

2025

COMPREHENSIVE BENEFITS GUIDE



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Working together is what makes Centenary College of Louisiana a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2025 benefits. Contact the Human Resources at 318-869-5191 or email hr@centenary.edu with any questions.

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In this Guide, we use the term company to refer to Centenary College of Louisiana. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Dear Centenary employee,

Managing our overall health (physical, emotional, financial, and spiritual) is essential and continues to be at the forefront of our total benefit plan strategy at Centenary College of Louisiana. Below you will see the Benefits Wheel, which includes all the components that make Centenary a wonderful place to work. Our comprehensive benefit program includes benefits to assist employees in their health and well-being, growth and development, financial security, and work-life balance. When combined with the overall campus experience, the total benefits program reflects Centenary's mission and values.

This document serves as a guide to Centenary's Comprehensive Benefit program. As you read through this guidebook, you will learn about the tools and services we offer to help our employees manage rising health care costs and to optimize their benefits.

Every year Centenary closely evaluates our total benefit offerings to address the diverse needs of our workforce. Your role in this is to read through this guide and ask questions to ensure you are getting the most from your comprehensive benefits package.



Visit the [HR webpage](#) to learn more about the many of the benefits we have to offer.

Eligibility and Enrollment



You and your family have unique needs, which is why Centenary College of Louisiana offers a variety of benefit plans from which you may choose.

Eligibility

If you are a full-time employee of Centenary College who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

When Does Coverage Begin?

Your elections are effective on the first of the month following date of hire. Benefits cannot be changed until the next enrollment period unless you experience a qualifying life event.



Dependents

Dependents eligible for coverage include:

- » Your legal spouse or domestic partner.
- » Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- » Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Valid documentation for dependents is required.

Acceptable documentation for benefits:

- » Marriage or birth certificate (natural and stepchildren)
- » Declaration of Informal Marriage Certificate
- » Court Documentation for Adoption
- » Past tax return to prove IRS dependent status (Grandchildren)
- » Qualified Medical Support Notice

Important Deadline for Qualifying Event Changes

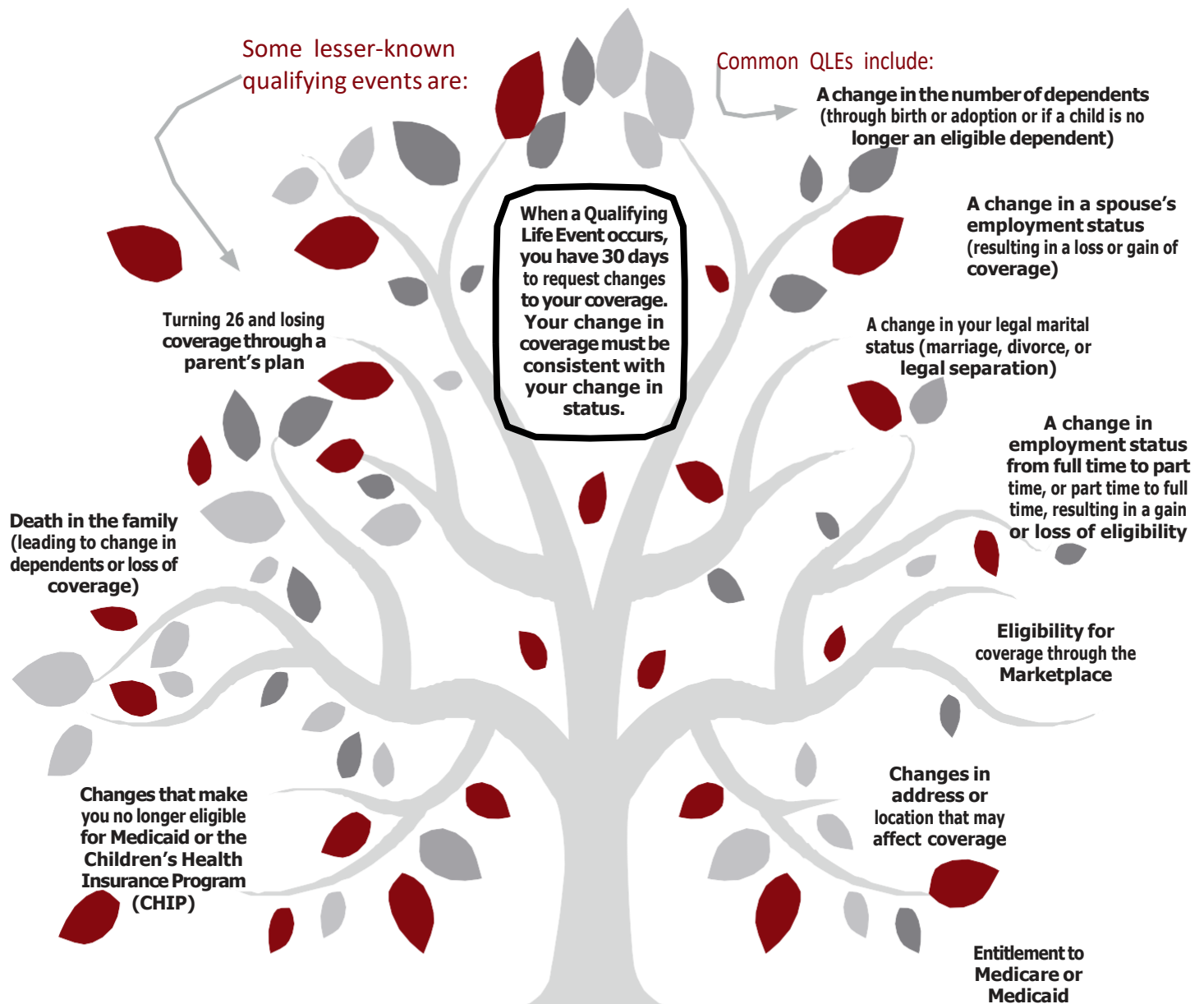
You must make any coverage change within 30 days of the event. **Report this change to hr@centenary.edu with as much information and documentation you have within the 30-day deadline.** If you miss the deadline or do not provide any supporting documentation, changes will not be approved.

Note

Open Enrollment is your annual chance to choose your benefits effective January 1, 2024. If you have a qualifying life event during the year, such as marriage or the birth/adoption of a child, your election will become effective on the first of the month following the event.

What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes during the year.



Reach out to Centenary's Human Resources department with any questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

How To Enroll



Centenary College covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your portion.

You can choose any combination of medical, dental, and/or vision coverage. The only requirement is that as an eligible employee of Centenary College, you must elect coverage for yourself in order to elect coverage for dependents.

Enrollment Action Items



Update your personal information.

If you've experienced any life changes since the last Open Enrollment period — such as the birth of a child or a move — you may need to change your elections or update your beneficiaries or contact information.



Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions.



Review available plans' deductibles.

Foresee a lot of medical needs this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower premiums.



Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals. To enroll in the HSA, you must be enrolled in the HDHP plan.



Check your networks.

Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still participating. Only in-network providers are covered under the medical plan with the exception of a true emergency room visit.



Enroll through the eSelfServe portal.

Click [here](#) to view the eSelfServe Open Enrollment Guide.

Mental Health



You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or require counseling or therapy for anxiety, substance use, or mental or behavioral concerns, there are resources available to help you out.

Mental Health Resources – available to all Cigna medical plan participants

PROVIDERS/PROGRAMS	ACCESS	YOUR COST PER VISIT	CONTACT INFORMATION
Cigna	In person	\$50	mycigna.com
First Primary Care	In-person, virtual, or telehealth	\$0	 www.firstprimarycare.com
Employee Assistance Program (EAP)	3 free telehealth visits	\$0	www.mutualofomaha.com/eap 1-800-316-2796 Click here for plan information



Other Mental Health Resources

No matter your problem, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline Dial 988 to be connected with 24/7/365 emotional support. Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



Crisis Text Line Text "HELLO" to 741741 Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



War Vet Call Center Call 877-WAR-VETS (877-927-8387) Veterans and their families are able to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.



Note

According to the American Psychological Association, 61% adults say they could have used more emotional support in 2020.

Medical Benefits



Medical benefits are provided through EBMS. Consider the Cigna physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2025 plan year unless you have a qualifying life event.

Medical Plan Summary

All covered services are subject to medical necessity as determined by the plan. **Out-of-Network Benefits are covered at a higher cost to the employee.**

Click below to access the Summary of Benefits coverage information

[PPO](#)

[HDHP](#)

	PPO	HDHP	FPC
	IN-NETWORK (YOU PAY)	IN-NETWORK (YOU PAY)	First Primary Care
INDIVIDUAL	\$4,000	\$5,000	\$0
FAMILY	\$8,000	\$7,000	\$0
COINSURANCE	20%	0%	0%

CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)

INDIVIDUAL	\$8,000	\$5,000	\$0
FAMILY	\$16,000	\$7,000	\$0

COPAYS/COINSURANCE

PREVENTIVE CARE	\$0	\$0	\$0
*PRIMARY CARE	\$75 copay	0% after deductible	\$0
SPECIALIST SERVICES	\$75 copay	0% after deductible	\$25
*MENTAL HEALTH OFFICE	\$75 copay	0% after deductible	\$0
VISIT LAB/X-RAYS	20% after deductible	0% after deductible	\$0 or reduced
(DIAGNOSTIC) MRI, CT SCAN, PETSCAN	20% after deductible	0% after deductible	\$0 or reduced
*INPATIENT SERVICES	20% after deductible	0% after deductible	N/A
* OUTPATIENT SERVICES	20% after deductible	0% after deductible	N/A
MENTAL HEALTH INPATIENT or OUTPATIENT	20% after deductible	0% after deductible	N/A
URGENT CARE	20% after \$50 copay	0% after deductible	\$0
EMERGENCY	20% after \$100 copay	0% after deductible	N/A
PRESCRIPTION DRUG	Tier 1 \$15 Tier 2 \$50 Tier 3 \$75	0% after deductible	Tier 1 \$0 Tier 2 \$25 Tier 3 N/A

*There is no charge for Preventive Care services provided.

*All covered family members' eligible expenses count toward the family deductible; and out of pocket maximums; however, no one family member will have to meet more than the individual deductible.

*Certain procedures require Prior Authorization

*Specialty Drugs no longer covered by the plan. You will be assigned an advocate to assist in obtaining these drugs directly from the manufacturer.

*If referred to mental health specialist there will be \$25 co-pay

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. All rates are shown on a per-pay-period basis. Rates shown will be deducted (based on your enrollment choices) on your first paycheck following your effective date. Be sure to review your first pay stub. Contact the Human Resources at 318-869-5191 or email hr@centenary.edu immediately if you feel something is incorrect or have questions.

Employee Net Medical Premiums

MONTHLY (12 MONTHS)

	PPO	HDHP
EMPLOYEE ONLY	\$180.58	\$169.17
EMPLOYEE + SPOUSE	\$540.66	\$506.33
EMPLOYEE + CHILD	\$459.73	\$430.62
EMPLOYEE + FAMILY	\$675.56	\$632.75

MONTHLY (10 MONTHS)

	PPO	HDHP
EMPLOYEE ONLY	\$216.70	\$203.00
EMPLOYEE + SPOUSE	\$648.79	\$607.59
EMPLOYEE + CHILD	\$551.67	\$516.75
EMPLOYEE + FAMILY	\$810.67	\$759.30

BI-WEEKLY

	PPO	HDHP
EMPLOYEE ONLY	\$90.29	\$84.58
EMPLOYEE + SPOUSE	\$270.33	\$253.16
EMPLOYEE + CHILD	\$229.86	\$215.31
EMPLOYEE + FAMILY	\$337.78	\$316.38

Reminder: All rates are shown on a per-pay-period basis. Rates shown will be deducted (based on your enrollment choices) on your first paycheck following your effective date. Please be sure to review your first pay stub. Please contact the Human Resources at 318-869-5191 or email hr@centenary.edu immediately if you feel something is incorrect or have questions.

All members who elect to enroll in either of the medical plans above are automatically enrolled in First Primary Care. For the 2025 plan year Centenary College is covering the membership premiums.

How to Find a Provider

Visit www.cigna.com and click "Find a Doctor, Dentist or Facility."

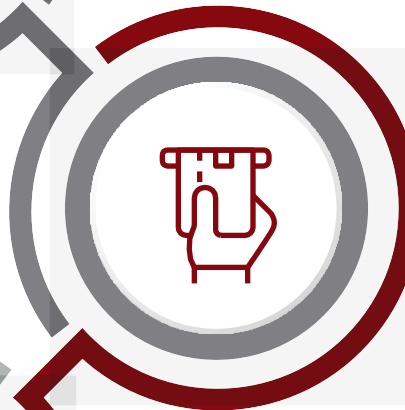
Out-of-Pocket Costs

These are the types of payments you're responsible for:



copay

The fixed amount you pay for healthcare services at the time you receive them.



deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.



coinsurance

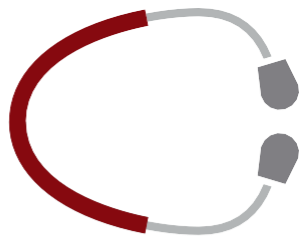
Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.



out-of-pocket maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount for the remainder of the plan year.

Preventive Care



Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for children ages 6 to 12 months at risk for anemia)

Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.



What about the COVID-19 vaccine? The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

Where to Go for Care

You're feeling sick, but your CIGNA network primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



First Primary Care

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.



Scan and Watch the Video!

Types of Care*

- » Free generic prescriptions
- » Annual wellness exams including labs
- » Immunizations
- » Well-woman exams and birth control
- » Preventive services
- » Manage your general health
- » Free mental health support

Costs and Time Considerations**

- » **\$0 Co-pays or Deductibles, and No Hidden Fees**

Urgent Care

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*



- » Strains, sprains
- » Minor infections
- » Minor broken bones (e.g., finger)
- » Minor burns
- » X-rays

Costs and Time Considerations**

- » Requires a **\$50 copay and/or coinsurance** usually higher than an office visit
- » Walk-in patients welcome, but waiting periods may be longer (urgency decides order)



Emergency Room

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- » Heavy bleeding
- » Spinal injuries
- » Chest pain
- » Severe head injury
- » Major burns
- » Broken bones

Costs and Time Considerations**

- » Requires a **\$100 copay and/or coinsurance**
- » Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- » Ambulance charges, if applicable, will be separate

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is VeracityRx. You may find information on our benefits coverage and search for network pharmacies by registering at veracity.procarerx.com or by calling the Customer Care at 888-388-8228. Your cost is determined by the prescription assigned category such as; Generic, Preferred, Non-Preferred, or Specialty Drugs.

Pharmacy Coverage copays are as follows:

Plans	PPO	HDHP
Rx Deductible	None	Integrated with Medical
Tier 1- Generic	\$15	0%*
Tier 2- Name Brand	\$50	0%*
Tier 3- Non-formulary	\$75	0%*
*After deductible		

**Non-preferred pharmacies are CVS, Target, Walgreen's, and Rite-Aid. All other pharmacies are considered preferred. Please note that Non-Preferred pharmacies have a higher copay.

VeracityRx will oversee and manage your pharmacy benefits handle all claims, and customer service functions including Specialty and International Rx fulfillment.

Where You Can Fill Prescriptions

Your plan uses a preferred/non-preferred pharmacy network, so virtually any pharmacy can fill your prescription(s).

*If you choose to go to a non-preferred pharmacy, you will have a higher copay. Non-preferred pharmacies are CVS, Target, Walgreen's, and Rite-Aid.

*Specialty Medications are excluded from the plan.

How to Connect

- You can reach VeracityRx 24 hours a day, 7 days a week – they're always available to take your call, even on holidays.
- Locate a network pharmacy
- Understand your pharmacy benefit
- Get prior authorization information
- Call 888-388-8228

Member Portal Access and Benefits Management

- Register for your member portal access at <https://veracity.procarerx.com>

Note: To access the secured portal listed above, the full web address must include

Click [here](#) to learn more about this plan and about International and Specialty Medications

Here's a few ways our Pharmacy program strives to save members money.

Go Generic and Save

When you choose the generic prescription versus the brand name Rx, you can save on your member cost/copay. For example, if your physician prescribes the name brand "Norvasc" to manage your blood pressure, choose the generic form amlodipine and save yourself and the plan money.

Avoid High-Cost Pharmacies

Effective January 1, 2023, the following pharmacies are considered Non-Preferred: CVS, Target, Walgreen's, and Rite-Aid. Please note that Non-Preferred pharmacies have a higher copay.

Preferred Pharmacies: All independent pharmacies and grocery stores are considered preferred.

Get your 90-day prescription filled right at your favorite preferred pharmacy

You can elect to get a 90-day fill using your local pharmacy. This benefit is not available via mail order.

Specialty Pharmacy Services

- Specialty Medication
 - Specialty Medications are EXCLUDED from the plan. When you have been prescribed a Specialty Drug be sure to go to www.veracity-rx.com and enroll. A Veracity-Rx pharmacist will be in touch and will work closely with you and/or covered family members who are taking a specialty Rx. With this program, the Veracity-Rx team member will pursue getting the medication covered through patient assistance. In most cases, members will qualify for free medication which saves you and the college a lot of money. These particular medications can cost anywhere from \$80,000 to \$500,000 and up. If you choose not to participate in the Veracity-Rx Specialty pharmacy program, you will be responsible for the full cost of the medication.
- Personal Importation Medications
 - When you have been prescribed a drug that can be attained by the Veracity-Rx pharmacy benefit provider in Canada you will no longer have a copay, the medication is mailed directly to your home and often is available in 90-day fills; and Centenary will save at least 50% on the cost of the medication. Many of these medications cost \$1000 a month for the college, so if we can reduce that cost, we all benefit. It is important to point out these medications are exactly the same medications you get in the U.S. If you are prescribed a medication on the International list, please enroll at www.veracity-rx.com immediately. A Veracity-Rx team member will be in touch with you and walk you through the next steps.

Note: Some drugs require a pre-authorization.



Health Savings Account



Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax free. You must be enrolled in a High Deductible Health Plan (HDHP) to contribute.

IMPORTANT - You **CANNOT** use your health savings account to pay for direct primary care fees for services provided to you through First Primary Care, but you can maintain an HSA and contribute to it for other non-DPC services.

Your HSA can be used for qualified expenses, including those of your spouse and/or tax dependent(s), even if they are not covered by your medical plan.

Flores will issue you a debit card, giving you direct access to your account balance. When you have a qualified expense, you can use your debit card to pay. You must have a balance to use your debit card. There are no receipts to submit for reimbursement, but we recommend you save your receipts. IRS Publication 502 provides a complete list of eligible expenses and can be found on [irs.gov](https://www.irs.gov).

Eligibility

You are eligible to contribute to an HSA if:

- » You are enrolled in a qualified HDHP
- » You are not covered by any other non-HDHP medical plan
- » You or your spouse do not have a Healthcare FSA or Health Reimbursement Arrangement
- » You are not eligible to be claimed as a dependent on someone else's tax return
- » You are not enrolled in Medicare, Medicaid, or TRI CARE
- » You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration)

Individually Owned Account

You own and administer your HSA. You determine how much you'll contribute to the account, when to use the money to pay for qualified medical expenses, and when to reimburse yourself. HSAs allow you to save and roll over money if you do not spend it in the calendar year. The money in this account is portable, even if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

HSA Funding Limits

Each year, the IRS places a limit on the maximum amount that can be contributed to an HSA. For 2025, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$4,300
FAMILY	\$8,550
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

How to Enroll

1. You must elect the HDHP medical plan
2. Designate your contribution
3. Submit HSA enrollment materials

Centenary will establish an HSA account in your name and deposit contributions once bank account information has been provided and verified.

Maximize Your Tax Savings

Contributions to an HSA through payroll deductions are contributed on a pre-tax basis. The money in this account (including interest and investment earnings) grows tax-free. As long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

You can view balance information, claim filing deadline, as well as the status of claims you have submitted by logging into your participant account at www.flores247.com

Click [here](#) for HSA plan information

****enrolling in the college pre-taxed HSA disqualifies you for First Primary Care services**

Flexible Spending Accounts



Take control of your spending! A Flexible Spending Account (FSA) is a tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$3,300 annually (or the IRS limit for 2025, if different) for qualified expenses (deductibles, copays, coinsurance, for example) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement. For a full list of qualified FSA expenses visit www.irs.gov.

Note: You are not eligible to contribute to a Health Savings Account if you are participating in a Healthcare FSA.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

If you have a question about a reimbursement, contact Flores at www.flores247.com or 800-532-3327.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- » Expenses must occur in the current plan year and submitted by February 29, 2025.
- » Funds cannot be transferred between FSAs.
- » You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- » You must “use it or lose it” — any unused funds over \$660 will be forfeited.
- » You cannot change your FSA election in the middle of the plan year without a qualifying life event.

Click [here](#) to learn more about the FSA plan

Click [here](#) to learn more about the DCA plan

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don’t elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for child or elderly dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- » With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- » Expenses are reimbursable if the provider is not your dependent.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- » In-home babysitting services (not provided by a dependent)
- » Care of a preschool child by a licensed nursery or day care provider
- » Before- and after-school care
- » Day camp
- » In-house dependent day care

Note

You can use your Healthcare FSA funds to pay for deductibles, copays, coinsurance, over-the-counter medications, and more.

FSA vs HSA

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are both ways to save pre-tax money to pay for eligible healthcare costs. Which one is best for you?

	FLEXIBLE SPENDING ACCOUNTS	HEALTH SAVINGS ACCOUNTS
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account.	You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs.
ELIGIBILITY & ENROLLMENT	All full-time employees are eligible for the Healthcare FSA. You cannot make changes to your contribution during the plan year without a qualifying life event. You cannot be enrolled in both a Healthcare FSA and an HSA.	1. You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. 2. You can change your contribution at any time during the Plan Year.
TAXATION	Contributions are tax free via payroll deduction.	The money in the account is "triple tax free," meaning: 1. Contributions are tax free. 2. The account grows tax free. 3. Funds are spent tax free when used for qualified expenses.
CONTRIBUTIONS	Your contribution limit for 2024 is \$3,050 or the IRS limit.	The IRS contribution limit for 2024 is \$4,150 for individuals and \$8,300 for families. This includes the employer contribution. If you are 55 or older, you may make an annual "catch-up" contribution of \$1,000.
PAYMENT	You will be provided with a debit card to pay for eligible expenses. In some instances, you may need to pay up front and get reimbursed from the account. You must submit your receipts for reimbursement.	Your HSA includes a debit card, which you may use to pay for qualified expenses directly. You decide when and if you should use the money in your HSA to pay for qualified expenses, or if you want to use another account to pay for services and save the money in your HSA for future qualified expenses or retirement.
ROLLOVER OR GRACE PERIOD	You must incur the expense(s) by March 15, 2025 and submit your expense(s) by April 15, 2025.	The money in the account rolls over from year to year. Funds are always yours and may be used for future qualified expenses.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov .	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. Visit IRS Publication 502 on www.irs.gov for a complete list.
OTHER TYPES	Dependent Care FSA - Allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as day care and before- and after-school care.	There is only one type of HSA.

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

You can view balance information, claim filing deadline, as well as the status of claims you have submitted by logging into your participant account at www.flores247.com

Dental Benefits



Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

Dental PPO

You may choose to receive care from a participating in-network dentist or any dentist of your choice. If your dentist doesn't participate in your plan's network, your

out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit MutualofOmaha.com/Dental to register to the dental portal.

		PPO
		IN-NETWORK (YOU PAY)
CALENDAR YEAR DEDUCTIBLE		
	INDIVIDUAL	\$50
	FAMILY	\$150
CALENDAR YEAR MAXIMUM		
	PER PERSON	\$1,500
COVERED SERVICES		
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, X-rays		\$0 ¹
BASIC SERVICES Simple extractions, Fillings, Perio maintenance		10% after deductible
MAJOR SERVICES Periodontics, Endodontics, Oral Surgery, Crowns, Dentures, Bridges		40% after deductible
ORTHODONTICS Dependent Child(ren) to age 19		50%
ORTHODONTIC LIFETIME MAXIMUM		\$1,500

CONTRIBUTIONS

	MONTHLY (12 MONTHS)	MONTHLY (10 MONTHS)	BI-WEEKLY
EMPLOYEE	\$18.60	\$22.31	\$9.30
EMPLOYEE + SPOUSE	\$38.48	\$46.18	\$19.24
EMPLOYEE + CHILD	\$54.48	\$65.37	\$27.24
EMPLOYEE + FAMILY	\$73.47	\$88.16	\$36.74

Click [here](#) to access the Dental plan document

Vision Benefits



Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family.

To locate a vision provider log on to [Mutual of Omaha - Vision](#)

VISION PLAN

		IN-NETWORK	FREQUENCY	
EXAMS				
	GLASSES	\$10 copay	Once every 12 months	
	CONTACT LENS	Up to \$40		
LENSES				
	SINGLE VISION	\$25 copay	Once every 12 months	
	BIFOCAL, TRIFOCAL & LENTICULAR	\$25 copay		
	PROGRESSIVE STANDARD	\$65 copay		
	PROGRESSIVE PREMIUM	\$85 - \$110 copay		
CONTACTS (IN LIEU OF LENSES AND FRAMES)				
	ELECTIVE	\$0 copay, \$130 allowance plus 15% off balance over \$130	Once every 12 months	
	MEDICALLY NECESSARY	\$0 copay		
FRAMES				
	ALLOWANCE	\$130 allowance 20% off balance over \$130	Once every 12 months	
CONTRIBUTIONS				
		MONTHLY (12 MONTHS)	MONTHLY (10 MONTHS)	BI-WEEKLY
	EMPLOYEE	\$4.04	\$4.85	\$2.02
	EMPLOYEE + SPOUSE	\$7.93	\$9.52	\$3.97
	EMPLOYEE + CHILD	\$8.53	\$10.23	\$4.26
	EMPLOYEE + FAMILY	\$12.31	\$14.77	\$6.15

NOTE - Laser Vision Correction coverage available at 15% off retail price or 5% off promotional price.

Click [here](#) to access the Vision plan document

Survivor Benefits



It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event. Life and Accidental Death and Disability (AD&D) insurance is provided by Mutual of Omaha.

Basic Life and Accidental Death & Dismemberment Insurance

Centenary College provides full-time employees with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance at 1X your base annual salary up to \$250,000. The spouse life benefit is \$5,000 and the child benefit is \$2,000 (limited to \$400 for under 14 days old). You will automatically receive the benefits even if you waive other coverage. This plan is provided to you at no cost.

Imputed Income Taxes

The amount of your Group Life Insurance which exceeds \$50,000 is pre-taxed. The taxable amount is determined according to an IRS schedule based on your age and is called imputed income. The amount of imputed income resulting from our Group Life Insurance is included on your annual W-2 Form. Click [here](#) to learn more about the Basic Life plan

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life and AD&D insurance benefits in the event of your death. You receive the benefit payment for a dependent's death.

Included with Life and AD&D

Living Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 80% of your life insurance benefit (up to \$200,000) while you are still living. This amount will be taken out of the death benefit and may be taxable. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements and may be taxable. Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Travel Assistance

If you, your spouse, or dependent children experience a medical emergency while traveling more than 100 miles from home or to another country, you have access to Mutual of Omaha's travel assistance services for up to 120 days. You can use travel assistance for pre-trip assistance, Emergency travel support services, medical assistance, and identity theft. Call 1-800-856-9947 for inquiries within the U.S. For outside the U.S., call collect at 312-935-3658.

Portability

You may be able to keep coverage if you leave the company, retire, or change the number of hours you work.



Voluntary Life and AD&D Insurance

Eligible employees may purchase additional Voluntary Life and AD&D insurance for more peace of mind. If you are insured you may also elect coverage for your spouse and/or child(ren), not to exceed 100% of employee amount. Premiums are paid through payroll deductions.

VOLUNTARY EMPLOYEE LIFE AND AD&D

COVERAGE AMOUNT	\$10,000 increments up to 5 times annual salary
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000
GUARANTEE ISSUE (GI)	5 times annual salary, up to \$150,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Any amount above GI and/or any increase thereafter, late entrants

VOLUNTARY SPOUSE LIFE

COVERAGE AMOUNT	\$5,000 increments up to \$250,000
WHO PAYS	Employee
MAXIMUM BENEFIT	100% of employee's benefit, up to \$250,000
GUARANTEE ISSUE (GI)	100% Employee election up to \$50,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Any amount above GI and/or any increase thereafter, late entrants

VOLUNTARY CHILD LIFE

COVERAGE AMOUNT	Up to \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

Age Reduction

Coverage amounts for Voluntary Life/AD&D Insurance will reduce to 67% of the original amount when you reach age 70, and will reduce to 33% of the original amount when you reach age 75. Coverage may not increase after a reduction.

Click [here](#) to learn more about the Voluntary Term Life plan.



Voluntary Life/AD&D Premiums

VOLUNTARY LIFE INSURANCE	
COST PER \$10,000	
AGE	12 MONTHS
Under 30	\$0.96
30 -34	\$1.13
35 -39	\$1.39
40 -44	\$1.57
45 -49	\$1.74
50 -54	\$2.44
55 -59	\$3.65
60 -64	\$6.52
65 -69	\$9.93
70+	\$25.76

VOLUNTARY DEPENDENT LIFE INSURANCE	
COST PER \$5,000	
	Rate
Spouse Life Rate	½ of Employee rates listed above and based on employees age

COST PER \$10,000	
	Rate
Child(ren) Life Rate \$10,000 of coverage	\$2.00

CALCULATIONS	
How to Calculate the Life/AD&D Cost per Month	Life coverage amount ÷ \$1,000 x age rate = monthly cost

Waiver of Premium

Your cost may be waived if you are totally disabled for a period of time.

Social Security Benefit

In the event of your death prior to retirement, assuming you have met the minimum qualifications for survivor's benefits, your spouse and children could receive a lump sum social security death benefit. Social Security could also provide a monthly income to your family based on the retirement benefits you would have been eligible to receive. This benefit is funded by the social security taxes paid by you and Centenary College.

Income Protection



Centenary College offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating illness or injury. A portion of your income is protected until you can return to work, or you reach retirement age.

Short-Term Disability (STD) Insurance

Short-term disability insurance provides nearly full income replacement if you are unable to work for an extended period due to an approved medical condition. Once you have fulfilled the applicable waiting period, short-term disability insurance provides income protection up to 66 2/3% of your annual base. This plan is provided to you at no cost.

Click [here](#) to learn more about the STD plan

Long-Term Disability (LTD) Insurance

Long Term Disability (LTD) benefit offered through Mutual of Omaha and is available 180-days after the onset of your disability. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, pre-existing condition limitations and other income offsets may apply. This plan is provided to you at no cost.

Click [here](#) to learn more about the LTD plan



Monthly Maximum Benefit	\$10,000
Elimination Period	180 days
MAXIMUM PERIOD OF PAYMENT	AGE OF DISABILITY

If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.

If you experience a disability event please alert your manager and contact Human Resources for assistance on how to file a claim..

Retirement Planning



No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 403b account now can help keep you financially secure later in life. The Centenary College 403b plan provides you with the tools you need to prepare.

PLAN AT A GLANCE	
PLAN NAME	Centenary College of Louisiana 403b Plan
RECORDKEEPER	TIAA
WEBSITE	TIAA.org
ELIGIBILITY	Full-time employees on date of hire
COMPANY MATCH	Up to the first 5% of employees eligible salary contributions

All About 403b

This employer-sponsored retirement account can help your future self by saving money — tax free — from your paycheck. The sooner you participate in a 403b, the more time your assets have to grow.

Full-Time employees are eligible to participate in the TIAA Retirement program at any time throughout their employment with Centenary College. Contributions are made solely by the employee, on a tax-deferred basis. For more information, visit www.tiaa.org

Contributing to the Plan

The deferred contribution limit set annually by the IRS is \$23,500 for 2025.

If you are age 50 or older this year and you already contribute the maximum allowed to your 403b account, you may also make a “catch-up contribution.” This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$7,500 for 2025 — for a combined total contribution allowance of \$31,000.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed.

Who to Contact

TIAA National Contact Center (NCC)

1-800-842-2252 Monday-Friday 8:00 AM-10:00 PM EST

1-800-732-8353 (Monday-Friday 8:00 AM to 8:00 PM EST) to set up a virtual 1:1 consultation



Additional Benefits



Centenary College wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone, and the EAP benefit includes **three face-to-face visits** per issue with a licensed professional. All services provided are confidential and will not be shared with Centenary College. You may access information, benefits, educational materials, and more by phone at 1-800-316-2796 or mutualofomaha.com/eap

The Program provides referrals to help with:

- » Emotional health and wellbeing
- » Alcohol or drug dependency
- » Marriage or family problems
- » Job pressures
- » Stress, anxiety, depression
- » Grief and loss

SAMARITAN FUND PROGRAM

This program supports those who have serious medical conditions or high-cost medications that may be financially difficult, even with insurance in place. If accepted, you will get an individual health insurance plan combined with financial assistance that will leave you with little to no out-of-pocket costs for insurance premiums or care. If not accepted, you will have the option to elect the college's medical plan at open enrollment for the upcoming plan year.

- **Simple Qualification** - A representative guides you through the steps to see if you qualify. The information you share with us is kept secure.
- **Effortless Onboarding** - Your representative will set you up, and you're on your way before you know it.
- **Streamlined Maintenance** – You will be provided with a pre-loaded Samaritan Fund Program debit card with the funds specific to your program. This debit card allows you to pay for qualified medical expenses and prescriptions. There is also a Samaritan Fund mobile app that is available 24/7 to check balances and pull important documents.
- **Comprehensive Support** - Your devoted representative is available to support your health.

For more information, read [Samaritan Fund Program](#)



Accident Insurance: This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s). Click [here](#) for plan information.

Critical Illness Insurance: This insurance provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. Click [here](#) for more plan information.

Social Security Retirement Benefits: Centenary College contributes 6.20% of the first \$168,600 of salary towards a social security retirement benefits for you and your family. The monthly payments you will receive depend on your average earnings on jobs covered by Social Security. If you pre-tax your benefit dollars, your social security contributions will be reduced by the amount of what is pre-taxed.

Workers' Compensation: All employees, 100% of all medical, hospital, and doctor's charges for injury or accident which is occupationally caused

Unemployment Insurance: All employees

Vacation and Sick Leave: Full-time employees – staff only

Unpaid Family Medical Leave: Full-time and part time employees – certain restrictions apply

Jury Duty Leave: Full-time and part-time employees

Bereavement Leave: Full-time and part-time employees

Tuition Remission: Full-time and part-time employees

Direct Deposit: All employees

Gym Facility: All employees, free membership

Holidays: Full-time and part-time employees

Good Oral Health = Better Overall Health

Through an affiliation with Z Sonic, Mutual of Omaha dental customers can take advantage of an exclusive offer to purchase the Z Sonic toothbrush for \$90 off its retail price and get regular brush heads for \$2.75 each or premium brush heads for \$3.50 each, when you buy 4!

Here's How to Order:

Online

1. Go to: myzsonic.com/moo
2. Add products to your cart
3. Enter promo codes
4. Enter payment information

By Phone

Call (888) 228-7706
(mention the Mutual of Omaha member special)

ORDER OPTIONS:

- **Z SONIC** – \$59.95
(Originally \$149.95)
Promo Code: OMAHA1
- **Regular Brush Heads** – \$2.75 each*
(Originally \$5.50)
Promo Code: OMAHA2
- **Premium Brush Heads** – \$3.50 each*
(Originally \$7.00)
Promo Code: OMAHA3

**With purchase of 4 count*

Will Preparation Services

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

Create your will at www.willprepservices.com and use the code MUTUALWILLS to register

Hearing Discount Program

Hearing loss is often associated with advanced age, but people of all ages are affected by hearing loss due to a number of reasons,” said Michelle Lebens, director of Product Development at Mutual of Omaha. “That’s why we are excited to present these valuable services and discounts for employers to offer their workforce

	Level 1	Level 2	Level 3	Level 4	Level 5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	\$995	\$1,495	\$1,795	\$2,195	\$2,645

To learn more visit amplifonusa.com/mutualofomaha

Worldwide Travel Assistance

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.



WORLDWIDE
TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the
U.S. call toll free:

1-800-856-9947

Outside the U.S.
call collect:

(312) 935-3658

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.



Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. The cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- » **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- » **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outlines the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice from Centenary College About Your Prescription Drug Coverage and Medicare under the Aetna Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Centenary College of Louisiana and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Centenary College has determined that the prescription drug coverage offered by the Aetna plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Centenary College coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description, or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Centenary College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Centenary College changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- » Visit www.medicare.gov
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:

Name of Entity/Sender: Centenary College of Louisiana

Contact—Position/Office: Human Resources Administrator

Address: 2911 Centenary Boulevard
Shreveport, LA 71104

Phone Number: 318-869-5191

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, 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 of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 318-869-5191 or email hr@centenary.edu

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 318-869-5191 or email hr@centenary.edu

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e., legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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

To request special enrollment or obtain more information, contact Human Resources at 318-869-5191 or email hr@centenary.edu

Important Contacts

Carrier	Benefit	Web Address	Phone Number
CIGNA	Provider Network	www.mycigna.com	-
Veracity RX Specialty/Personal Medication assistance	Pharmacy	Veracity-rx.com	888-388-8228 678-529-6716
Mutual of Omaha	Dental	www.mutualofomaha.com/dental	1-800-927-9197
Mutual of Omaha	Vision	www.eyemedvisioncare.com/mutual	1-833-279-4355
Mutual of Omaha	Basic & Vol Life, LTD, critical illness	MutualofOmaha.com	1-888-482-7342
Mutual of Omaha	EAP	mutualofomaha.com/eap	1-800-316-2796
Flores & Associates	FSA, HSA	https://www.flores247.com/	1-800-532-3327
FAIR Health Consumer	Transparency Tool	https://www.fairhealthconsumer.org/medical	1-855-566-5871
TIAA	TIAA National Contact Center (NCC)	https://www.Tiaa.org/	1-800-842-2252 or 1-800-732-8353 (to set up a virtual 1:1 consultation)
Benefits Service Center Marsh McLennan / EBMS	Insurance Broker	CentenaryBenefits@marchmma.com	1-844-208-5744 PIN 2143

Benefits & Enrollment Contacts	Email Address	Phone Number
Patricia Netherton Director of HR	pnetherton@centenary.edu	Direct Line: 318-869-5191 Cell: 318-465-6250
Leigh Branyon Benefits Advisor	Leigh.Branyon@MarshMMA.com	Direct Line: 214-538-9624 Cell: 225-678-0570
Kylie Vail Benefits Producer	Kylie.Vail@MarshMMA.com	Direct Line: 318-548-4766 Cell: 318-677-9772
Callie Ware Benefits Advisor	Callie.Ware@MarshMMA.com	Direct Line: 318-429-0553 Cell: 318-548-4841