2024 Benefit Guide

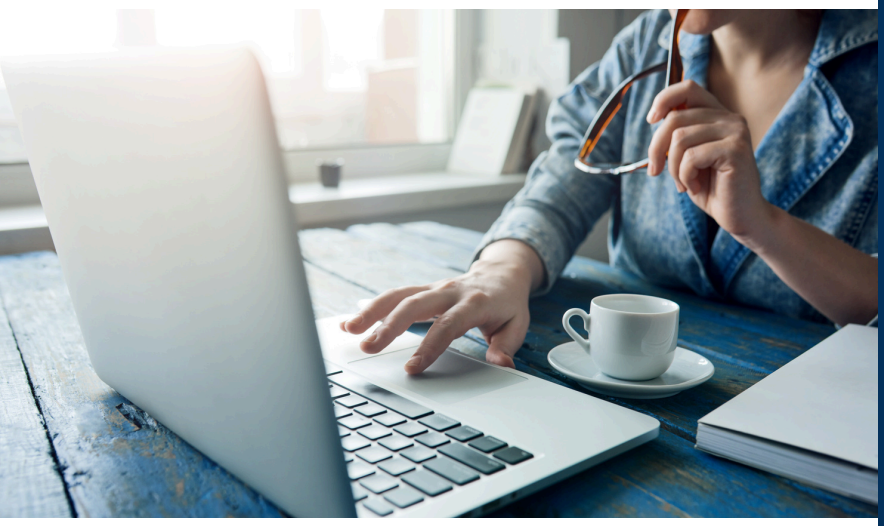
LASELL UNIVERSITY

What's Inside?

Lasell University recognizes that our employees are our most valuable asset. In consideration, we strive to provide a benefits package that is competitive and mindful of our unique culture. As part of the Lasell University team, you and your qualified dependents have access to a comprehensive suite of benefits.

Today's healthcare challenges are causing Lasell University, and organizations nationwide, to look at how we choose our healthcare coverage, how we are using healthcare services and how we manage our personal health decisions. We believe that through education, innovative solutions and personal commitment we, as an institution, can play a role in controlling health care costs for you and for Lasell. We will do our best to provide you with the necessary information and tools to help you make the right healthcare choices for you and your family.

Make the right healthcare choices for you and your family. This guide contains important information about Lasell University's benefits for the 2024 plan year. The 2024 plan year will be from January 1st, 2024 through December 31st, 2024. Please review this Guide carefully, as you consider changes for you and your family for 2024. We encourage employees to use the annual enrollment period as an opportunity to re evaluate all of your current benefit elections, to ensure you are enrolled in appropriate coverage for you and your family.



Note: *Lasell University's benefit programs are summarized briefly in this guide. Complete details and limitations are contained in the Summary Plan Description of each plan and appropriate sections of the employee handbook. This guide contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the Plan Document or insurance certificate. If you have any questions about a specific service or treatment, please contact the plan's Customer Service Department. Please note: The availability and amount of all benefits are governed by the legal documents involved. This guide is not a legal document and in no way constitutes a contract of employment.*

Eligibility & Enrollment

Eligibility

You are eligible to enroll in Lasell University's benefits program if you are a regular employee of Lasell University working at least 1,000 hours per year. You may enroll dependents in the medical, dental, and vision plans.

Eligible dependents include:

- Spouse
- Dependent children and step children who have not attained age 26
- Dependent children of any age if they became physically or mentally incapable of self-support before age 19 and remain incapacitated and enrolled in the plan

How to Enroll

You may enroll in, change, or waive benefits by logging into Employee Self-Service via the link at MyLasell > Employees > Paycom-Employee > Self-Service and following the instructions provided by human resources.

All employees are encouraged to log in to confirm their existing selections, make new elections, or waive benefits. Current elections will remain the same unless you make changes, except the Flexible Spending Accounts which require an annual election.

Changing Benefits After Enrollment

During your enrollment period at your time of hire or during the annual enrollment, you have the opportunity add or update your benefit elections. Changes outside of this Open Enrollment period may only be made if you experience a qualifying event, as determined by the IRS.

Qualifying life events include:

- Marriage or divorce
- Legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a qualified dependent
- Change in residence due to employment
- Change in adoption proceedings
- Change in spouse's benefits or employment

Important Note

If you have a qualifying change in status during the year, you must notify HR within 30 days of the status change to request a change to your benefit elections. Otherwise, you will wait until the next calendar year. Any change in your health benefit contributions must be consistent with the change in status. For example, if you get married, you may add your spouse to your current medical plan but you may not change plans.

Carrier Contact Information

Coverage	Carrier	Phone	Website
Medical, Pharmacy	Harvard Pilgrim Health Care	866-623-0184	harvardpilgrim.org
Dental	Delta Dental	(800) 872-0500	deltadentalma.com
Vision	Vision Service Plan	(800) 877-7195	vsp.com
Life & Disability	Reliance Standard (RSLI)	(800) 351-7500	customercare.rsli.com
Voluntary Life	Reliance Standard (RSLI)	(800) 351-7500	customercare.rsli.com
Health & Dependent Care Spending Accounts	Voya	(888) 401-3539	www.voya.com/page/bsl
Health Savings Account	Voya	(833) 232-4673	www.voya.com/page/bsl
Retirement Plan	TIAA-CREF	(833) 232-4673	tiaa-cref.com
Employee Assistance Plan (EAP)	Reliance Standard	(855) 775-4357	rsli.acieap.com
Identity Theft Protection	Allstate	(800) 789-2720	AllstateIdentityProtection.com
Travel Assistance	Reliance Standard (Partnered with On Call International)	US: (800) 456-3893 International: (603) 328-1966	reliancestandard.com
Additional Perks	Nationwide Liberty Mutual	(877)-263-6008 (617) 374-3741	petinsurance.com libertymutual.com
Tuition Exchange	Tuition Exchange (TE)	(301) 941-1827	TuitionExchange.org

Medical Coverage

The University makes a substantial contribution to the cost of your monthly premium. You have a choice of two medical plans through Harvard Pilgrim Health Care: a High Deductible Health Savings Account HMO and a PPO. You may elect individual or family coverage. Your premium is taken pre tax.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in network providers.

Coinsurance: The percentage of a covered expense you must pay after you meet your deductible, but before you reach the annual out of pocket maximum. The remaining percentage is paid by the health plan.

Copayment: The per-service fixed fee you pay for certain covered medical expenses.

Deductible: The amount you must pay each year for medical expenses before the medical plan begins to pay benefits.

Out of Pocket Maximum: The limit the medical plan puts on the amount of money you have to pay each year out of your pocket for eligible medical expenses. Once you reach the limit, the plan will pay 100% of your eligible expenses for the rest of the year.

Before You Enroll, Consider This:

- Think about the per-pay-period cost and out of pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically has a lower deductible, pays more and/or copays when you need care.
- Want to stay with your doctor? Ensure they are in the plan's network by visiting **harvardpilgrim.org**. If they're out of network, services may not be covered or may be more expensive.
- Consider the cost of services and prescription drugs you expect to receive during the year.

Medical Coverage

Lasell University offers medical coverage through Harvard Pilgrim Health Care. The table below summarizes the key features. The high deductible HMO includes a Health Savings Account (HSA) that you can use to pay for eligible health care expenses. The University contributes funds to your HSA each January. Contributions you make to the HSA are pre tax. *Please refer to the official plan documents for additional information on coverage and exclusions.*

HPHC	HDHP HSA (HMO)	PPO
Deductible (*Individual / Family*)	$1,600 / $3,200	$0 / $0
Out of Pocket Max	$2,500 / $5,000	$2,500 / $5,000
Preventive Care Visit	$0	$0
Primary Care Office Visit	$0 after deductible	$25 copay
Specialist Visit	$0 after deductible	$25 copay
Chiropractor or Acupuncture Visit *(Unlimited visits)*	$0 after deductible	$25 copay
Urgent Care Visit	$0 after deductible	$25 copay
Emergency Room Visit	$0 after deductible	$150 copay
Inpatient Hospital	$0 after deductible	$500 copay
Outpatient Surgery	$0 after deductible	$250 copay
Labs & X-Rays	$0 after deductible	$0
Diagnostic Imaging *(MRI/CT)*	$0 after deductible	$75 copay
Prescription Drugs	*after deductible:*	
Retail Pharmacy *(30 Day Supply)*	$5 / $20 / $30 / $50	$5 / $20 / $30 / $50
Mail Order *(90 Day Supply)*	$10 / $40 / $60 / $150	$10 / $40 / $60 / $150

**Preventative Health Care Services include adult routine physical exams (1 per calendar year), well child visits, mammogram & Pap test, colonoscopy, prostate cancer screening, adult immunizations.*

Dental Coverage

Lasell University offers two dental plans through Delta Dental. Employees pay for the full cost of coverage. Your calendar year maximum benefit is: $2,000 for High plan and $1, 500 for Low plan. The plan benefits for each plan are illustrated below:

	High Plan		Low Plan	
	PPO Network	*Premier Network & Out of Network*	*PPO Network*	*Premier Network & Out of Network*
Type 1: Preventive — *Exams, Cleanings, X-Rays, Fluoride Treatments*	Covered 100%, no deductible		Covered 100%, no deductible	
Type 2: Basic Restorative — *Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams*	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible
Type 3: Major Restorative — *Crowns, Inlays/Outlays, Dentures and Bridgework, Repairs, Emergency Exams*	Covered 50% after deductible	Covered 50% after deductible	Covered 50% after deductible	Covered 30% after deductible
Calendar Year Deductible	Individual: $50 Family: $150		Individual: $50 Family: $150	
Calendar Year Maximum	$2,000 per member		$1,500 per member	

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier Networks.

- Both networks offer discounted fees and a no balance billing policy
- You will receive good value from Delta Dental Premier Network dentists, who generally accept discount fees, but will be subject to the out-of-network coinsurance level shown above.
- You will receive the greatest savings when you visit a Delta Dental PPO network dentist and will receive the in-network coinsurance shown above

Please note: If you choose to receive services from a non particpating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply. **Subscribers are responsible for the difference between the non participating plan allowance and the full fee charged by the dentist.**

DELTA DENTAL®

Vision Coverage

We partner with Vision Service Plan (VSP) to offer vision coverage. A summary of the Vision Plan benefits is illustrated below. *Employees pay for the full cost of coverage.*

VSP Signature Plan		
	In Network	*Out of Network*
Exam	$20 copay	Up to $55
Materials	$20 copay	See schedule
Lenses *Single Lenses* *Bifocals* *Trifocals* *Frames*	 $20 copay $20 copay $20 copay $130 allowance after $20 copay + 20% off balance	 Up to $50 Up to $75 Up to $100 Up to $70
Contacts *(in lieu of Frames / Lenses)* *Contacts - Medically Necessary* *Contacts - Elective*	 $20 copay $130 allowance	 Up to $210 Up to $105
Benefit Frequency *Exams* *Lenses* *Frames* *Contacts*	Once every 12 months	

Flexible Spending Accounts

A flexible spending account allows employees to set aside pretax income to pay for health, dental, vision and dependent care expenses that are expected to occur during the year. The maximum amount you can fund your FSA account is $3,200 for health, dental, and vision and $5,000 for dependent care (or $2,500 if married and filing separately).

Enrollment in the FSA is **not** dependent on whether you are enrolled in Lasell University's medical or dental plan. Contributions to your FSA come out of your paycheck before taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period.

Lasell includes a rollover provision and allows employees to carryover up to $640 from the current plan year to the next plan year for unreimbursed expenses. Any funds remaining at the end of the plan year above $640 will not be rolled over, per the IRS regulations the FSA is a "use it or lose it" benefit. You must reenroll each year with a new election to be a part of the plan in 2024.

Examples of IRS-approved medical care expenses include:

- Co-pays, Deductibles and Coinsurance
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Hearing services, including hearing aids and batteries
- Dental services and orthodontia
- Chiropractic services
- Prescription contraceptives

Health Care Flexible Spending Account

Used to pay for out of pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.

Dependent Care Flexible Spending Account

With the Dependent Care FSA, Lasell University employees use pre-tax dollars towards qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is $5,000 (or $2,500 if married and filing separately) per calendar year. Examples include the cost of child or adult dependent care, the cost for an individual to provide care either in or out of your house, and nursery schools and preschools (excluding kindergarten).

Limited Purpose Flexible Spending Account

This account will reimburse you with pre-tax dollars for dental and vision expenses only until you meet your High Deductible HSA plan deductible. Qualified expenses are those that are not reimbursed under your current plan(s) such as dental coinsurance, and deductibles for elective surgery, like laser eye surgery. Once your medical deductible has been met, you can use the LPFSA for medical expenses, too. The maximum you may elect on the Limited Purpose FSA is $3,200/year. ***Please note: this is for those enrolled in the HSA plan only.***

Health Savings Account

The HSA is administered through Voya. If you elect the Qualified High Deductible HSA plan, please note that Voya may need to verify information to open up the HSA account and will mail information directly to your home. A Health Savings Account (HSA) is a tax-advantaged savings account that can be used to pay for medical, dental, vision, and other qualified expenses now or later in life. An HSA is your personal financial account—it's yours even if you leave your current job. The funds in your HSA roll over from year-to-year and you can make additional contributions at any time during the plan year, up to the IRS limit. Lasell University will contribute to your HSA account in the amount of $750 for Employee only coverage and $1,500 for Employee + 1 and Family coverage. These funds count towards your annual contribution limit. You may also contribute money pre-tax, into your account.

Eligibility

To enroll in an HSA, you must:

- Have coverage through a qualified high-deductible health plan (HDHP).
- Not be covered under any other non-HDHP insurance, including a Health Care FSA (through another insurer or your spouse's employer).
- Not have coverage through Medicare or Tricare.
- Not be claimed as a dependent on anyone's tax return.

Tax Benefits of an HSA

Health Savings Accounts provide a "Triple Tax Advantage", allowing for:

Tax-Free Deposits — When you contribute to an HSA directly from your paycheck, you reduce your federal income tax by the amount you deposit in your HSA.

Tax-Free Interest — Your money earns interest while it is in the account and you do not pay taxes on the interest earned.

Tax-Free Withdrawals — You never pay taxes on HSA withdrawals when the money is used to pay for qualified medical expenses.

Accessing Your HSA Funds

You will have access to a secure website to manage your account. You will be sent a debit card which is linked to this account. You have several ways to pay for qualified medical expenses:

- Use your debit card to pay on the spot at a doctor's office, pharmacy, or health care facility.
- Services for which you receive an Explanation of Benefits (EOB) from BCBS and/or a provider bill may be paid online through HealthEquity's web portal.
- When you pay for qualified expenses out of pocket, you can log in and request an ACH or check disbursement.

IRS Contribution Guidelines

If you enroll in the HSA plan with single coverage, you may deposit up to $4,150 into your account. If you cover one or more tax dependent(s), you may contribute up to $8,300.

If you are 55 years or older, you may contribute an additional $1,000. additional $1,000 per year. If your spouse is also 55 or older, he or she may establish a separate HSA and make a "catch up" contribution to that account.

Funds can be invested much like 403(b) funds are invested. Also, your HSA account is owned by you, so you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash. Money in your account rolls over year to year and accumulates. Unlike the FSA there is no use it or lose it feature. Employees are able to use their HSA fund dollars for any Section 213 expenses including medical, pharmacy, dental and vision expenses. A complete list of eligible expenses is available to you through Voya. ***Note:*** *Funds can be used only as they are available in the account. You can pay the remaining balance with another source (check, credit card, etc.) and reimburse yourself with HSA funds as they become available with additional contribution deposits.*

Life and AD&D Coverage

Basic Life/AD&D Insurance

Lasell University provides each full-time benefits eligible employee, a Life and Accidental Death & Dismemberment (AD&D) Insurance benefit equal to 1.5 X times your annual salary to a maximum of $200,000 at no cost to you. Accidental Death and Dismemberment (AD&D) may pay a benefit equal to your Life Insurance if your death is the result of an accident. If you suffer an injury, such as the loss of a limb or an eye, you may receive a partial AD&D benefit. *Benefit Age Reduction: 35% at age 70*

Employee Supplemental Life and AD&D Insurance

Lasell University employees also have the opportunity to purchase Supplemental Life Insurance for themselves up to 5X your annual base salary in $10,000 increments. You can qualify for coverage up to $200,000 without any medical questions if you apply when initially eligible.

If you elect Supplemental Insurance for yourself, you may also purchase supplemental life insurance for your spouse and/or dependent child(ren). Spousal life is available up to 100% of employee coverage to $500,000 in increments of $5,000. Your spouse can qualify for coverage up to $30,000 without any medical questions. Dependent life is available for children from 6 months to 26 years old (if still a student) up to $10,000 in $2,000 increments.

Children under 6 months are eligible for life insurance up to $1,000. Accidental Death and Dismemberment (AD&D) amounts match the life coverage amount. You can apply for coverage during open enrollment however will be required to provide evidence of insurability.

You can make changes to your supplemental life insurance coverage at any time during the year; please make an appointment with Human Resources.

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Disability & Voluntary Coverage

Short Term Disability (STD)

Lasell University provides full-time benefits eligible employees with Short Term disability insurance through Reliance Standard. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. Lasell University pays for the cost of this insurance.

Maximum Benefit	60% of your salary
Maximum Benefit Period	6 months (from January 1 through December 31)
Elimination Period	45 days for Illness; 14 days for Maternity

Long Term Disability (LTD)

Long Term Disability (LTD) insurance helps protect your family's financial security. It is intended to replace a percentage of your lost income if you are unable to work due to injury or illness. The LTD policy will be insured through Reliance Standard. Lasell University pays for the cost of this insurance.

Benefits Begin	After you have been disabled 180 days
Maximum Monthly Benefit	60% of your salary to $10,000 per month
Benefit Period	To age 65

Voluntary Accident Coverage

Voluntary Accident can pay you a lump-benefit directly to you if you suffer a covered injury. Covered injuries include broken bones, cuts, burns, eye injuries, ruptured discs, coma etc. It can offset the high cost of co-pays, deductibles and other expenses your medical insurance doesn't cover. The benefit is paid to the employee to be used however you choose. This coverage is insured through Allstate.

Voluntary Critical Illness Coverage

Voluntary Critical Illness pays you a cash benefit in the event you are diagnosed with a covered critical illness, such as a heart attack, stroke or organ failure. The benefits can be used to help cover the unexpected out-of-pocket expenses associated with the illness, so you can focus more on your recovery and less on your family's finances. This coverage is also insured through Allstate.

Employee Assistance Program

The Employee Assistance Program (EAP) is provided through Reliance Standard at no cost to you and your family members. The program offers confidential Employee Assistance Services, as well as one-on-one telephonic and online coaching, budget, financial, and legal consultations. See the EAP Services Flyer for additional information and visit their website at **rsli.acieap.com**, **company code: RSLI859**. Or if you prefer you can talk with a specialist Toll-free, 24 hours a day / 7 days a week at **855-775-4357**.

Employees and their household members may use EAPs to help manage issues in their personal lives. EAP counselors typically provide assessment, support, and referrals to additional resources such as counselors for a limited number of program-paid counseling sessions. **The issues for which EAPs provide support vary, but examples include:**

- Substance abuse
- Occupational stress
- Emotional distress
- Major life events, including births, accidents and deaths
- Health care concerns
- Financial or non-work-related legal concerns
- Family/personal relationship issues
- Work relationship issues
- Concerns about ageing parents

Who is Eligible and When

All employees and family members.

Benefits You Receive

When you have questions, concerns or emotional issues surrounding your personal or work life, Reliance Standard is available to help. Through Reliance Standard's work-life balance employee assistance program (EAP), you have unlimited access to consultants by telephone, resources and tools online, and up to three face-to-face visits with counselors for help with a short-term problem.

Additional Benefits

403(b) Retirement Plan

You may participate in the Lasell University's 403(b) Retirement Plan with TIAA from date of hire. employees of the University become eligible to participate as of their date of hire. Participating eligible employees who complete two years of employment (and at least 1,000 hours/year) and contribute to Plan, receive a match to their contributions of up to 5% from the University.

Tuition Benefits

As an employee of the University, you are eligible for a variety of tuition benefits within Lasell and outside of the University. A summary of tuition offerings available to you are listed below:

Tuition Waiver: You are eligible to recieve a year waiver for Lasell University courses for full and part time employees beginning the semester following date of hire. Both undergraduate and/or graduate courses are eligible.

Tuition Reimbursement: You may receive up to $1,000/year for taking pre-approved classes at an institution outside of Lasell University.

Tuition Exchange program: The University is part of the Tuition Exchange (TE) a reciprocal program at over 600 member schools. A complete listing of TE schools is available online at **TuitionExchange.org**. TE is available to eligible dependents of Lasell University employees, and recipients are determined by the receiving school. This is not a guaranteed benefit.

*For details regarding specifics concerning the above benefits, eligibility and taxation, please review the Employee Handbook on myLasell or contact Human Resources at **hr@lasell.edu**.*

Allstate Identity Protection

Allstate's Identity Protection plan provides comprehensive identity monitoring services, and full service remediation in the event you, or your family member becomes a victim of identity fraud. This is an important benefit to consider as our personal information is becoming more accessible than ever before.

Individual coverage is $9.95 per month and family coverage is $17.95 per month. The definition of family is broad — anyone "under roof or under wallet" can be considered a covered dependent.

Travel Assistance

Reliance Standard has partnered with On Call International to provide around-the-clock access to On Call International's 24-hour, toll-free travel assistance services. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you can rest assured you *(and your covered dependents)* have access to a personal travel emergency companion anytime you're more than 100 miles away from home. To get in touch with On Call International while in the U.S. please call **800-456-3893**. Worldwide, please call **603-328-1966**.

Additional Benefits

Certified Financial Planner

The University provides an on campus investment education resource to help equip employees with as much information as possible about their own retirement planning. Retirement planning is complicated. This resource provides general financial and investment information based on your individual retirement needs and is intended to help you make better retirement-related decisions for you and your family. The CFP is not tied to a fund house and their compensation is not based on the fund decision you make. They are paid an hourly rate by the University, through the 403(b) Retirement Plan.

Holway Early Childhood Centers

Rockwell and The Barn (Child Care Centers) give employees priority placement and a 30% discounted tuition rate. A portion of this benefit is taxable as the IRS limits the amount that can be excluded from taxable income. The University adds the taxable portion to the employee's bi weekly payment information so that it is appropriately included in the employee's taxable wages.

Home and Auto Insurance

Liberty Mutual has partnered with Lasell University to offer employees, retirees, spouses, significant others and resident children special savings on quality personal insurance products with convenient payment options. Liberty Mutual offers a wide range of insurance products including standard auto, motorcycle, homeowners, renters, condo owners, personal liability protection/umbrella, seasonal properties, rental properties, floater, motorhomes, boat, recreational vehicles, scheduled personal property. Call **1-844-208-4682**, 7 days a week, or visit Liberty Mutual to learn more or get a no-obligation quote.

Voluntary Pet Insurance

Employees can enroll in Voluntary Pet Insurance through Nationwide. Nationwide provides coverage for expenses related to accidents and illnesses. Please see the Benefit Flyer for additional information. The plan is direct billed to you; you pay the full cost of this coverage. To get a quote and a potential discount, **click here** or call **877-263-6008.**

Lasell University offers additional perks such as use of the University's Athletic Center, Library, and free parking!

Employee Contributions

The employee contributions effective January 1, 2024 are noted below for each line of coverage.

Medical: Employee Cost Per Pay Period

Employee Rates: **26 Checks**	HSA HMO - HDHP	PPO
Employee	$58.21	$317.83
Family	$312.17	$931.08

Employee Rates: **22 Checks**	HSA HMO - HDHP	PPO
Employee	$68.80	$375.62
Family	$368.93	$1,100.37

Employee Rates: **20 Checks**	HSA HMO - HDHP	PPO
Employee	$75.68	$413.18
Family	$405.82	$1,210.41

Dental: Employee Cost Per Pay Period

Employee Rates: **26 Checks**	Dental High	Dental Low
Employee	$25.61	$19.28
Family	$68.57	$51.59

Employee Rates: **22 Checks**	Dental High	Dental Low
Employee	$30.27	$22.78
Family	$81.04	$60.97

Employee Rates: **20 Checks**	Dental High	Dental Low
Employee	$33.29	$25.06
Family	$89.14	$67.06

Employee Contributions

The employee contributions effective January 1, 2024 are noted below for each line of coverage.

Vision: Employee Cost Per Pay Period

Employee Rates: **26 Checks**	VSP Plan
Employee	$4.80
Family	$10.31

Employee Rates: **22 Checks**	VSP Plan
Employee	$5.67
Family	$12.19

Employee Rates: **20 Checks**	VSP Plan
Employee	$6.23
Family	$13.40

Questions?

Once enrolled and you have received your benefits cards, you may call the phone numbers on your ID cards for specific information and assistance. You may also contact your Human Resources contact Patricia Berardi via email at **pberardi@lasell.edu** or phone at **(617) 243-2457**.

Required Annual Notices

HIPAA

If you do not enroll yourself and your dependents in a group health plan after you become eligible or during annual enrollment, you may be able to enroll under the special enrollment rules under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") that apply when an individual declines coverage and later wishes to elect it. Generally, special enrollment is available if (i) you declined coverage because you had other health care coverage that you have now lost through no fault of your own (or employer contributions to your other health care coverage terminate); or (ii) you have acquired a new dependent (through marriage or the birth or adoption of a child) and wish to cover that person. When you have previously declined coverage, you must have given (in writing) the alternative coverage as your reason for waiving coverage under the group health plan when you declined to participate. In either case, as long as you meet the necessary requirements, you can enroll both yourself and all eligible dependents in the group health plan if you provide notice to the Plan Administrator within 30 days after you lose your alternative coverage (or employer contributions to your alternative coverage cease) or the date of your marriage or the birth, adoption, or placement for adoption of your child. See the Plan Administrator for details about special enrollment.

Notice Regarding Lifetime & Annual Dollar Limits

In accordance with applicable law, none of the lifetime dollar limits and annual dollar limits set forth in the Plan shall apply to "essential health benefits," as such term is defined under Section 1302(b) of the Affordable Care Act. The law defines "essential health benefits" to include, at minimum, items and services covered within certain categories including emergency services, hospitalization, prescription drugs, rehabilitative and habilitative services and devices, and laboratory services, but currently provides little further information. Accordingly, a determination as to whether a benefit constitutes an "essential health benefit" will be based on a good faith interpretation by the Plan Administrator of the guidance available as of the date on which the determination is made.

Special Rule for Women's Health Coverage

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") requires group health plans, insurance issuers, and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes (i) reconstruction of the breast on which the mastectomy has been performed; (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires group health plans to offer continuation coverage to covered employees, former employees, spouses, former spouses, and dependent children when group health coverage would otherwise be lost due to certain specific events. Those events include the death of a covered employee, termination or reduction in the hours of a covered employee's employment for reasons other than gross misconduct, a covered employee's becoming entitled to Medicare, divorce or legal separation of a covered employee and spouse, and a child's loss of dependent status (and therefore coverage) under the plan. COBRA sets rules for how and when continuation coverage must be offered and provided, how employees and their families may elect continuation coverage, and what circumstances justify terminating continuation coverage.

The Genetic Information Non-Discrimination Act ("GINA")

GINA prohibits the Plan from discriminating against individuals on the basis of genetic information in providing any benefits under the Plan. Genetic information includes the results of genetic tests to determine whether someone is at increased risk of acquiring a condition in the future, as well as an individual's family medical history.

Wellness

If your Plan includes a Wellness program that provides rewards or surcharges based on your ability to complete an activity or satisfy an initial health standard, you have the right to request a reasonable alternative should it be determined that it is not medically advisable for you to either complete the activity or satisfy the initial health standard.

Mental Health Parity & Addiction Equity

The Medical Plan provides the same coverage for any mental health service as are provided for medical coverage. This means that stated medical deductibles, copays, coinsurance and out-of-pocket limits will also apply to mental health services.

Special Rule for Maternity & Infant Coverage

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 attending provider or physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable).

Required Annual Notices

Grandfathered Status

The Plan believes that none of the group health plans available under the Plan are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the "Affordable Care Act").

Affordable Care Act Consumer Protections

(a.) Coverage for Children Up to Age of 26. The Affordable Care Act of 2010 requires that the Plan must make dependent coverage available to adult children until they turn 26 regardless if they are married, a dependent, or a student.

(b.) Prohibition of Lifetime Dollar Value of Benefits. The Affordable Care Act of 2010 prohibits the Plan from imposing a lifetime limit on the dollar value of benefits.

(c.) Your Health Insurance Cannot Be Rescinded. The Affordable Care Act of 2010 prohibits the Plan, or any insurer, from rescinding your health insurance coverage under the Plan for misrepresentation.

(d.) Prohibition of Pre-existing Conditions. Effective January 1, 2014, the Affordable Care Act of 2010 prohibits the Plan, or any insurer, from denying any health insurance claim for any person because of a pre-existing condition.

(e.) Prohibition of Restrictions on Annual Limits on Essential Benefits. The Affordable Care Act of 2010 prohibits the Plan, or any insurer, effective January 1, 2014, from placing annual limits on the value of essential health benefits.

(f.) Notice of Marketplace/Exchange. If this health insurance is unaffordable (your cost of the premium exceeds 9.12% of your income) as defined under the Affordable Care Act , you may have the right to subsidized health insurance purchased through an exchange/marketplace created pursuant to the Affordable Care Act.

Patient Protection Disclosure

You have the right to designate any participating primary care provider who is available to accept you or your family members (for children, you may designate a pediatrician as the primary care provider). For information on how to select a primary care provider and for a list of participating primary care providers, contact the Plan Administrator. You do not need prior authorization from the Plan or from any other person, including your primary care provider, in order to obtain access to obstetrical or gynecological care from a health care professional; however, you may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Plan Administrator.

Premium Assistance Under Medicaid & 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 below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **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).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA - MEDICAID
myalhipp.com or 1-855-692-5447
ALASKA - MEDICAID
The AK Health Insurance Premium Payment Program: myakhipp.com or 1-866-251-4861 or email CustomerService@MyAKHIPP.com **Medicaid Eligibility:** health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS - MEDICAID
myarhipp.com or 1-855-MyARHIPP (855-692-7447)

Required Annual Notices

CALIFORNIA - MEDICAID

Health Insurance Premium Payment (HIPP) Program: dhcs.ca.gov/hipp or 916-445-8322 or hipp@dhcs.ca.gov

COLORADO - HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)

Health First Colorado: healthfirstcolorado.com
Health First Colorado Member Contact Center
Phone: 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: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html **Phone:** 1-877-357-3268

GEORGIA - MEDICAID

GA HIPP: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp or 678-564-1162, Press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra or (678) 564-1162, Press 2

INDIANA - MEDICAID

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

IOWA - MEDICAID AND CHIP (HAWKI)

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

KANSAS - MEDICAID

kancare.ks.gov or 1-800-792-4884

KENTUCKY - MEDICAID

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
1-855-459-6328 or email KIHIPP.PROGRAM@ky.gov
KCHIP: kidshealth.ky.gov/Pages/index.aspx or 1-877-524-4718
Kentucky Medicaid: https://chfs.ky.gov

LOUISIANA - MEDICAID

medicaid.la.gov or ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE - MEDICAL

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

MASSACHUSETTS - MEDICAID AND CHIP

mass.gov/masshealth/pa or 1-800-862-4840 or TTY: 617-886-8102

MINNESOTA - MEDICAID

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

MISSOURI - MEDICAID

dss.mo.gov/mhd/participants/pages/hipp.htm or 573-751-2005

MONTANA - MEDICAID

dphhs.mt.gov/MontanaHealthcarePrograms/HIPP or 1-800-694-3084 or HHSHIPPProgram@mt.gov

NEBRASKA - MEDICAID

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

NEVADA - MEDICAID

dhcfp.nv.gov or 1-800-992-0900

NEW HAMPSHIRE - MEDICAID

dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program or 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY - MEDICAID AND CHIP

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

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NEW YORK - MEDICAID

health.ny.gov/health_care/medicaid or 1-800-541-2831

NORTH CAROLINA - MEDICAID

medicaid.ncdhhs.gov or 919-855-4100

NORTH DAKOTA - MEDICAID

nd.gov/dhs/services/medicalserv/medicaid or 1-844-854-4825

OKLAHOMA - MEDICAID AND CHIP

insureoklahoma.org or 1-888-365-3742

OREGON - MEDICAID

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

PENNSYLVANIA - MEDICAID

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

RHODE ISLAND - MEDICAID AND CHIP

eohhs.ri.gov or 1-855-697-4347 or 401-462-0311

SOUTH CAROLINA - MEDICAID

scdhhs.gov or 1-888-549-0820

SOUTH DAKOTA - MEDICAID

dss.sd.gov or 1-888-828-0059

TEXAS - MEDICAID

gethipptexas.com or 1-800-440-0493

UTAH - MEDICAID AND CHIP

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

VERMONT - MEDICAID

greenmountaincare.org or 1-800-250-8427

VIRGINIA - MEDICAID AND CHIP

coverva.org/en/famis-select or coverva.org/en/hipp
Medicaid: 1-800-432-5924 **CHIP:** 1-800-432-5924

WASHINGTON - MEDICAID

hca.wa.gov or 1-800-562-3022

WEST VIRGINIA - MEDICAID AND CHIP

dhhr.wv.gov/bms or mywvhipp.com
Medicaid: 304-558-1700
CHIP: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - MEDICAID AND CHIP

dhs.wisconsin.gov/badgercareplus/p-10095.htm or 1-800-362-3002

WYOMING - MEDICAID

health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility or 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information 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 & Human Services
Centers for Medicare and 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.

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibility

This notice describes how health information about you, including your payment for health insurance, may be used and disclosed by our health plan under the Health Insurance Portability and Accountability Act (HIPAA) and how you can get access to this information. Please review it carefully.

YOUR RIGHTS	When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.
Get a copy of your health and claims records	You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	You can ask us to contact you in a specific way (for example: home or office phone) or to send mail to a different address. We will consider all reasonable requests, and you must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action,
File a complaint if you feel your rights are violated	You can complain if you feel we have violated your rights by contacting us using the information on the back page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES	For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:	Share information with your family, close friends, or others involved in payment for your care. Share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Notice of Privacy Practices

YOUR CHOICES	For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases we never share your information unless you give us written permission:	• Marketing Purposes • Sale of your information
How do we typically use or share your health information?	We generally do not use your health information for purposes other than administering the company's health plan. HIPAA does allow us, however, if we were to choose to do so, to use or share your health information in our possession the following ways.
Health manage the health care treatment you receive.	We can use your health information and share it with professionals who are treating you. **Example:** We use health information about you to develop better services for you.
Run our organization.	We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. That does not apply to long term care plans. **Example:** We use health information about you to develop better services for you.
Pay for your health services.	We can use and disclose your health information as we pay for your health services. **Example:** We share information about you with your dental plan to coordinate payment for your dental work.
Administer Your Plan	We may disclose your health information to your health plan sponsor for plan administration. **Example:** Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.
Health with public health and safety issues	We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do Research	We can use or share your information for health research.
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director.	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests.	We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective service
Respond to lawsuits and legal actions.	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Notice of Privacy Practices

How else can we use or share your health information?

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

Our Responsibilities

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

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

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

- The Effective Date of this Notice is January 1, 2024
- This Notice will serve as Notice for the following benefit enrolled employees:
  - Lasell University

MarshMcLennan Agency