basic life and accidental death and dismemberment (AD&D) coverage if you are a benefits-eligible full-time or benefits-eligible part-time faculty or staff member. The benefit is 1.5x base pay with a minimum of \$75,000 up to a maximum benefit of \$500,000.

NOTE: The combined limit for Basic Group Life and Optional Voluntary Life coverage is \$1,000,000.

ACTION REQUIRED

Make sure you enter or review your listed beneficiaries in Workday and make sure they are up-to-date.

Enrollment

You are automatically enrolled for Basic Life Insurance and AD&D.

Voluntary Life*

For Open Enrollment

During open enrollment, employees may purchase up to the guaranteed issue of 5x base pay or \$200,000 for Voluntary Life Insurance and up to \$50,000 in Spouse Life Coverage without EOI. Any amounts above the guaranteed issues noted above require EOI.

For New Hires

New hires may elect to purchase up to 5x base pay or \$200,000 in Voluntary Life Insurance without EOI, up to \$50,000 in Spouse Life Coverage without EOI, and up to \$10,000 in Child Life Coverage without EOI. Any amounts above the guaranteed issues noted above require EOI.

Additional coverage above guaranteed issue amounts can be purchased with EOI:

- For eligible employees, up to a maximum of 5x salary or \$500,000 (whichever is less).
- For a spouse or domestic partner, up to \$150,000 to a maximum of 50% of the employee's coverage amount.

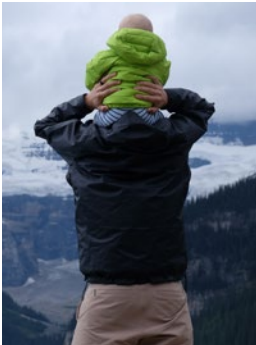
Premium rates can be found on the [Benefits Website](#).

Voluntary Dependent Child Life

Eligible children are covered up to the age of 26. Please review the age requirements for coverage eligibility so that you are not paying premiums for an ineligible dependent.

Voluntary Dependent Child Life Eligibility
Coverage Eligibility
\$10,000

NOTE: For employees with a child with a disability, there is no limit to coverage eligibility (as defined by the IRS)



*This benefit reduces on a sliding scale when you reach age 70. Please refer to the [Benefits Website](#) for premium and other information so that you can plan for your life insurance needs accordingly.

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
>> Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Your Wealth RETIREMENT PLANS

Retirement Planning

Preparing for your future financial security requires careful planning. Simmons' retirement plans for benefits-eligible faculty and staff, which include voluntary contributions, can help you meet your retirement goals. Simmons offers two retirement plan options:

- A Tax Deferred Annuity non-matching pretax 403(b) plan
- A Defined Contribution matched pretax 403(b) plan

Your contributions (up to the 2022 IRS maximum of \$20,500*) lower your taxable income while you save for retirement. If you are age 50 or older, you can also make \$6,500* in annual catch-up contributions. Please note that the IRS limit is a combined limit for all retirement plans.

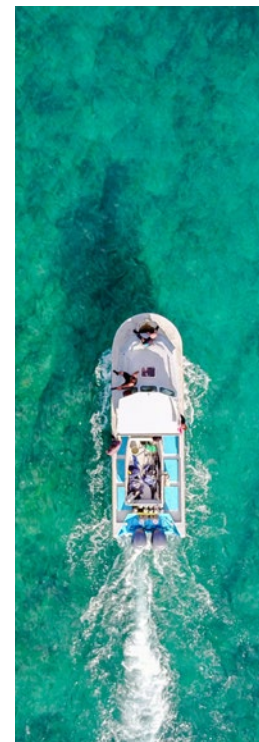
*These are 2022 IRS limits and may change for 2023.
Visit [Benefits Website](#) for details and updates.

Start Early

Thanks to the power of compounding, the earlier you start contributing to your 403(b) retirement plan, the longer your money has to build on itself.

Benefits-eligible employees can enroll in the Tax Deferred Annuity retirement plan at any time, and they can change their contribution to the retirement plan at any time.

Benefits-eligible employees can enroll in the Defined Contribution retirement plan immediately upon date of hire into a benefit-eligible role. If you enroll at 3%, you will be eligible for the Simmons match. The exact amount of the match may fluctuate as determined by the University each benefit year. You can change your contribution to this plan at any time. Your personal contributions are fully vested immediately (meaning you own the money in your retirement plan at all times), and you'll own the Simmons contributions after one full year of employment.



***Because future
financial security
requires saving
and planning.***

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

>> **Employee Assistance
Program (EAP)**
>> **Care.com**
>> **Additional Benefits**

HELPFUL INFORMATION

Important Contact
Information
Required Notices



Balancing Your Life

Employee Assistance Program (EAP)

Simmons offers an Employee Assistance Program (EAP) through AllOne Health, which provides confidential counseling at no cost for a range of issues, including legal and financial advice, budget and debt counseling, emotional concerns, career guidance, and more. Our EAP also offers consumer services such as researching child care and elder care options. This plan is extended to household members of the benefits-eligible employee.

Visit the [Benefits Website](#) for details and the latest resources from AllOne Health.

To register, visit [MyLifeExpert.com](#) and click the Sign Up link. In the Company Access Code field, enter "simmons" and follow instructions in the activation email), or call **800-451-1834**.

Care.com

Simmons is offering a Care.com membership to benefits-eligible faculty (including adjunct faculty) and staff at no cost.

Care.com is a digital platform that allows you to manage all your family care needs from any device, 24/7. If you need help with child care, senior care, pet care, home care, or something in between, Care.com can connect you to the right people.

Care.com is the largest online network of caregivers.

On this platform you'll find:

- Coverage for one-time and/or recurring needs
- Detailed profiles that highlight the provider's experience
- Background check options and safety tools
- Real-time payments via the app
- Household payroll and tax assistance

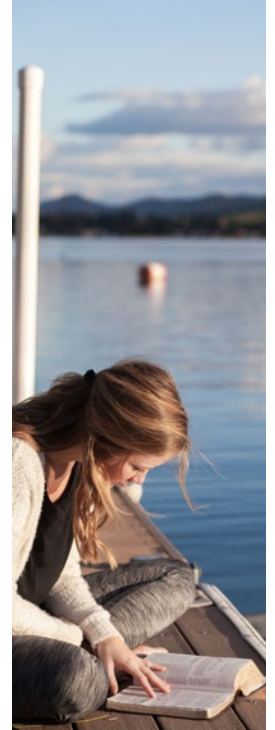
To enroll in this benefit, please register using your Simmons email address at [simmons.care.com](#).

Additional Benefits

Simmons provides many other benefits, including:

- Generous paid time off with holidays, vacation, and winter break for staff *
- Tuition benefits
- Commuter benefits
- Discounts to movies, museums, and more
- Through BenefitHub, enjoy discounts, rewards, and perks from thousands of brands in a variety of categories like travel, shopping, restaurants, entertainment, pet insurance, and more.

To enroll, go to [simmons.benefithub.com](#), enter the referral code 99Y61A, and complete the registration process.



* Under the Massachusetts Earned Sick Time Law, Simmons is required to provide up to 40 hours of paid or unpaid sick time per calendar year to employees.

Visit the [Benefits Website](#) for more information or for more details on policies and guidelines.

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

>> Important Contact
Information
Required Notices



Helpful Information IMPORTANT CONTACT INFORMATION

MEDICAL

Blue Cross Blue Shield of Massachusetts
800-358-2227
bluecrossma.org

BCBSMA Care Concierge
888-456-1351

BCBSMA Nurse Care Line
888-247-2583

BCBSMA Telehealth
bluecrossma.org/telehealth

Prescription Mail Service Pharmacy
800-892-5119
express-scripts.com/starthd

DENTAL

BCBSMA
800-358-2227
bluecrossma.org

VISION

Vision Service Plan (VSP)
800-877-7195
vsp.com

HEALTH SAVINGS ACCOUNT (HSA)

Optum Financial
877-292-4040
optumfinancial.com

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Optum Financial
877-292-4040
optumfinancial.com

HEALTH REIMBURSEMENT AGREEMENT (HRA)

HealthEquity
877-694-3938
(24 hours/day, 7 days/week)

STD, LTD, LIFE & AD&D

Unum
Disability Claims: 800-858-6843
services.unum.com/claims
Life Claims: 800-524-0542
Portability and Conversion: 800-421-0344

VOLUNTARY STD

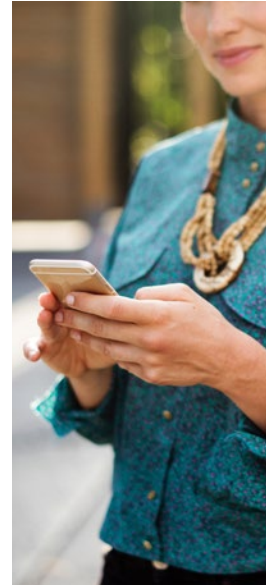
Colonial
401-596-1510
coloniallife.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)

MyLifeExpert
800-451-1834
mylifeexpert.com
(Company Access Code: simmons)

RETIREMENT PLANS

TIAA
800-842-2252
Help Line: 800-842-2888
tiaa.org/public/tcm/simmons



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
>> Required Notices



Helpful Information REQUIRED NOTICES

Important Notice Regarding Your Benefits

If you decline enrollment for Medical benefits for yourself or your eligible dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible dependents in the Medical benefits provided under this Plan if you or your eligible dependents lose eligibility for that other coverage (or if the other employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your eligible dependents' other coverage ends (or after the other employer stops contributing toward the other coverage).

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

If you request a change due to a special enrollment event within the 30-day time frame, coverage will be effective the date of birth, adoption, or placement for adoption.

The Plan must allow a Health Insurance Portability and Accountability Act (HIPAA) special enrollment for employees and dependents who are eligible but not enrolled if they lose Medicaid or Children's Health Insurance Program (CHIP) coverage because they are no longer eligible, or they become eligible for a state's premium assistance program. Employees have 60 days from the date of the Medicaid/CHIP event to request enrollment under the Plan. If you request this change, coverage will be effective the first of the month following your request for enrollment.

Specific restrictions may apply, depending on federal and state law.

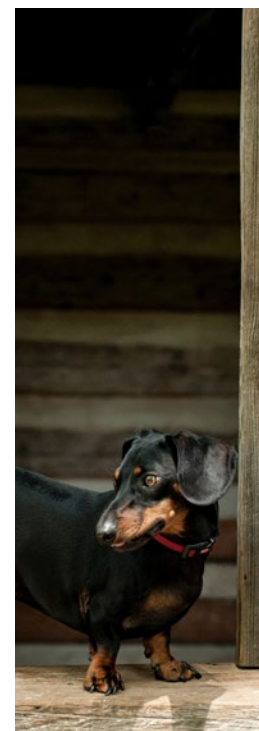
To request special enrollment or obtain more information, please visit the [Benefits Website](#).

Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act require the Simmons Employee Benefit Plan (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to Protected Health Information (PHI) and how the Plan may use and disclose PHI.

Marketplace Coverage Options and Your Health Coverage

See full document at internal.simmons.edu/wp-content/uploads/2022/04/FY23-Simmons-Offer-of-health-plan.pdf.



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
>> Required Notices



Helpful Information REQUIRED NOTICES

Important Notice about Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed under the Simmons medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2022. This is known as “creditable coverage.”

Why is this important? If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2022 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

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



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
>> Required Notices



Helpful Information REQUIRED NOTICES

Notice of Creditable Coverage

Please read this notice carefully. It has information about prescription drug coverage with Simmons and prescription drug coverage available for people with Medicare.

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

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

If you are covered by one of the Simmons prescription drug plans listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2022. This is called creditable coverage. Coverage under these plans will help you avoid a late Medicare Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

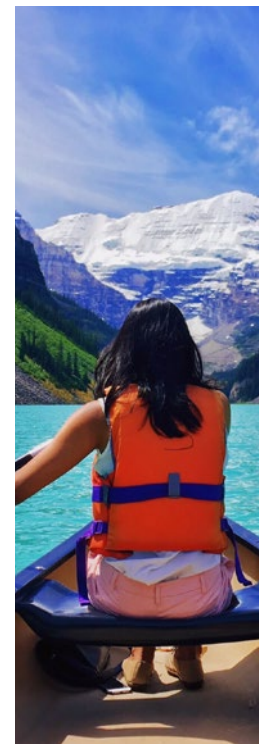
- BCBSMA HMO Plan
- BCBSMA PPO Plan

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

You should know that if you waive or leave coverage with Simmons and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Medicare Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage.

In addition, you may have to wait until the following October to enroll in Medicare Part D.

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



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
>> Required Notices



Helpful Information REQUIRED NOTICES

For More Information About Your Medicare Prescription Drug Coverage

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

Here's how to get more information about Medicare prescription drug plans:

Visit [medicare.gov](https://www.medicare.gov) for personalized help.

Call your State Health Insurance Assistance Program (see the Medicare & You Handbook for the telephone number).

Call **800-MEDICARE (800-633-4227)**.
TTY users should call **877-486-2048**.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available from the Social Security Administration (SSA).

For more information about extra help, visit SSA online at [socialsecurity.gov](https://www.socialsecurity.gov) or call **800-772-1213 (TTY 800-325-0778)**.

Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

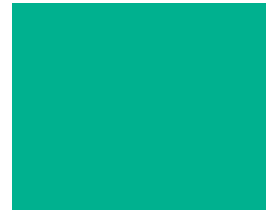
For more information about this notice or your prescription drug coverage, contact:

Benefits Office
Simmons University
300 The Fenway
Boston, MA 02115

617-521-2084

Email: benefits@simmons.edu

DATE OF NOTICE: APRIL 2021



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
>> Required Notices



Helpful Information REQUIRED NOTICES

Women's Health and Cancer Rights Act

As required by federal law, these benefits include reconstructive surgery for a member who is receiving benefits for a mastectomy and who elects breast reconstruction in connection with the mastectomy.

This health plan provides benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas.

These services will be furnished in a manner determined in consultation with the attending physician and the patient.

Pregnant Workers Fairness Act

The Act, which went into effect on **April 1, 2018**, expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes employers' obligations to employees who are pregnant or lactating and the protections these employees are entitled to receive. Generally, employers may not treat employees or job applicants less favorably than other employees based on pregnancy or pregnancy-related conditions and have an obligation to accommodate pregnant workers.

For more information please go to mass.gov/service-details/mcad-guidance-on-the-pregnant-workers-fairness-act.

Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



HIPAA

To obtain a copy of the Privacy Notice or for more information on the Plan's privacy policies or your rights under Health Insurance Portability and Accountability Act (HIPAA), you may contact the Benefits Office.



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
>> Required Notices



Helpful Information REQUIRED NOTICES

Paid Family and Medical Leave, Notice of Benefits Available Under M.G.L. Chapter 175M

Beginning on January 1, 2021:

- Covered individuals may be entitled to up to 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work.
- Covered individuals may be entitled to up to 12 weeks of paid family leave in a benefit year related to the birth, adoption, or foster care placement of a child, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces.
- Covered individuals may be entitled to up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member with a serious health condition.

Beginning on July 1, 2021:

- Covered individuals may be entitled to up to 12 weeks of paid family leave to care for a family member with a serious health condition.

Covered individuals are eligible for no more than 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

Who is a Covered Individual Under the Law?

Generally, a worker qualifies as a covered individual and may be eligible for paid family and medical leave if:

- The employee is paid wages by a Massachusetts employer; or
- The employee resides in Massachusetts and is paid for contract services by a Massachusetts entity that is required to report payment for services on IRS Form 1099-MISC for more than 50 percent of its workforce; or
- The employee is a self-employed individual who resides in Massachusetts and chooses to opt-in to the program

Job Protection

Generally, an employee who has taken paid family or medical leave must be restored to the employee's previous position or to an equal position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date of leave.

These job protections do not apply to contractors.

Weekly Benefits

On October 1, 2019, Simmons began deducting payroll contributions for PFML benefits to care for a family member. As of January 2021, covered individuals can apply for benefits beginning in through the Department of Family and Medical Leave. A covered individual's average weekly earnings will determine the covered individual's benefit amount, for a maximum weekly benefit of up to \$1,084.

Continued on next page.



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
>> Required Notices



Helpful Information REQUIRED NOTICES

Continued from previous page, Paid Family and Medical Leave.

No Retaliation or Discrimination

- It is unlawful for an employer to discriminate or retaliate against an employee for exercising any right to which s/he is entitled under the law.
- An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court, and may be entitled to damages of as much as three times the employee or former employee's lost wages.

Private Plans

If an employer offers employees paid family leave, medical leave, or both, with benefits that are at least as generous as those provided under the law, the employer may apply for an exemption from paying the contributions. Employees continue to be protected from discrimination and retaliation under the law even when an employer opts to provide paid leave benefits through a private plan.

Questions or Concerns

If you have questions or concerns about your Paid Family and Medical Leave rights, please contact: MassPFML@Mass.gov or visit: mass.gov/DFML.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

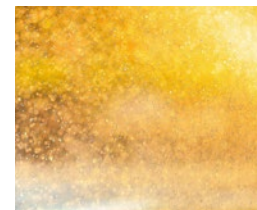
If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on pages 27 to 29 of this document, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call **1-866-444-EBSA (3272)**.



CHIP

CHIP stands for
Children's Health
Insurance Program



YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
>> Required Notices



Helpful Information REQUIRED NOTICES

NOTE: If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid

Website: myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Medicaid and CHIP

Health First Colorado Website: healthfirstcolorado.com
Health First Colorado Member Contact Center: 1-800-221-3943/
State Relay 711
CHP+: colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Click on Health Insurance Premium Payment (HIPP)
Phone: 678-564-1162 and press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162 and press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: in.gov/fssa/hip
Phone: 1-877-438-4479
All other Medicaid
Website: in.gov/medicaid
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: kancare.ks.gov
Phone: 1-800-792-4884

KENTUCKY – Medicaid (KI-HIPP) and CHIP (KCHIP)

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website
KI-HIPP Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
KI-HIPP Phone: 1-855-459-6328
KI-HIPP Email: kihipp.program@ky.gov
KCHIP Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
KCHIP Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
>> Required Notices



Helpful Information REQUIRED NOTICES

LOUISIANA – Medicaid

Medicaid Website: medicaid.la.gov
LaHIPP Website: ldh.la.gov/index.cfm/page/2693
Medicaid Phone: 1-888-342-6207
LaHIPP Phone: 1-855-618-5488

MAINE – Medicaid

Website: maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: mass.gov/info-details/masshealth-premium-assistance-pa
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll-Free: 1-800-852-3345 ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 609-631-2392
CHIP Website: njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: health.ny.gov/health_care/medicaid
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: nd.gov/dhs/services/medicalserv/medicaid
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid

Website: healthcare.oregon.gov/Pages/index.aspx
Website: oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

YOUR BENEFITS OVERVIEW

Eligibility
How to Enroll
Qualifying Life Event

MANAGING YOUR HEALTH

Medical Plans
Prescription Drugs
Health Reimbursement
Arrangement (HRA)
Health Savings Account (HSA)
Flexible Spending Accounts
(FSAs)
Wellness Resources
Dental Plan
Vision Plan

PROTECTING & BUILDING YOUR WEALTH

Disability Plans
Life and Accidental Death
& Dismemberment (AD&D)
Retirement Plan(s)

BALANCING YOUR LIFE

Employee Assistance
Program (EAP)
Care.com
Additional Benefits

HELPFUL INFORMATION

Important Contact
Information
>> Required Notices



Helpful Information REQUIRED NOTICES

RHODE ISLAND – Medicaid and CHIP

Website: eohhs.ri.gov
Phone: 1-855-697-4347
Rite Share Direct Line: 401-462-0311

SOUTH CAROLINA – Medicaid

Website: scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: gethipptexas.com
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: medicaid.utah.gov
CHIP Website: health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: greenmountaincare.org
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: coverva.org/hipp
Website: dss.sd.gov
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: hca.wa.gov
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: mywvhpp.com
Website: dhhr.wv.gov/bms
Phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: health.wyo.gov/healthcarefin/medicaid/pro-grams-and-eligibility
Phone: 1-800-251-1269

PREMIUM ASSISTANCE PROGRAM

To see if any other states
have added a premium as-
sistance program since January
31, 2022, or for more infor-
mation on special enrollment
rights, contact either:

U.S. Department of Labor
Employee Benefits Security
Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health
and Human Services Centers
for Medicare & Medicaid
Services
cms.hhs.gov
1-877-267-2323,
Menu Option 4,
ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137
(expires 1/31/2023)