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What’s New for 2015

New for 2015

Medical Plan Changes
For our 2015 plan year, the Kaiser plan has a moderate reduction in premium costs. The Anthem Blue Cross, Delta Dental and VSP employee contribution rates remain the same.

University-sponsored medical plans comply with all Health Care Reform requirements. USF’s medical coverage will meet or exceed the mandated affordability and coverage requirements. For 2015, this includes the following:

• Out-of-pocket maximums will now include prescription drug copays (in addition to medical copays, deductibles and coinsurance).
• Women over age 35 who are asymptomatic but at increased risk for breast cancer will have no cost share for certain preventive anti-cancer medications when prescribed by a plan provider.
• Older adults with a significant history of smoking will be eligible for CT scans of the thorax to screen for lung cancer at no cost share.

Reminders

$2,500 Healthcare Flexible Spending (FSA) Account Limit
The limit for 2015 will remain at $2,500 per participant, not per household.

New FSA Vendor
USF moved to a new vendor for the healthcare FSA and dependent care FSA in August of 2014. Custom Benefit Administrators (CBA) now handles these accounts for USF participants. More detail about CBA and FSA accounts can be found later in the FSA section.

Online Benefits Enrollment
All benefits eligible employees are required to sign up for their 2015 benefit elections online via BeneTrac, USF’s new online enrollment platform. See the Enrollment Information section of this guide for more detail.

The University of San Francisco offers a comprehensive benefits package to full-time faculty and staff and their eligible dependents.
New Faculty and Staff
All newly benefits-eligible faculty and staff are required to attend a benefits orientation. The session is designed to provide an overview of your benefits and instructions on how to enroll.

Who is Eligible

Employees:
- Regular full-time employees who work more than 30 hours per week
- For Branch Campuses: Assistant Director, Librarian, Librarian Assistant
- Jesuits who are members of the USF Jesuit Community
- Employees of Fromm Institute, Loyola House, and St. Ignatius Church

Eligible Dependents:
- Your legal spouse (same or opposite sex) or Registered Domestic Partner (RDP as set forth in California Family Code Section 297 and are same sex partners unless at least one is over age 62)
- Your natural child, adopted child, stepchild, legal ward, foster child, or an eligible dependent of your RDP up to age 26
- Your child over age 26 who is supported primarily by you, and is incapable of self-sustaining employment by reason of mental or physical handicap (proof of the condition and dependence may be required)

Employees who have a Legally Domiciled Adult (LDA) enrolled are considered to be grandfathered into the plans they were enrolled in as of December 31, 2011. Grandfathered LDAs (GF LDA) may continue participation in those benefits they were enrolled in as of January 1, 2012. No new enrollment of an LDA will be permitted as of January 1, 2012. If you drop your GF LDA from coverage, he or she may not rejoin the plan as an LDA.

The table below shows when you are eligible for each of the benefit plans:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision</th>
<th>FSA</th>
<th>Childcare Subsidy</th>
<th>Short-Term Disability</th>
<th>Long-Term Disability</th>
<th>Basic Life/AD&amp;D</th>
<th>Voluntary Life/AD&amp;D</th>
<th>EAP</th>
<th>Retirement</th>
<th>Commuter Benefit</th>
<th>Tuition Remission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>1st of the month following date of hire</td>
<td>1st of the month following date of hire</td>
<td>Date of hire</td>
<td>1st of the month following the date in which the first online order is placed</td>
<td>After one year of full-time service (Self/Spouse/RDP)</td>
<td>Immediately for Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jesuit</td>
<td>Date of hire</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty</td>
<td>Date of hire</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Open Enrollment
Open Enrollment is held in the fall and offers you the opportunity to review and make changes to your benefit elections effective January 1, 2015.

During Open Enrollment all benefits eligible employees must review and enroll online through BeneTrac. This is your opportunity to:
- Make changes to your medical, dental, vision, voluntary life, dependent life, and/or voluntary AD&D coverage
- Add or remove coverage for a dependent
- Apply to waive the $75/month Spousal Surcharge
- Enroll (or re-enroll) in a Flexible Spending Account (healthcare or dependent care) or Childcare Subsidy
- Waive medical coverage to receive $75/month
Enrollment Procedures

New! Beginning with open enrollment for 2015, USF will use an online enrollment system, BeneTrac. New hires have 30 days from the date of hire to complete their online enrollment. Before you enroll online, please consider the following information:

- Collect the date of birth, Social Security Number (SSN) and address for each dependent and/or beneficiary you wish to include
- Consider your needs and the needs of your eligible dependents. Review any coverage offered through your spouse’s/Registered Domestic Partner’s employer to avoid costly duplicate coverage
- Carefully review the plan information in this Benefits Guide and plan materials available online at http://www.usfca.edu/hr/benefits

Making Elections in BeneTrac

- Log into BeneTrac using the instructions available at http://www.usfca.edu/hr/benefits/online_enrollment
- Verify your information as well as that of your dependents
- Elect or waive coverage for each benefit block
- Enter your beneficiaries (SSN not required)
- Click “Review and Finalize” to see a summary of your benefit elections
- Click “Agree to Above and Finalize My Selections”

When You Can Change Your Benefits: Qualifying Events

Current IRS regulations require that your benefit choices remain in effect during the calendar year unless you experience a qualified change in status, also known as a qualifying event.

Qualifying events include, but are not limited to:

- Marriage, divorce, legal separation, or entry into a Registered Domestic Partnership
- Death of spouse/RDP or other dependent
- Spouse/RDP employment begins or ends
- Dependent’s eligibility status changes
- Birth or adoption of a child
- You or your spouse/RDP experience a change in work hours that affects benefit eligibility
- Relocation into or outside of your plan’s service area

Please note that your qualifying event change must be consistent with the event. For example, if you give birth or adopt a child, you can add your child to medical coverage.

See the table below for the appropriate supporting documents:

<table>
<thead>
<tr>
<th>If you add this dependent</th>
<th>You must provide this supporting document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Copy of Marriage Certificate</td>
</tr>
<tr>
<td>Registered Domestic Partner (RDP)</td>
<td>Copy of Registered Domestic Partnership Certificate</td>
</tr>
<tr>
<td>Natural child</td>
<td>Copy of Birth Certificate</td>
</tr>
<tr>
<td>Adopted child</td>
<td>Copy of Adoption Decree</td>
</tr>
<tr>
<td>Stepchild</td>
<td>Copy of Birth Certificate</td>
</tr>
<tr>
<td>Dependent child of RDP</td>
<td>Copy of Birth Certificate</td>
</tr>
<tr>
<td>Legal ward or foster child</td>
<td>Copy of Court Documents and Last Tax Return</td>
</tr>
<tr>
<td>Disabled dependent child over age 26</td>
<td>Copy of Birth Certificate, Proof of Condition, and Last Tax Return</td>
</tr>
</tbody>
</table>

* 60 days if you, your spouse/RDP, or eligible dependent child loses coverage under Medicaid or a state Children’s Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.
Medical Benefits

Comprehensive and preventive healthcare coverage is important for protecting you and your family in the event of an illness or injury. The University offers two medical plan options so that you can find the plan that best fits your needs. Before choosing a plan, please refer to the **Medical Benefits at a Glance** chart on the next page for a comparison of each plan’s major provisions.

Kaiser Permanente HMO

Participants enrolled in the Kaiser Permanente Health Maintenance Organization (HMO) receive all medical treatment from Kaiser physicians, facilities, and pharmacies. The Plan does not cover services rendered by providers outside of the Kaiser Plan unless participants require immediate medical care for an urgent medical condition and are outside the Kaiser service area at the time. You may designate your primary care physician (PCP) who refers you to specialists within Kaiser.

Anthem Blue Cross PPO

The Anthem Blue Cross Preferred Provider Organization (PPO) Plan provides benefits when participants use an Anthem Blue Cross PPO network provider or a non-network provider. However, the levels of coverage are higher for network providers than for providers who are not in the Anthem Blue Cross network.

No referral is necessary from a primary care physician for services of specialists in or outside of the network. For many services, members must meet the annual individual deductible before the Plan begins paying benefits.

Services received out of network require you to submit a claim form for processing. You are responsible for paying any difference between the allowed customary and reasonable (C&R) amount and actual charges, in addition to your deductible and coinsurance.

Medical Plan Opt-Out Waiver

You may elect to opt out of the USF medical plan and receive $75/month in taxable income after showing proof of other medical coverage.

Spousal Surcharge

There is a $75/month surcharge on medical plan premiums for faculty and staff whose spouse/RDP/GF LDA has medical coverage available through his/her employer but is nevertheless covered under the USF medical plan.

All faculty and staff with a spouse/RDP/GF LDA enrolled in the USF medical plan will pay the surcharge unless a declaration is completed in BeneTrac and approved by the Benefits Team. **Annual recertification is required.**

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**Customary and Reasonable (C&R) Amounts for Anthem Blue Cross PPO**

C&R amounts are the fees the claims administrator considers appropriate for a medical expense based on the typical rates charged by other providers for a comparable service within the provider’s ZIP code. If you go to an out-of-network provider who charges more than the allowable C&R amounts established by the claims administrator, the provider may bill you for the remaining balance.

**Balance Billing Example:**

- Out-of-Network Provider Charge for an MRI: $2,000
- Anthem C&R Amount for MRI: $1,500
- Potential Balance Bill Amount to Member: $500
  (this would be in addition to any other member responsibility such as coinsurance and deductible)

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**Free Eligible Screenings**

Preventive care is covered in full under both medical plans. Keep current with your preventive care exams and screenings. Early screenings are the best way to detect and diagnose illnesses when they are at their most treatable stages.

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**Medical Benefits**

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**Medical Benefits**

Preventive care is covered in full under both medical plans. Keep current with your preventive care exams and screenings. Early screenings are the best way to detect and diagnose illnesses when they are at their most treatable stages.
Medical Benefits at a Glance

For more detailed information about coverage, please refer to your plan’s Summary Plan Description located at http://www.usfca.edu/hr/benefits. Percentages shown are the coinsurance amount you pay after you meet the deductible, if applicable. Out-of-network coinsurance is based on Customary and Reasonable (C&R) charges determined by the plan.

<table>
<thead>
<tr>
<th>Key Features</th>
<th>Kaiser Permanente HMO</th>
<th>Anthem Blue Cross PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>In-Network Only</td>
<td>In-Network</td>
</tr>
<tr>
<td>(Individual/Family)</td>
<td>None</td>
<td>$250/$750</td>
</tr>
<tr>
<td>Out-of-Pocket Limit</td>
<td>$1,500/$3,000</td>
<td>$889/$2,667*</td>
</tr>
<tr>
<td>(Individual/Family)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

**Physician Services**

- Doctor’s Office Visit: $15 copay
- Specialist Visit: $15 copay
- Specialist Visit: $20 copay, no deductible
- Specialist Visit: 30% after deductible

**Lab and X-ray Services**

- No charge
- 10% after deductible
- 30% after deductible

**Preventive Care**

- Well Baby & Child (under age 19): No charge
- Well Baby & Child (over age 19): No charge
- Adult Physical Exam: No charge
- Routine OB/GYN Exam: No charge
- Cancer Screenings (cervical, breast, prostate, colorectal): No charge

**Hospital Medical Services**

- Inpatient: No charge
- Outpatient: $15 copay per procedure
- Outpatient: 10% after deductible
- Outpatient: 30% after deductible

**Urgent Care Center**

- $15 copay per visit
- $15 copay per visit
- 10% after deductible
- 30% after deductible

**Emergency Room (waived if admitted)**

- $15 copay per visit
- $15 copay per visit
- 10% after deductible
- 30% after deductible

**Home Health Services**

- No charge (up to 100 visits per calendar year)
- 10% after deductible
- 30% after deductible

**Skilled Nursing Facility**

- No charge (up to 100 days per benefit period)
- 10% after deductible (up to 100 days per calendar year)
- 30% after deductible (up to 100 days per calendar year)

**Other Services**

- Acupuncture: $15 copay (physician referred)
- 10% after deductible
- 30% after deductible (combined 12 visit limit per calendar year)
- Chiropractic: $15 copay (up to 30 visits per calendar year)
- 10% after deductible
- 30% after deductible (combined 24 visit limit per calendar year)

**Prescription Drugs**

- Generic: $10 copay
- $10 copay
- $10 copay plus 50% of the maximum amount allowed
- Brand-name: Formulary: $20 copay
- $20 copay
- $20 copay plus 50% of the maximum amount allowed
- Brand-name: Non-Formulary: All drugs on formulary: $25 copay
- $25 copay plus 50% of the maximum amount allowed
- Supply: Up to 100-day maximum supply
- 30-day (Retail) or 31-day (Mail Order) maximum supply
- 30-day to 90-day maximum supply

*The Maximum Allowed Amount is the total reimbursement payable under the plan for covered services received from Participating and Non-Participating Providers. It is the payment towards the services billed by a provider combined with any applicable deductible, copayment or coinsurance. PPo Providers—The rate the provider has agreed to accept as reimbursement for covered services. Members are not responsible for the difference between the provider’s usual charges & the maximum allowed amount. Non-PPo Providers—For non-emergency care, reimbursement amount is based on: an Anthem Blue Cross rate or fee schedule, a rate negotiated with the provider, information from a third party vendor, or billed charges. Members are responsible for the difference between the provider’s usual charges & the maximum allowed amount. Members may be responsible for any amount in excess of the reasonable and customary value, even once the out-of-pocket maximum has been met. When using Non-PPo and Other Health Care Providers, members are responsible for any difference between the covered expense & actual charges, as well as any deductible & percentage copay.*

**Save Money with Your Prescription Drug Plan**

- Check with your doctor about a generic option.
- Use your plan’s mail order program for maintenance medication.
- Kaiser members pay one copay for up to a 100-day supply for mail order.
- Anthem members pay two copays for up to a 90-day supply for mail order.
Medical Benefits

Medical Coverage While Traveling
Whether you’re traveling domestically or internationally, participation in your medical plan (Anthem Blue Cross or Kaiser Permanente) will grant you coverage in the event of a life- or limb-threatening medical emergency. If you are traveling and receive emergency services, remember to retain all your receipts and related documentation. Call your insurance carrier at your earliest opportunity to inform them of any emergency services received.

Getting Care When You Need It Now
You have more choices than just the emergency room (ER) that can save you time and out-of-pocket costs. The ER shouldn’t be your first stop — unless there’s a true emergency.

Here’s a checklist:
- Are your symptoms severe and/or life-threatening?
- Did they occur suddenly and without warning?
- Is there excessive bleeding, extreme pain, shortness of breath or broken bones?
- Using your best judgment, do you believe there may be serious impairment to bodily functions or serious dysfunction of a bodily organ/part without immediate medical attention?

If you answered yes to any of these questions, call “911” or go to your nearest ER.

What is urgent care?
While both urgent and emergency care situations are serious, urgent care is for medical symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER.

Urgent care conditions include, but are not limited to: earache, sore throat, rash, sprained ankle, flu and fever not higher than 104°.

So what do you do when you need care right away, but it is not an emergency?
- **Anthem Medical Plan Participants**
  - Call Anthem’s 24/7 NurseLine at 800-977-0027.
  - Anthem members can find an urgent care center by visiting www.anthem.com/ca/erlat.

- **Kaiser Permanente Plan Participants**
  - Call Kaiser’s 24/7 NurseLine at 800-464-4000.
  - Kaiser members can find an urgent care center by visiting www.kp.org.

Useful Online Tools
Take advantage of the free tools offered by Kaiser and Anthem:

*As a Kaiser participant*, register for My Health Manager, and take charge of your health 24 hours a day, 7 days a week. This free online and mobile service allows you to view your and your family members health information, email your doctor through a secure messaging system, set appointments online, order prescription refills, and much more. My Health Manager is a secure, one-stop resource that helps you stay connected to your health care team from the convenience of your computer. To get started, visit kp.org/registernow.

*As an Anthem participant*, you have access to easy-to-use tools at home or on the go.
- **Visit anthem.com/ca**: Do your benefits seem too complex, or do you have a question about a specific Anthem service? Register for personalized guidance so you can learn how to use your medical plan effectively at anthem.com/ca. You can also compare costs for 168 common medical procedures and diagnostic services and find a list of facilities that take your insurance and perform the procedure. Maximize your benefits, and improve your health.
- **LiveHealth Online**: Talk with a doctor from the comfort of your own home. LiveHealth Online offers U.S. board-certified physicians with an average of 15 years of experience, available 24 hours a day, 7 days a week. This private, secure and convenient online doctor visit costs the same as an in-network visit. For more information, visit livehealthonline.com.
Dental Benefits

The University offers a dental Preferred Provider Organization (PPO) plan through Delta Dental of California. A dental PPO plan gives you the freedom to visit any in-network or out-of-network dentist you choose. You will have the maximum benefit by choosing a Delta Dental PPO contracted dentist. Delta Dental Premier dentists are also considered in-network. If you visit an out-of-network dentist, you will be responsible for the difference between the Delta Dental Maximum Plan Allowance (MPA) amount and the amount billed by a non-participating provider in addition to your coinsurance.

<table>
<thead>
<tr>
<th>Key Features</th>
<th>Delta Dental PPO</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Maximums</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Calendar Year</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>• Orthodontia Lifetime (per eligible child)</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Examinations, Cleaning</td>
<td>0% – 30%</td>
<td>0% – 30%</td>
<td>0% – 30%</td>
</tr>
<tr>
<td>• X-rays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fillings, simple tooth extractions</td>
<td>0% – 30%</td>
<td>0% – 30%</td>
<td>0% – 30%</td>
</tr>
<tr>
<td>• Sealants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Oral Surgery</td>
<td>0% – 30%</td>
<td>0% – 30%</td>
<td>0% – 30%</td>
</tr>
<tr>
<td>• Endodontics (Root canals)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Periodontics (Gum treatment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Crowns, inlays, onlays and cast restorations</td>
<td>0% – 30%</td>
<td>0% – 30%</td>
<td>0% – 30%</td>
</tr>
<tr>
<td>Prosthodontics Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td>50%</td>
<td>Separate $1,500 lifetime maximum per child</td>
<td></td>
</tr>
<tr>
<td>For dependent children up to age 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Accident</td>
<td>No charge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-participating providers are paid at the Delta Dental Premier MPA. The employee is responsible for paying the difference between the Delta Dental Premier MPA and the amount billed by the non-participating provider, plus any applicable coinsurance.

Demonstrating how the Delta Dental PPO plus Premier Plan design works

The following claim example demonstrates how lower out-of-pocket costs can be achieved with Delta Dental PPO plan options. Compare the patient’s share of costs at each network level below:

Claim Example: Implant

<table>
<thead>
<tr>
<th>Dentist Network Status</th>
<th>Delta Dental PPO Network</th>
<th>Delta Dental Premier Network</th>
<th>Non-Contracted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist bills (submitted charge)</td>
<td>$875.00</td>
<td>$875.00</td>
<td>$875.00</td>
</tr>
<tr>
<td>Fee agreement with Delta Dental</td>
<td>$550.00</td>
<td>$650.00</td>
<td>No fee agreement with Delta Dental</td>
</tr>
<tr>
<td>Plan payment is 50%*</td>
<td>$275.00</td>
<td>$325.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>Patient’s share**</td>
<td>$275.00</td>
<td>$325.00</td>
<td>$525.00</td>
</tr>
</tbody>
</table>

*Hypothetical example for illustrative purposes assumes that the annual maximum has not been reached and that the benefit levels for in- and out-of-network treatment are the same.

**The patient's share for covered services may include coinsurance, any amount over the annual maximum, and for a Premier provider, any unpaid difference between the Premier provider's contracted fee and the PPO contracted fee.

Easy to Add Kids!

You can add your children up to age 4 at any time during the plan year.

Coinsurance

The coinsurance percentage for eligible dental services will decrease by 10% each year, to no charge for some services, for each enrollee provided they visit a dentist at least once during the calendar year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will revert to 30% of the cost.
Vision Benefits

The University’s vision plan offers vision care benefits through Vision Service Plan’s (VSP) extensive provider network. Benefits include annual eye exams, plus lenses and frames or contacts every other calendar year.

Vision Benefits at a Glance

<table>
<thead>
<tr>
<th></th>
<th>VSP</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Exam (every calendar year)</strong></td>
<td></td>
<td>100% after $20 copay</td>
<td>Up to $50</td>
</tr>
<tr>
<td><strong>Prescription Glasses (in lieu of contacts)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frames (every other calendar year)</strong></td>
<td></td>
<td>$120 frames allowance, then 20% off the amount over your allowance</td>
<td>Up to $70</td>
</tr>
<tr>
<td><strong>Lenses (every other calendar year)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Single Vision</td>
<td>Combined with exam</td>
<td>Up to $50</td>
<td></td>
</tr>
<tr>
<td>· Lined Bifocal</td>
<td>Combined with exam</td>
<td>Up to $75</td>
<td></td>
</tr>
<tr>
<td>· Lined Trifocal</td>
<td>Combined with exam</td>
<td>Up to $100</td>
<td></td>
</tr>
<tr>
<td>· Standard Progressive</td>
<td>$50</td>
<td>Up to $75</td>
<td></td>
</tr>
<tr>
<td>· Premium Progressive</td>
<td>$80-$90</td>
<td>Up to $75</td>
<td></td>
</tr>
<tr>
<td>· Custom Progressive</td>
<td>$120-$160</td>
<td>Up to $75</td>
<td></td>
</tr>
<tr>
<td><strong>Contacts (in lieu of prescription glasses)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lens Care (every other calendar year)</strong></td>
<td></td>
<td>Up to $60 exam and fitting $105 contact lens allowance</td>
<td>Up to $105</td>
</tr>
</tbody>
</table>

Additional Benefits

Diabetic Eyecare Plus Program (as needed) $20 copay for services related to type 1 and type 2 diabetes. Ask your VSP doctor for details.

Extra Savings and Discounts

5%-15% off fees for laser vision correction surgery
20%-30% off additional pairs of glasses

Additional Benefits

With VSP as your vision care provider, you and your covered dependents have access to additional benefits:

- **TruHearing Program**: Hearing aids can be costly, but through the TruHearing Program you and your enrolled family members can receive a pair of hearing aids for free. The TruHearing Program is the first and only state-approved discount health medical organization for hearing. Membership in the TruHearing Program gives you access to a national network of more than 4,000 licensed hearing aid professionals, a selection of more than 90 digital hearing aids in 400 styles, savings of up to $1,300 per hearing aid purchase, and deep discounts on additional batteries. Plus, each hearing aid purchase from TruHearing includes three professional visits, a 45-day money-back guarantee, and 48 replacement batteries. Learn more about this program at vsp.truhearing.com or call 877-396-7194.

- **Discounted Frames**: Are your glasses ready for an update? VSP offers a $20 discount on featured frame brands like Calvin Klein, Diane von Furstenberg, Valentino, Sean John and many more. Choose a frame style from one of the brands, and $20 will automatically be applied to your purchase. To find a doctor who carries the discounted brands, visit vsp.com.
Flexible Spending Accounts (FSAs)

You can choose to enroll in one or both FSA accounts—the Healthcare FSA and the Dependent Care FSA—through Custom Benefit Administrators (CBA). These accounts save you money by allowing you to set up regular pre-tax deductions from each paycheck. Your contributions are deducted before federal, state, and Social Security taxes are withdrawn, saving you money on your taxes. You may then use the accounts to pay for eligible health and/or dependent care out-of-pocket expenses with your pre-tax dollars.

<table>
<thead>
<tr>
<th></th>
<th>Healthcare FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advantages</strong></td>
<td>• Pay for eligible, out-of-pocket expenses with pre-tax dollars • Reduce your taxable income • Increase your take home pay</td>
<td></td>
</tr>
<tr>
<td><strong>What’s Covered</strong></td>
<td>In general, health-related expenses that are not covered by a health plan</td>
<td>In general, dependent care expenses that allow you (and your spouse if you are married) to work</td>
</tr>
<tr>
<td><strong>Eligible Expenses</strong></td>
<td>Examples include: • Out-of-pocket costs • Deductibles and copays • Healthcare expenses not covered by your plan and approved by the IRS • Over-the-counter medications that are prescribed by a physician</td>
<td>Examples include: • Childcare for children under age 13 • Adult dependent daycare • Dependent daycare centers • Preschool expenses</td>
</tr>
<tr>
<td></td>
<td>For more information, see “Common Eligible and Ineligible Expenses for FSAs” on the next two pages.</td>
<td></td>
</tr>
<tr>
<td><strong>Restrictions</strong></td>
<td>Medical expenses that are not deductible under Section 213 may not be reimbursed • Over-the-counter drugs not prescribed by a physician are not eligible</td>
<td>Expenses reimbursed under this plan may not be claimed as a federal tax credit on your tax return</td>
</tr>
<tr>
<td><strong>Maximum Annual Election</strong></td>
<td>$2,500</td>
<td>$5,000 per household ($2,500 if married and filing separately)</td>
</tr>
<tr>
<td><strong>Access to Funds</strong></td>
<td>Immediate access to annual elections</td>
<td>You may access these funds only as they are contributed</td>
</tr>
</tbody>
</table>

**Use It or Lose It**

FSAs are administered under Sections 125 and 129 of the Internal Revenue Code. IRS regulations require that if, at the end of a plan year, the actual expenses you incur are less than the amount you contribute to an FSA, you must forfeit the excess amount. The USF plan is a calendar year plan.

There is a grace period from January 1 through March 15, 2016 during which you may continue to incur expenses and obtain reimbursement from your 2015 Healthcare FSA balance. You may file claims for expenses incurred during the 2015 plan year and the grace period through March 31, 2016. It is important that you make your FSA elections carefully to avoid forfeiture under the plan. There is no grace period for dependent care accounts.

When you have incurred qualified healthcare and/or dependent care expenses, you can submit a claim form and documentation to CBA for reimbursement. CBA also offers a debit card solution. Participants in the Healthcare FSA plan can swipe their CBA Benny debit card at participating pharmacies, hospitals, and doctors’ offices, including vision and dental clinics. If you use your Benny card, please make sure to retain your receipts in case substantiation of the purchase is required.

Remember! Purchases made with your card on or after January 1, 2015 will access funds from your 2014 FSA first.

---

**Stop Losing Money!**

Lower your taxes and save money by participating in the Healthcare FSA. Visit www.cbaadministrators.com for tools to help you determine your FSA needs.

**Healthcare FSA Maximum for 2015**

The Healthcare FSA maximum will remain the same as last year: $2,500 per employee, regardless of whether you cover just yourself or your family. Because it is per employee, your spouse can also claim the $2,500 with his/her employer.

**Debit Card Reminder**

Purchases made with your Benny card on or after January 1, 2015 will access any remaining funds from your 2014 FSA account first before your 2015 elected amount.
Common Eligible and Ineligible Expenses for FSAs

This is a list of the most asked about expenses. For a complete list of eligible and ineligible expenses visit www.irs.gov/publications/p502/index.html.

Healthcare FSA — Common Eligible Expenses

- **Dental**
  - X-rays
  - Dentures and bridges
  - Exams and teeth cleaning
  - Extractions and fillings
  - Oral surgery
  - Orthodontia/braces
  - Periodontal services
- **Medical Equipment/Supplies**
  - Air purification equipment*
  - Arches and orthotic inserts
  - Breast pumps
  - Crutches, walkers and wheelchairs
  - Exercise equipment*
  - Nebulizers
  - Orthopedic shoes*
  - Prothesis
  - Syringes
- **Obstetrics**
  - Lamaze class
  - Lactation supplies
  - OB/GYN exams
  - OB/GYN pre-paid maternity fees (as services are received)
  - Pre- and postnatal treatments
- **Medical Services**
  - Acupuncture
  - Alcohol and drug substance abuse
  - Ambulance
  - Chiropractic
  - Coinsurance/copays
  - Fertility treatment
  - Immunizations and vaccinations
  - Mileage*
  - Physical exams
  - Reconstructive surgery*
  - Transportation expenses*
- **Therapy**
  - Counseling (not marital or career)
  - Massage*
  - Occupational
  - Physical
  - Smoking cessation program
  - Speech
  - Weight loss programs*
- **Hearing**
  - Hearing aid devices
  - Exams
- **Lab Exams / Tests**
  - Blood tests
  - Lab fees
  - X-rays and scans
- **Vision**
  - Exams
  - Prescription eyeglasses and contact lenses
  - Laser eye surgeries
  - Prescription sunglasses

Healthcare FSA — Common Ineligible Expenses

- Cosmetic surgery/procedures
- Electrolysis
- Hair loss medication
- Insurance premiums/interest
- Long-term care premiums
- Marriage counseling
- Teeth bleaching/whitening
- Toothbrush/toothpaste
- Vitamins-supplements*

Note: Expenses marked with an asterisk (*) may potentially require a Letter of Medical Necessity or a prescription from your healthcare provider to qualify for reimbursement.
Over-the-Counter (OTC) Items

The charts below show common OTC items, some of which do not require a prescription.

<table>
<thead>
<tr>
<th>Eligible without a prescription</th>
<th>Ineligible without a prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Denture adhesives, repair and cleansers</td>
<td>• Acne medications</td>
</tr>
<tr>
<td>• Diabetes testing and insulin</td>
<td>• Allergy, cold, cough, flu and sinus</td>
</tr>
<tr>
<td>• Ear care</td>
<td>• Antifungal (foot or feminine)</td>
</tr>
<tr>
<td>• Elastic/athletic treatment</td>
<td>• Antiseptics and wound cleaners</td>
</tr>
<tr>
<td>• Contact lens care</td>
<td>• Baby teething pain</td>
</tr>
<tr>
<td>• First-aid dressings and supplies</td>
<td>• Cold sore remedies</td>
</tr>
<tr>
<td>• Foot care treatments</td>
<td>• First-aid burn remedies</td>
</tr>
<tr>
<td>• Hearing aid and other medical batteries</td>
<td>• Hemorrhoid remedies</td>
</tr>
<tr>
<td>• Incontinence products</td>
<td>• Homeopathic remedies</td>
</tr>
<tr>
<td>• Pregnancy/ovulation kits</td>
<td>• Incontinence treatment products</td>
</tr>
<tr>
<td>• Prenatal vitamins</td>
<td>• Motion sickness</td>
</tr>
<tr>
<td>• Reading glasses</td>
<td>• Pain relief</td>
</tr>
<tr>
<td>• Walking aids</td>
<td>• Sleep aids/sedatives</td>
</tr>
<tr>
<td></td>
<td>• Stomach remedies (anti-gas, acid control, digestive aid)</td>
</tr>
</tbody>
</table>

Dependent Care FSA — Common Eligible Expenses

• After-school care
• Au pair
• Daycare
• Elder care
• Extended day programs

Note: The Dependent Care FSA is only used for childcare or elder care expenses that allow you to work. It is not used for dependent health care expenses.

The Dependent Care FSA only covers dependent care expenses that allow you to work. If you are married, both you and your spouse must be employed. The maximum amount per calendar year is $5,000 per married couple or single filing head of household and $2,500 for married filing jointly.

Dependent Care FSA — Common Ineligible Expenses

• After-school enrichment classes
• Diaper services
• Educational expenses
• Field trips
• Meals, snacks or beverages
• Summer overnight camps
Basic Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance helps protect you and your family’s financial security in case of accident, injury, or death. As an eligible faculty or staff member, you receive basic life and AD&D coverage at no cost to you through CIGNA.

Basic Life Benefit
- For yourself: 1 times annual salary rounded to the nearest $1,000 to a maximum of $500,000.

Basic AD&D Benefit
- For yourself: 1 times annual salary rounded to the nearest $1,000 to a maximum of $500,000.

Voluntary Life Insurance

Life and personal accident insurance can provide financial security for your beneficiaries in the event of your death. These are voluntary, employee-paid plans that supplement your USF-provided life insurance.

Beneficiaries

Be sure to update your beneficiary information this year in our new BeneTrac employee benefits enrollment website.
Voluntary Life & Voluntary Accidental Death & Dismemberment

The following information summarizes the key features of the benefits available to you.

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount*</th>
<th>Evidence of Insurability (EOI) Required?</th>
<th>Monthly cost (per $1,000 of coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voluntary Term Life—For You</strong></td>
<td></td>
<td>Based on your age as of January 1st</td>
<td></td>
</tr>
<tr>
<td>Supplements your basic life insurance by providing additional coverage in the event of death</td>
<td>1, 2, or 3 times your base annual salary</td>
<td>During Open Enrollment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the coverage amount is not a multiple of $1,000, then it is rounded to the next multiple of $1,000</td>
<td>• If enrolling for the first time, or if increasing your coverage by more than 1 times base salary, or if your coverage amount is greater than $400,000, then EOI is required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum coverage: $500,000</td>
<td>When You Are First Eligible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If your election is $400,000 or less, then EOI is NOT required</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If your election is over $400,000, then EOI is required</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0.05</td>
</tr>
</tbody>
</table>

**Voluntary AD&D—For You**

Supplements your basic AD&D coverage in the event of your death due to accident or covered disabling injury

This coverage can help replace lost income and lessen the impact of costs associated with serious injury

<table>
<thead>
<tr>
<th>Coverage Amount*</th>
<th>Evidence of Insurability (EOI) Required?</th>
<th>Monthly cost (per $1,000 of coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In increments of $25,000, up to a maximum of $250,000</td>
<td>EOI is not required</td>
<td>Employee Rate $0.027</td>
</tr>
</tbody>
</table>

**Voluntary AD&D—For Family Coverage**

Supplements your basic AD&D coverage in the event of your death due to accident or covered disabling injury

This coverage can help replace lost income and lessen the impact of costs associated with serious injury

<table>
<thead>
<tr>
<th>Coverage Amount*</th>
<th>Evidence of Insurability (EOI) Required?</th>
<th>Monthly cost (per $1,000 of coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For you:</td>
<td>EOI is not required</td>
<td>Family Rate $0.048</td>
</tr>
<tr>
<td>• In increments of $25,000, up to a maximum of $250,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For your Spouse/RDP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 40% of your coverage, or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 50% of your coverage up to $125,000 if you have no covered child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For your Child(ren):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 10% of your coverage, or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 15% of your coverage up to $37,500 if you have no covered Spouse/RDP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Voluntary Dependent Term Life—For Your Dependents**

Life insurance for your dependents, spouse/RDP under age 70

Unmarried child(ren) covered to age 19, unless full-time student, then to age 25

<table>
<thead>
<tr>
<th>Coverage Amount*</th>
<th>Evidence of Insurability (EOI) Required?</th>
<th>Monthly cost (per $1,000 of coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For you:</td>
<td>EOI is not required</td>
<td>$1.40 per month (Regardless of the number of covered children)</td>
</tr>
<tr>
<td>• In increments of $25,000, up to a maximum of $250,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For your Spouse/RDP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• $5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For your Child(ren):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• $2,000 for child(ren) one year and older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• $500 for child(ren) less than one year old</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Voluntary Life and Voluntary AD&D coverage will be reduced to 65% for faculty and staff reaching age 70. Your spouse/RDP will not be covered after reaching age 70.

Review Your Dependents

Make sure to review your dependents on your benefits coverage to determine that they are still eligible.

For example, the dependent term life benefit only covers unmarried child(ren) to age 19; unless they are a full-time student, then to age 25.

Your spouse/RDP will not be covered after reaching age 70.
For More Information
For more information regarding the short- and long-term disability plans, contact the Human Resources Benefits team at Lone Mountain Main, Room 339, by phone: 415-422-2442 or by email: benefits@usfca.edu.

Disability Insurance Plans

Short-Term Disability (STD) Insurance Plans

Voluntary Disability Insurance (VDI)
All USF California employees, except student employees, are eligible for coverage under USF’s California state-approved private Voluntary Disability Insurance Plan (VDI), which is a partial wage-replacement insurance plan, for short-term disability. Faculty and staff contribute through a required payroll deduction.

Employees are eligible to receive VDI benefits after a seven-day waiting period of a qualified accident or illness or pregnancy disability. The plan pays 60% of your current earnings for a maximum of 52 weeks for any one disability benefit period.

California State Disability Insurance (SDI)
The Disability Insurance Branch of the California Employment Development Department (EDD) administers the state’s disability insurance plan. State Disability Insurance (SDI) is a partial wage-replacement insurance plan for California workers. The SDI programs are state-mandated and funded through employee payroll deductions. Workers covered by SDI are covered by two programs: Disability Insurance and Paid Family Leave (PFL).

Comparison of USF’s STD Plans

<table>
<thead>
<tr>
<th>STATE PLAN (SDI)</th>
<th>USF VOLUNTARY PLAN (VDI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determination of Benefit</td>
<td>Uses Current Weekly Earnings which are normally higher than Base Period Earnings</td>
</tr>
<tr>
<td>Benefit Formula</td>
<td>55% of Base Period Earnings</td>
</tr>
<tr>
<td>Benefit Duration</td>
<td>52 Weeks Maximum</td>
</tr>
<tr>
<td>Benefit Distribution</td>
<td>Benefit Payment is taxed</td>
</tr>
<tr>
<td>Administered by</td>
<td>State of California</td>
</tr>
</tbody>
</table>

Voluntary Paid Family Leave (PFL)
All USF California employees are covered by USF’s Voluntary Plan or the CA State Plan and contribute through a required payroll deduction. The rate is equal to or less than the contribution rate established by the California EDD for the State Disability Insurance Plan (as described in the previous section). Employees are eligible for the PFL benefits after a seven-day waiting period.

The maximum and minimum weekly benefit is the same amount as stated under the VDI Plan. PFL benefits will be payable up to six weeks in a 12-month period upon compliance with all the PFL claim and eligibility requirements for any employee:

- Who requires PFL benefits to care for a Child, Grandchild, Grandparent, Parent, Parent-In-Law, Sibling, Spouse, or Domestic Partner;
- Who requires time to bond with a new child of the employee or the employee’s spouse/RDP/GF LDA;
- Who requires time to bond with a child in connection with adoption or foster care of the child of the employee or the employee’s spouse/RDP/GF LDA.

Long-Term Disability (LTD) Insurance Plan
Eligible faculty and staff are provided Long Term Disability (LTD) benefits through Cigna. The University pays the cost of this benefit for you.

<table>
<thead>
<tr>
<th>Waiting Period</th>
<th>90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Pays</td>
<td>60% of your basic monthly earnings</td>
</tr>
<tr>
<td>When Benefits End</td>
<td>The earlier of the following:</td>
</tr>
<tr>
<td>Definition of Disability</td>
<td>You are considered Disabled if, solely because of Injury or Sickness, you are:</td>
</tr>
<tr>
<td></td>
<td>1. Unable to perform the material duties of your Regular Occupation; and</td>
</tr>
<tr>
<td></td>
<td>2. Unable to earn 80% or more of your Indexed Earnings from working in your Regular Occupation.</td>
</tr>
<tr>
<td></td>
<td>After Disability Benefits have been payable for 24 months, you are considered Disabled if, solely due to Injury or Sickness, you are:</td>
</tr>
<tr>
<td></td>
<td>1. Unable to perform the material duties of any occupation for which you are, or may reasonably become, qualified based on education, training or experience; and</td>
</tr>
<tr>
<td></td>
<td>2. Unable to earn 60% or more of your Indexed Earnings.</td>
</tr>
</tbody>
</table>
Section 132(f) of the Internal Revenue Code allows you to reduce your commuting costs on transit per month by paying for certain transit expenses on a pre-tax basis.

USF contracts with a third-party administrator for the pre-tax commuter benefit. You can add transit passes and fares directly to your Clipper card using pre-tax dollars deducted from your paycheck. Benefits-eligible full-time faculty and staff who participate in the pre-tax commuter plan are eligible for the USF Commuter Subsidy of up to $65 per month if they do not have a USF parking permit. You are not eligible for the subsidy if you are not commuting or do not have an order placed.

You are responsible for maintaining your account. You must place your orders, make changes, or cancel your orders by the designated deadline each month in order to receive the transit benefit for the following month. You must tag your Clipper card by the 16th of each month in order to activate your monthly passes for that month. If you do not tag your Clipper card, your monthly pass will not load and cannot be refunded or recovered.

The subsidy will be applied to your active order each month. Deductions from your paycheck are pre-tax. In order to receive the subsidy each month, you must have an active order and be actively at work. There are no refunds or retroactive or prospective payments of the subsidy. It is designed to be used in conjunction with the pre-tax commuter program on a monthly basis. In accordance with IRS regulations, your pre-tax commuter dollars are not refundable, so plan carefully for your transit needs.

Your commuter benefits are effective:

<table>
<thead>
<tr>
<th>Who is Eligible</th>
<th>Benefit Election Period</th>
<th>Benefit Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits-Eligible Employees without a USF parking permit*</td>
<td>• You must submit a Pre-Tax Commuter Plan and Subsidy Enrollment form.</td>
<td>1st of the month following the date in which the online order is placed.</td>
</tr>
<tr>
<td></td>
<td>• Place your order with the third-party administrator by the deadline each month.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Visit <a href="http://www.usfca.edu/hr/benefits">http://www.usfca.edu/hr/benefits</a> for updated information regarding the ordering deadlines.</td>
<td></td>
</tr>
</tbody>
</table>

*If you live within a half-mile radius of the perimeter of campus, you are not eligible for the commuter subsidy. You may participate in the pre-tax monthly benefit with your own pre-tax payroll deductions.

Clipper Card Helpful Information

- You must “tag” your card to a card reader by the 16th of the month in order to pick up your order for that month. If you do not tag your card by the 16th, you will lose the ability to load and use your pass for that month. Once a pass is lost for failure to tag your card, it is not recoverable.
- Monthly passes expire at the end of the month. Unused passes do not roll over and are non-refundable; they are lost. Unlike monthly passes, unused cash remains on your card until you use it.
- Clipper cards will hold a maximum of $300. If the value of an order causes the total card value to exceed $300, the order will not load and you may lose it. USF does not issue refunds.
- Orders will not load if your Clipper card balance is negative.
- For lost or stolen cards, you must register your new card at clippercard.com AND the third party administer site.

Clipper Card: 800-878-8883, www.clippercard.com
Tuition Remission Program

As part of USF’s comprehensive benefits package, eligible faculty and staff and their families can further their education, enhance their skills, and pursue career development through the Tuition Remission program.

Tuition Remission is a waiver of tuition and is available to faculty and staff and their eligible family members who qualify and are admitted for enrollment at USF. The benefits apply to tuition only; all non-tuition expenses and fees are the responsibility of the student. Employees, Spouses/RDPs, and IRS tax dependent children are eligible for 100% tuition remission subject to the eligibility requirements.

Certain programs are not eligible under the tuition remission benefit if deemed impacted (programs that are full). The list of impacted programs is posted on the Benefits website by May 1st of each year for the following academic year.

Not eligible for tuition remission:
- Online courses or programs
- Audited courses

Impacted Courses for 2014/2015:
- Law
- MSFA (Master of Science Financial Analysis) and Accelerated MSFA
- Masters in Marriage & Family Therapy (Main Campus)
- Master of Science in Nursing (Clinical Nurse Leader MEO)
- Master of Science in Analytics
- Master of Arts in Higher Education Student Affairs

Who May Use the Tuition Remission Benefit?

**Eligibility Groups**
- Administrative Staff
- Association of Law Professors/Law Librarians
- Executive Officers
- International Union of Operating Engineers, Stationary Local 39*
- Office and Professional Employees, Local 3*
- Public Safety Officers Association*
- SEIU – Service Employees International Union, Local 1877*

**Employee Waiting Period**
Eligible after one year of full-time service

**Graduate Degree Programs**
You must secure written permission from your supervisor and Vice President/Dean before enrolling in a graduate degree program

**Non-Degree Program Courses**
May enroll in a course (undergraduate or graduate) without enrolling in a degree program with VP/Dean approval

**Spouse/RDP Waiting Period**
Eligible after employee completes one year of full-time service

**Non-Degree Program Courses**
May enroll in a course without enrolling in a degree program

**Limitation of Degrees**
One undergraduate degree program or one graduate degree program

**Dependent Child(ren)**
- Eligibility
  Dependent of an employee, as defined by the IRS
- Waiting Period
  Effective as of the employee’s date of hire
- Non-Degree Program Courses
  May enroll in a course without enrolling in a degree program
- Limitation of Degrees
  One undergraduate degree program and one graduate degree program
- Undergraduate Degree Program Time Allowance
  Undergraduate degree programs must be completed within five years from the start of the program
- Graduate Degree Program Time Allowance
  Graduate degree programs must be completed in regular program time

* Enrollment in classes during regularly scheduled work hours is not permitted.

Employees covered by a collective bargaining agreement (CBA) should refer to their agreement for specific exclusions and/or limitations.
Eligibility Groups

- **USFFA (Full-time Faculty)**
- **USFFA (Librarians)** Librarians may request to enroll in courses through the Librarian Career Prospectus (LCP) process or in written communication with the Dean
- **USFFA (Faculty)** may request to enroll in courses through the Academic Career Prospectus (ACP) process or in written communication with the Dean

<table>
<thead>
<tr>
<th>Eligibility Groups</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>USFFA</strong></td>
<td></td>
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<tr>
<td><strong>Waiting Period</strong></td>
<td>Eligible after one year of full-time service</td>
</tr>
<tr>
<td><strong>Graduate Degree Program</strong></td>
<td>USFFA member must enroll in a degree program that is related to current position; a detailed written professional development plan must be submitted by the USFFA Member to his/her Dean and Provost</td>
</tr>
<tr>
<td><strong>Spouse/RDP</strong></td>
<td></td>
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<tr>
<td><strong>Waiting Period</strong></td>
<td>Eligible after USFFA member completes one year of full-time service</td>
</tr>
<tr>
<td><strong>Non-Degree Program Courses</strong></td>
<td>May enroll in a course without enrolling in a degree program</td>
</tr>
<tr>
<td><strong>Limitation of Degrees</strong></td>
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</tr>
<tr>
<td><strong>Dependent Child(ren)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Dependent of an USFFA member, as defined by the IRS</td>
</tr>
<tr>
<td><strong>Waiting Period</strong></td>
<td>Effective as of the USFFA member’s date of hire</td>
</tr>
<tr>
<td><strong>Non-Degree Program Courses</strong></td>
<td>May enroll in a course without enrolling in a degree program</td>
</tr>
<tr>
<td><strong>Limitation of Degrees</strong></td>
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</tr>
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<td><strong>Undergraduate Time Limitation for Completion of Coursework</strong></td>
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<td><strong>Graduate Time Limitation for Completion of Coursework</strong></td>
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</tr>
</tbody>
</table>

Employees covered by a collective bargaining agreement (CBA) should refer to their agreement for specific exclusions and/or limitations.

**FACHEX and Tuition Exchange**

Dependent children are eligible to apply for a scholarship with participating institutions in the Association of Jesuit Colleges and Universities (AJCU), for undergraduate studies through FACHEX and the Tuition Exchange programs. These programs are VERY competitive.

For more information, go to http://www.usfca.edu/hr/benefits.
Childcare Subsidy Program

The University has established a childcare subsidy program for full-time faculty and staff to help meet the expenses of pre-first grade childcare.

- Funding levels depend on faculty rank or staff salary. You will receive the full subsidy amount for your level for your first eligible child. You may receive an additional 75% of the subsidy amount for subsequent eligible children. However, the maximum you receive cannot exceed $5,000 total for the calendar year.

  - **Example:** If your subsidy amount is $365 per month, for the first child you receive $4,380 for the calendar year. If you have subsequent eligible children, you may receive $273.75 ($365 x 75%) per month until you have reached the maximum of $5,000. The combination of all subsidies cannot exceed $5,000 for the calendar year.

- Funds are added to employees’ Dependent Care FSAs through Custom Benefit Administrators (CBA). Total Childcare Subsidy and employee Dependent Care FSA contributions may not exceed $5,000 per family during the calendar year of 2015.

- New faculty and staff are eligible for the Childcare Subsidy the first of the month following the date of hire.

- If both parents work at USF, only one parent may apply for the Childcare Subsidy.

- Faculty and staff must be working full-time in order to be eligible for the Childcare Subsidy; partial subsidies are not provided. If a child enters first grade in the fall of the upcoming year, you are eligible for only eight months of the Childcare Subsidy (January through August).

The Childcare Subsidy amount is determined by the following criteria:

<table>
<thead>
<tr>
<th>Monthly Subsidy</th>
<th>Faculty and Librarians</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Instructors, Assistant Professors, and Assistant Librarians</td>
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<tr>
<td></td>
<td>Associate Professors and Associate Librarians</td>
</tr>
<tr>
<td></td>
<td>Professors and Librarians</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Subsidy</th>
<th>Staff (Administrative, OPE, Laborers &amp; Gardeners/Local 1877, Stationary Engineers/Local 39, Public Safety)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual Salary $90,192 or less</td>
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<tr>
<td></td>
<td>Annual Salary $90,193 to $111,636</td>
</tr>
<tr>
<td></td>
<td>Annual Salary $111,637 to $143,535</td>
</tr>
</tbody>
</table>

**Don’t Miss Out**

Apply for your child care subsidy as soon as you have a baby!
Additional Benefits

Employee Assistance Program
The Employee Assistance Program (EAP) offered by CONCERN provides confidential and professional assistance to eligible faculty, staff and their dependents. Confidential services are available for a wide range of personal matters, such as:

- Self-improvement
- Parenting and childcare referrals
- Elder care needs
- Relationship issues
- Workplace issues
- Emotional/mental health
- Legal consultations
- Financial advice
- Other work-life concerns of daily living

Each individual has an 8-visit benefit per issue per each 12-month period. Many issues can be addressed directly with your EAP professional. In some cases, you may be referred to other resources, and there may be an associated cost. You can access this program 24 hours a day, 365 days a year at 800-344-4222 or at www.concern-eap.com (company code: USF).

Adoption Benefit
The University provides up to a maximum of a $4,000 reimbursement for adoption fees, per family, per adopted child. Contact the Human Resources Benefits Team for more information at 415-422-2442.

Will Preparation
CIGNA Will Preparation Program
Faculty and staff can access the CIGNA Will Preparation Program to complete life and health legal documents online at no cost to you at www.cignawillcenter.com. The process is secure and available seven days a week, 365 days a year. Documents available for you to personalize include:

- Last Will and Testament
- Living Will
- Advanced Medical Directive
- Financial Power of Attorney

CONCERN Employee Assistance Program (EAP)
The EAP offers referrals for legal issues including Will Preparation. A free 30-minute consultation is available with an attorney. A 25% discount is available if you decide to retain the services of the attorney. See above for more information on the EAP.
Wellness Benefits

GoUSF—Wellness Program

GoUSF is an award-winning holistic wellness program whose mission is to support the health and well-being of employees and their families.

The American Heart Association recently rated USF one of the fittest workplaces in the country and honored the University with two awards, one of which places USF among 40 elite innovators in health and wellness.

A diverse array of wellness programs and events are offered throughout the year, including:

- Sponsorship and training support for race events that support local charities
- Educational “Bring your lunch and learn” each month
- Weekly running and walking groups
- Hubbub challenges for employees, families, friends and colleagues
- Resources to support healthy work meetings, including Wellness on Wheels
- Free gym membership at Koret Health Center or a subsidy for benefits-eligible branch campus employees

Wellness Resources from your USF-Sponsored Health Plan

Whether you’re fit and want to stay that way, you want to quit smoking, you are living with a chronic condition or you fall somewhere in between, the USF-sponsored health plans provide support for members.

Anthem Blue Cross members can access the 360 Health Program for support, resources and tools to lead healthier lives. To learn more, log on to your account at www.anthem.com/ca.

Kaiser members can access Healthy Lifestyle Programs with online and telephonic coaching, receive special rates on complementary services, like acupuncture, or sign up for informational classes. Non-members can enroll in classes as well. For more information log on to your account at www.kp.org or visit https://healthy.kaiserpermanente.org/health/care/consumer/health-wellness

Photo courtesy of Jerry Whittwer
Weight Watchers
Weight Watchers is a healthy and balanced approach to weight loss. USF will reimburse 50% of your program participation fees.

Contact the Human Resources Benefits Team at 415-422-2442 or benefits@usfca.edu for more information.

hubbub
Do you want to lose a pound, run a mile or sleep 10 minutes more each night? Join hubbub, a free online and mobile wellness portal that encourages you to reach your goal, whatever it might be! You can create your own blend of wellness challenges from five categories: move, nourish, balance, mingle, and rewind. You can focus on what you like to do, and invite your friends and family to join you along the way. Plus, you can earn prizes for the goals you create for yourself in an effort to be a healthier you.

Join for free today at hubbubhealth.com (company code: letsgousf).

choice plus
More foods with less fat, fewer calories, and lower sodium.

When you see a “choice plus” sticker, it means that the food item in the Canteen vending machine is a healthier snacking choice. USF is striving to give you healthier food choices at work. Even relatively simple changes in your diet can help you feel livelier and more energetic. And that’s what making healthier food choices is all about.
Financial health is important to your overall well-being. The University offers eligible faculty and staff many long-term opportunities to save for retirement. The plans include an employer-funded defined contribution 401(a) retirement plan with TIAA-CREF and an employee-funded voluntary 403(b) retirement plan with TIAA-CREF and/or Fidelity Investments. Whether your retirement is decades away or closer, it’s never too early or too late to start saving.

### Defined Contribution 401(a) Retirement Plan

The University contributes an amount equal to 10% of your eligible salary up to the Social Security wage base and an amount equal to 12% of your eligible salary above the Social Security wage base up to an annual maximum as defined by the IRS. Contributions to the plan are made to your TIAA-CREF account every pay period, giving your account the opportunity to grow throughout the year. You decide how to invest your contributions by choosing among a variety of fund choices. If you do not select a fund, the default investment option is a Life Cycle fund. All investment earnings and/or losses are reflected in your account.

The plan requires a three-year cliff vesting schedule, which means if your employment ends before three years, all employer contributions will revert back to the University. If you were previously vested in an employer-contributed retirement plan at another not-for-profit or institution of higher education and provide proof of that status, you will be immediately vested in this plan. The vesting verification form is available at [http://www.usfca.edu/hr/benefits](http://www.usfca.edu/hr/benefits).

### Voluntary 403(b) Retirement Plan

The Voluntary 403(b) Retirement Plan provides an easy way to add to your retirement savings while decreasing current income tax when you make pre-tax contributions. You may also make post-tax contributions in the Roth 403(b) plan. Your combined pre- and post-tax contributions cannot exceed the annual IRS limits. You may choose TIAA-CREF or Fidelity Investments.

### Auto-Enrollment

To encourage financial planning for retirement, all newly eligible faculty and staff, except members of the Stationary Engineers and Operating Union, Local 39, will be automatically enrolled at 3% in the Voluntary 403(b) Retirement Plan with TIAA-CREF unless you opt out.

Contributions are deducted from your paycheck on a pre-tax basis and you choose how to invest the contributions. If you do not select an investment, you will be enrolled in a Lifecycle fund, the plan’s default investment option. As a participant in the Retirement Plan(s), you have the right to decide how to invest your assets. If you do not provide investment instructions, your assets will be invested in the Plan’s default investment. This option is known as the qualified default investment alternative or QDIA. The University’s QDIA for both TIAA-CREF plans will be a TIAA-CREF Lifecycle Fund. The University’s QDIA for the Fidelity Investments Voluntary Retirement Plan will be a T.Rowe Price Target Date Fund.

### Changing Your Contribution

You can increase or decrease the amount of your contribution at any time by completing a Salary Reduction Agreement (SRA). You may elect a percentage or flat dollar amount. Return your completed form to the Benefits Team.

### Roth 403(b)

Roth 403(b) can offer an additional way to save for retirement and generate tax-free retirement income with TIAA-CREF and/or Fidelity Investments. Unlike a pretax 403(b), the Roth 403(b) allows you to contribute after-tax dollars and then withdraw tax-free dollars from your account when you retire. In the event of either retirement or termination, your earnings can be withdrawn tax-free as long as it has been five tax years since your first Roth 403(b) contribution and you are at least 59½ years old. In the event of death, beneficiaries may be able to receive distributions tax-free if the deceased started making Roth contributions more than five tax years prior to the distribution. In the event of disability, your earnings can be withdrawn tax-free if it has been five tax years from your first Roth 403(b) contribution.

Please find the Salary Reduction Agreement at [http://www.usfca.edu/hr/benefits](http://www.usfca.edu/hr/benefits).
Retirement Consultant on Campus

Take the time to become educated about your plan(s) and monitor your financial goals at least annually. Schedule an appointment with a representative from the University’s retirement plan providers, TIAA-CREF and Fidelity Investments, in person or by phone to help you meet your financial and retirement goals.

Visit http://www.usfca.edu/hr/benefits for dates and scheduling information.

Emeriti Retiree Health Solutions

The Emeriti Health Account offers a tax-advantaged way to save, invest, and accumulate assets to pay for healthcare expenses in retirement for full-time faculty/librarians and non-union staff.

<table>
<thead>
<tr>
<th>Employee Group</th>
<th>Monthly University Contribution at Age 40</th>
<th>Voluntary After-Tax Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>USFFA and Librarians</td>
<td>$48.00</td>
<td>Eligible to contribute after age 21</td>
</tr>
<tr>
<td>ALP Faculty and Librarians</td>
<td>$60.42</td>
<td>Eligible to contribute after age 21</td>
</tr>
<tr>
<td>Non-Union Administrative Staff</td>
<td>$45.59</td>
<td>Eligible to contribute after age 21</td>
</tr>
</tbody>
</table>

Your contributions are immediately vested, and contributions made by the University vest after 10 years. Features of the plan include:

• Emeriti Retiree Health Insurance Plan Options offer portable, group health insurance options that complement Medicare for you and your dependents through Aetna Insurance Company.
• Emeriti Reimbursement Benefit enables you to use funds from your Emeriti Health Account tax-free to reimburse yourself for qualified out-of-pocket medical expenses not covered by Medicare or other insurance.

For more information, visit www.emeritihealth.org.

For more information on your retirement plans, please review the Summary Plan Descriptions at http://www.usfca.edu/hr/benefits.
Important Legal Notices—Your Rights

Mastectomy Benefits
The Women’s Health and Cancer Right Act of 1998 requires medical plans that offer mastectomy benefits to also provide coverage for reconstructive surgery benefits.

Coverage extends to:
• Reconstructive surgery of the breast on which the mastectomy is performed;
• Treatment to produce a symmetrical appearance following a mastectomy, prostheses, and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

As with the other covered services provided under your medical plan, annual deductibles, copays, and coinsurance may apply to these mastectomy benefits.

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

Special Enrollment Rights
If you are declining enrollment in the USF plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the USF 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). However, you must request enrollment within 30 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

You may also be able to enroll yourself or your dependents in the future if you or your dependents lose health coverage under Medicaid or your state Children’s Health Insurance Program, or become eligible for state premium assistance for purchasing coverage under a group health plan, provided that you request enrollment within 60 days after that coverage ends or after you become eligible for premium assistance.

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 60 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Human Resources Benefits Team.

Statement of ERISA Rights
As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all participants shall be entitled to:
• Examine, without charge, at the Plan Administrator’s office and at other specified locations, the documents governing the plan, including the insurance contract and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
• Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
• Receive a summary of the Plan’s annual financial report, if any. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

You have a right to continue healthcare coverage for yourself, spouse/RDP or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

You have rights regarding reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the Plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage.

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries”
of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants and beneficiaries. Fiduciaries who violate ERISA may be removed and required to make good any losses they have caused the Plan.

No one, including the University of San Francisco, or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan Administrator and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees. If you lose, the court may order you to pay these costs and fees.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement, or your rights under ERISA, or if you need assistance or information regarding your rights under HIPAA, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Important Information About the Notice on Health Insurance Marketplace Coverage Options

This notice is available on the Benefits website as a PDF document.

General Information

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins again on November 15, 2014 for coverage starting as early as January 1, 2015.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings Through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

*An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total
allowed benefit costs covered by the plan is no less than 60 percent of such costs

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**How Can I Get More Information?**
For more information about your coverage offered by your employer, please check your summary plan description or contact the Human Resources Benefits Team.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

**Information About Health Coverage Offered by Your Employer**
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

**Employer Name:** University of San Francisco  
**Employer Identification Number (EIN):** 94-1156628  
**Employer Address:** 2130 Fulton Street, Lone Mountain Main Room 339

**City:** San Francisco  
**State:** CA  
**Zip:** 94117-1080

**Employer Phone Number:** 415-422-2442  
**Who can we contact about employee health coverage at this job?** Human Resources Benefits Team  
**Email Address:** benefits@usfca.edu

**Basic Information About Your Offered Health Coverage**
As your employer, we offer a health plan to some employees. Eligible employees are:

- Eligible to enroll in the health plan if you are a faculty/staff employee who is regularly scheduled to work 30 hours or more per week. You are also eligible to enroll if you are a Regional Campus Assistant Director, Regional Campus Librarian, Regional Campus Library Assistant, Regional Campus Librarian, or Regional Campus Library Assistant (see insurance contract for detailed information).

With respect to dependents, we do offer coverage to eligible dependents:

- Your legal spouse or Registered Domestic Partner (RDP) or Grandfathered Legally Domiciled Adult (GF LDA). For employees who have enrolled a Legally Domiciled Adult (LDA) for coverage on or before December 31, 2011, the LDA will be eligible to continue his or her participation in the Plan as a dependent after January 1, 2012 for as long as he or she remains otherwise eligible pursuant to the eligibility criteria applicable to LDA’s in effect as of December 31, 2011. No new enrollment of an LDA will be permitted beginning January 1, 2012. Any LDA who terminates coverage on or after January 1, 2012 will not be eligible to re-enroll for LDA coverage.

Registered Domestic Partners (RDP) are defined as set forth in California Family Code Section 297 and they are same sex partners unless one is over age 62.

- Your children up to age 26 or your disabled children of any age (see insurance contract for further information).

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Note:** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. This notice provides the employer information you’ll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

**Medicare Part D**

**Medicare Part D Prescription Drug Notice**
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with University of San Francisco 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. 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.

The University of San Francisco has determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to 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 through December 7th. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later.

You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a 60-day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. 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.

If you do decide to join a Medicare drug plan, your University of San Francisco coverage will be affected. Benefits will not be coordinated with a Medicare Part D plan.

If you do decide to join a Medicare drug plan and drop your University of San Francisco prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. You should also know that if you drop or lose your coverage with the University of San Francisco 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 prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may consistently be at least 19% higher than the 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 November to join.

Contact the University of San Francisco Benefits Team at 415-422-6707 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, or if this coverage through the University of San Francisco changes. You also may request a copy.

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. If Medicare-eligible, 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).

Your USF prescription drug benefits are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Kaiser</th>
<th>Anthem Blue Cross PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Only</strong></td>
<td>Generic $10 copay</td>
<td>In-Network $10 copay</td>
</tr>
<tr>
<td></td>
<td>Brand-name: Formulary $20 copay</td>
<td>In-Network $20 copay</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>Generic $10 copay plus 50% of the maximum amount allowed</td>
<td>Brand-name: Formulary $20 copay plus 50% of the maximum amount allowed</td>
</tr>
<tr>
<td></td>
<td>All drugs on formulary $25 copay</td>
<td>All drugs on formulary $25 copay</td>
</tr>
</tbody>
</table>

Supply

- Up to 100-day maximum supply
- 30-day (Retail) or 90-day (Mail Order) maximum supply
- 30-day or 90-day maximum supply

Remember: Keep this Creditable Coverage 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 whether or not you are required to pay a higher premium (a penalty).

Date: October 15, 2014
Plan Sponsor: University of San Francisco
Contact for Additional Information: The Human Resources Benefits Team
Address: 2130 Fulton Street, Lone Mountain Main Room 339, San Francisco, CA 94117-1080
Phone Number: 415-422-2442
Medicaid and CHIP Offer Free or Low-Cost Health Coverage to Children and Families

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 www.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 www.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 www.askebsa.dol.gov or call 1-866-444-EB5A (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 January 31, 2014. Contact your State for more information on eligibility:

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Phone (In state):</th>
<th>Medicaid Phone (Out of state):</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td><a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a></td>
<td>1-855-692-5447</td>
<td></td>
</tr>
<tr>
<td>ALASKA</td>
<td><a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a></td>
<td>1-888-318-8890</td>
<td></td>
</tr>
<tr>
<td>COLORADO</td>
<td><a href="http://www.colorado.gov/">http://www.colorado.gov/</a></td>
<td>1-800-866-3513</td>
<td>1-800-221-3943</td>
</tr>
<tr>
<td>FLORIDA</td>
<td><a href="https://www.filmicaidtp/recovery.com/">https://www.filmicaidtp/recovery.com/</a></td>
<td>1-877-357-3268</td>
<td></td>
</tr>
<tr>
<td>GEORGIA</td>
<td><a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a></td>
<td>Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)</td>
<td>1-800-869-1150</td>
</tr>
<tr>
<td>IDAHO</td>
<td><a href="http://healthandwelfare.idaho.gov/medical/chip/premiumassistant/">http://healthandwelfare.idaho.gov/medical/chip/premiumassistant/</a></td>
<td>1-800-926-2588</td>
<td></td>
</tr>
<tr>
<td>IOWA</td>
<td><a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a></td>
<td>1-888-346-9562</td>
<td></td>
</tr>
<tr>
<td>KANSAS</td>
<td><a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a></td>
<td>1-800-792-4884</td>
<td></td>
</tr>
<tr>
<td>KENTUCKY</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
<td>1-800-635-2570</td>
<td></td>
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<tr>
<td>LOUISIANA</td>
<td><a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a></td>
<td>1-888-695-2447</td>
<td></td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td><a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></td>
<td>1-800-462-1120</td>
<td></td>
</tr>
<tr>
<td>MINNESOTA</td>
<td><a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a></td>
<td>Click on Health Care, then Medical Assistance</td>
<td>1-800-657-3629</td>
</tr>
<tr>
<td>MISSOURI</td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>573-751-2005</td>
<td></td>
</tr>
<tr>
<td>MONTANA</td>
<td><a href="http://medicalprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicalprovider.hhs.mt.gov/clientpages/clientindex.shtml</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEBRASKA</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a></td>
<td>1-800-383-4278</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>URL Medicaid</td>
<td>Phone Medicaid</td>
<td>URL CHIP</td>
</tr>
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<tr>
<td>NEW JERSEY - Medicaid</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">Website</a></td>
<td>609-631-2392</td>
<td><a href="http://www.njfamilycare.org/index.html">Website</a></td>
</tr>
<tr>
<td>NEW YORK - Medicaid</td>
<td><a href="http://www.nyhealth.gov/health_care/medicaid/">Website</a></td>
<td>1-800-541-2831</td>
<td></td>
</tr>
<tr>
<td>NORTH CAROLINA - Medicaid</td>
<td><a href="http://www.ncdhhs.gov/dma">Website</a></td>
<td>919-855-4100</td>
<td></td>
</tr>
<tr>
<td>NORTH DAKOTA - Medicaid</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">Website</a></td>
<td>1-800-755-2604</td>
<td></td>
</tr>
<tr>
<td>OKLAHOMA - Medicaid and CHIP</td>
<td><a href="http://www.insureoklahoma.org">Website</a></td>
<td>1-888-365-3742</td>
<td></td>
</tr>
<tr>
<td>OREGON - Medicaid and CHIP</td>
<td><a href="http://www.oregonhealthykids.gov">Website</a></td>
<td>1-800-699-9075</td>
<td><a href="http://www.hijossaludablesoregon.gov">Website</a></td>
</tr>
<tr>
<td>PENNSYLVANIA - Medicaid</td>
<td><a href="http://www.dpw.state.pa.us/hipp">Website</a></td>
<td>1-800-692-7462</td>
<td></td>
</tr>
<tr>
<td>RHODE ISLAND - Medicaid</td>
<td><a href="http://www.ohhs.r.i.gov">Website</a></td>
<td>401-462-5300</td>
<td></td>
</tr>
<tr>
<td>SOUTH CAROLINA - Medicaid</td>
<td><a href="http://www.scdhhs.gov">Website</a></td>
<td>1-888-549-0820</td>
<td></td>
</tr>
<tr>
<td>SOUTH DAKOTA - Medicaid</td>
<td><a href="http://dss.sd.gov">Website</a></td>
<td>1-888-828-0059</td>
<td></td>
</tr>
<tr>
<td>TEXAS - Medicaid</td>
<td><a href="https://www.gethipptexas.com/">Website</a></td>
<td>1-800-440-0493</td>
<td></td>
</tr>
<tr>
<td>UTAH - Medicaid and CHIP</td>
<td><a href="http://www.dhr.wv.gov/bms/">Website</a></td>
<td>1-877-598-5820, HMS Third Party Liability</td>
<td></td>
</tr>
<tr>
<td>VERMONT - Medicaid</td>
<td><a href="http://www.greenmountaincare.org/">Website</a></td>
<td>1-800-250-8427</td>
<td></td>
</tr>
<tr>
<td>VIRGINIA - Medicaid and CHIP</td>
<td><a href="http://www.dmias.virginia.gov/rcp-HIPP.htm">Website</a></td>
<td>1-800-432-5924</td>
<td><a href="http://www.famis.org/">Website</a></td>
</tr>
<tr>
<td>WASHINGTON - Medicaid</td>
<td><a href="http://hrsa.dshs.wa.gov/premiumytm/Apply.shtm">Website</a></td>
<td>1-800-562-3022 ext. 15473</td>
<td></td>
</tr>
<tr>
<td>WISCONSIN - Medicaid</td>
<td><a href="http://www.badgercareplus.org/pubs/p-10095.htm">Website</a></td>
<td>1-800-362-3002</td>
<td></td>
</tr>
<tr>
<td>WYOMING - Medicaid</td>
<td><a href="http://health.wyo.gov/healthcarefin/equalitycare">Website</a></td>
<td>307-777-7531</td>
<td></td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor
  Employee Benefits Security Administration
  [Website](http://www.dol.gov/ebsa)
  1-866-444-EBSA (3272); or
- U.S. Department of Health and Human Services
  Employee Centers for Medicare & Medicaid Services
  [Website](http://www.cms.hhs.gov)
  1-877-267-2323, Menu Option 4, Ext. 61565

**HIPAA Notice of Privacy Practices**

This describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**Health Information Privacy**

This Notice is required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is intended to describe how the USF health plan will protect your health information with respect to its self-insured health benefits. References below to Health Plan shall mean the medical, dental and health flexible spending account benefits provided by the Health Plan.

“Health information” for this purpose means information that identifies you and either relates to your physical or mental health condition, or relates to the payment of your health care expenses. This individually identifiable health information is known as “protected health information” (“PHI”). Your PHI will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by federal or state health information privacy laws.

**Health Plan Privacy Obligations**

The Health Plan is required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of its legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice that are in effect.

**How the Health Plan May Use and Disclose Health Information About You**

The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

- **For Treatment.** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses,
Your Rights (continued)

- **Technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.**

- **For Payment.** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

- **For Health Care Operations.** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

- **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

- **Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

### Special Situations

- **As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

- **Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

- **Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

- **Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

- **Workers’ Compensation.** We may release Health Information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
correctional institution. This release would be if necessary:

- to protect your health and safety or the health and enforcement official. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

- President, other authorized persons or foreign heads of national security activities authorized by law. We may release Health Information to the correctional institution or law enforcement official. This release would be if necessary:

- to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Uses and Disclosures that Require us to give you an Opportunity to Object and Opt Out

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person’s involvement in your health care., If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization is Required for other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- **Uses and disclosures of Protected Health Information for marketing purposes; and**

- **Disclosures that constitute a sale of your Protected Health Information**

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights

You have the following rights regarding Health Information we have about you:

- **Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Human Resources. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your

- **Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person’s agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

- **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary:

- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary:
Your Rights (continued)

request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

- **Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Human Resources.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Human Resources.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Human Resources. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

- **Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Human Resources. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Changes to this Notice

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Human Resources. All complaints must be made in writing. You will not be penalized for filing a complaint.

You may contact our office at the University of San Francisco: 415-422-2442

The Plans may change the terms of this Notice at any time. If the Plans change this Notice, the Plans may make the new Notice terms effective for all of your PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you.
Employee Rights and Responsibilities under the Family and Medical Leave Act (FMLA)

Basic Leave Entitlement
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee’s job.

Military Family Leave Entitlements
Eligible employees whose spouse, son, daughter or parent is on covered active duty or is called to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service-member during a single 12-month period. A covered service member is:

1. a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or
2. a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.

*The FMLA definitions of “serious injury or illness” for current service members and veterans are distinct from the FMLA definition of “serious health condition”.

Benefits and Protections
During FMLA leave, the employer must maintain the employee's health coverage under any “group health plan” on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

*Special hours of service eligibility requirements apply to airline flight crew employees.

Definition of Serious Health Condition
A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer’s operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave
Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer’s normal paid leave policies.
Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer’s normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees’ rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee’s leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

• Interfere with, restrain, or deny the exercise of any right provided under FMLA;
• Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice.

For Additional Information:

1-866-4US-WAGE (1-866-487-9243)
TTY: 1-877-889-5627
www.wagehour.dol.gov
U.S. Department of Labor Employment Standards Administration Wage and Hour Division
WHD Public

403(b) ERISA Notice

The University of San Francisco Tax-Deferred Annuity Plan [403(b) Voluntary Retirement Plan], is subject to ERISA, which stands for the Employee Retirement Income Security Act of 1974 and is the federal law that governs the operation of retirement plans subject to its terms.

Because the plan is covered by ERISA rules it may affect your beneficiary designations and, if applicable, your spouse’s rights to benefits under the plan. Please read below to find out more about beneficiary and spousal consent requirements under this plan.

Beneficiary Requirements

Under ERISA plans, a spouse has rights to survivor benefits under the plan. If you are currently married and have someone other than your spouse named as your beneficiary, you should contact TIAA-CREF or Fidelity to review your beneficiary designation (see the contact information below). Please note that even if you name someone other than your spouse as a beneficiary, your spouse will still be entitled to a 50% interest in your plan benefits unless your spouse waives this right, in writing. In such case, your spouse’s signature must be notarized or witnessed by a plan representative. This applies to all your assets in the plan, even those assets that have accumulated before 2010.

If you are single or if you are married with your spouse named as at least 50% beneficiary of your plan, no action is required. Your current beneficiary designations can remain in effect.

Spousal Consent for Loans and Distributions

ERISA-covered plans also may require spousal consents before you can take a loan or a distribution in a form other than a joint and survivor annuity from the plan. For this reason, you may need to obtain a spousal waiver to take any of these actions. Please contact your plan vendor (TIAA-CREF or Fidelity) for specific information.

• To contact TIAA-CREF, call 800-842-2252
• To contact Fidelity, call 800-343-0860
University of San Francisco Defined Contribution Retirement Plan (The 401(a) plan)

Notice Regarding Default Investment Funds

This notice, in question and answer format, gives you important information about the default investment funds for the University of San Francisco Defined Contribution Retirement Plan (“the Plan”).

The Plan allows participants and beneficiaries to direct the investment of their University Contributions. If you do not provide investment instructions, your University Contributions are automatically invested in the Plan’s default investment fund and will remain invested in the default investment fund until you direct otherwise.

What are the Plan’s default investment funds?

The Plan’s default investment funds are the TIAA-CREF Lifecycle Funds. The default fund election will remain in effect until you select other investment funds. You can obtain the most current list of the Plan’s open Investment Funds and their share/unit values from TIAA-CREF which is updated each business day:

- By logging in to the TIAA-CREF Web center at www.tiaa-cref.org/planinvestmentoptions, Plan no. 100975; or
- By calling 800-842-2252 and speaking to a TIAA-CREF representative.

What is a TIAA-CREF Lifecycle Fund?

A TIAA-CREF Lifecycle Fund is a target date retirement fund that provides a ready-made diversified portfolio using TIAA-CREF mutual funds as underlying investments that include both equity and fixed-income instruments. The allocation strategy for the underlying equity, fixed-income, and short-term mutual funds is based on the number of years expected to reach the target retirement dates. University Contributions that are defaulted to a TIAA-CREF Lifecycle Fund are invested in the fund that is closest to the year in which you will attain age 65.

These funds seek to provide high total returns until the target retirement date. Each fund’s goal is to seek high current income, and as a secondary objective, capital appreciation. Each fund’s target asset allocation percentages automatically changes over time to become more conservative by gradually reducing the allocation to equity funds and increasing the allocation to fixed-income and short-term funds. If the default investment fund changes at any time in the future, you will be notified.

Where can I find more information regarding the TIAA-CREF Lifecycle Funds?

You can obtain specific information, including a description of the fund’s investment objectives, risk and return characteristics, and fees and expenses by reviewing the fund fact sheets as well as prospectuses:

- By logging in to the TIAA-CREF Web Center at www.tiaa-cref.org/planinvestmentoptions, Plan No. 100975 (click the fund which you wish to review); or
- By calling 800-842-2252 and speaking to a TIAA-CREF representative.

May I change the automatic investment of my University Contributions?

You have the right to change the investment of your future and past University Contributions Plan at any time and at no charge. If you do nothing, your University Contributions will continue to be and will remain invested in a TIAA-CREF Lifecycle Fund.

How do I change the investment of my University Contributions?

Investment changes for future and past University Contributions can be made:

- By logging in to the TIAA-CREF/USFCA Web Center at http://enroll.tiaa-cref.org/usfca/; or
- By calling 800-842-2252 and speaking to a TIAA-CREF representative.

If I have any questions about this notice or the Plan, who can I contact?

Visit the Human Resources Office, Lone Mountain Main Building, Room 339, or contact the Human Resources Benefits Team by telephone at 415-422-2442, Monday – Friday, 8:30 a.m. to 5:00 p.m., or by email at benefits@usfca.edu.
Having benefit options gives you the freedom and flexibility to choose the coverage that best meets your needs and your lifestyle. The University provides some benefits at no cost to you, such as dental, basic life insurance, accidental death and dismemberment insurance (AD&D), long-term disability insurance, and an employee assistance program. You and the University share the cost of other benefits that you enroll in, including medical and vision insurance. Additional benefits, such as voluntary life insurance are paid by you at discounted group rates. The following tables show the full costs associated with your medical coverage.

**Spousal Premium Surcharge**

There is a $75/month surcharge on medical premiums for faculty and staff whose spouse/RDP have health coverage available through their employer, but who nevertheless are included as a dependent of the employee. You will need to add this surcharge amount to the premiums listed below to obtain your total monthly premium cost.

**Medical—Anthem Blue Cross**

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$56,600</td>
<td>$840.00</td>
<td>$34.00</td>
<td>$806.00</td>
<td>$856.80</td>
</tr>
<tr>
<td>$56,601 - $85,000</td>
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<td>$141,501 - $170,000</td>
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<td>$170,001+</td>
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**Anthem Blue Cross—Employee Plus One**

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<tr>
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<th>Total Monthly Rates</th>
<th>Your Monthly Contribution</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
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</thead>
<tbody>
<tr>
<td>&lt;$56,600</td>
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<td>$124.00</td>
<td>$1,649.00</td>
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<td>$56,601 - $85,000</td>
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**Anthem Blue Cross—Employee Plus Family**

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<td>&lt;$56,600</td>
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### Medical—Kaiser

#### Kaiser—Employee Only

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#### Kaiser—Employee Plus One

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<td>$132.00</td>
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#### Kaiser—Employee Plus Family

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<th>Monthly COBRA Rates</th>
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</thead>
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</table>
# Monthly Contributions (continued)

## Dental

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<thead>
<tr>
<th>Coverage Tier</th>
<th>Total Monthly Rates</th>
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<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
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</thead>
<tbody>
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<td>Employee Plus One</td>
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<td>Employee Plus Family</td>
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## Vision

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<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
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</thead>
<tbody>
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<td>Employee Plus Family</td>
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</table>

## EAP

<table>
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<tr>
<th>Coverage Tier</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Eligible Faculty &amp; Staff</td>
<td>$4.45</td>
<td>$0.00</td>
<td>$4.45</td>
<td>$4.54</td>
</tr>
</tbody>
</table>
This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual SPD, plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Phone</th>
<th>Website/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross of California (PPO): Group #13045L</td>
<td>800-288-6921</td>
<td><a href="http://www.anthem.com/ca">www.anthem.com/ca</a></td>
</tr>
<tr>
<td>Kaiser Permanente (HMO): Group #29560</td>
<td>800-464-4000</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
</tr>
<tr>
<td>Kaiser Permanente (HMO): Group #29560</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente (HMO): Group #29560</td>
<td>800-464-4000</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>800-765-6003</td>
<td><a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>800-877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td><strong>Employee Assistance Program (EAP)</strong></td>
<td>800-344-4222</td>
<td><a href="http://www.concern-eap.com">www.concern-eap.com</a> Company Code: USF</td>
</tr>
<tr>
<td><strong>Commuter Benefit</strong></td>
<td>877-878-8883</td>
<td><a href="http://www.clippercard.com">www.clippercard.com</a></td>
</tr>
<tr>
<td><strong>GoUSF (Wellness)</strong></td>
<td>415-422-6259</td>
<td>gousf.usfca.edu</td>
</tr>
<tr>
<td><strong>NurseLine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross of California (PPO): Group #13045L</td>
<td>800-977-0027</td>
<td><a href="http://www.anthem.com/ce/relat">www.anthem.com/ce/relat</a></td>
</tr>
<tr>
<td>Kaiser Permanente (HMO): Group #29560</td>
<td>800-464-4000</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
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<tr>
<td>Kaiser Permanente (HMO): Group #29560</td>
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<tr>
<td><strong>Flexible Spending Accounts (FSAs)</strong></td>
<td>800-574-5448</td>
<td><a href="http://www.cbadministrators.com">www.cbadministrators.com</a></td>
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<tr>
<td>Custom Benefit Administrators</td>
<td></td>
<td>email: <a href="mailto:customerservice@cbadministrators.com">customerservice@cbadministrators.com</a></td>
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<tr>
<td><strong>Life Insurance—CIGNA</strong></td>
<td>800-732-1603</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
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<tr>
<td><strong>Voluntary Disability Insurance Plan (VDI)</strong></td>
<td>800-939-4911</td>
<td><a href="http://www.sedgwickcms.com">www.sedgwickcms.com</a></td>
</tr>
<tr>
<td><strong>State Disability Insurance Plan (SDI)</strong></td>
<td>800-480-3287</td>
<td><a href="http://www.edd.ca.gov/Disability/">www.edd.ca.gov/Disability/</a></td>
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<tr>
<td>Employment Development Department State of California</td>
<td>800-480-3287</td>
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<tr>
<td><strong>Retirement</strong></td>
<td>800-842-2252</td>
<td><a href="http://www.tiaa-cref.org/usfca">www.tiaa-cref.org/usfca</a></td>
</tr>
<tr>
<td>TIAA-CREF: 401(a) Group #100975</td>
<td>800-842-2252</td>
<td><a href="http://www.tiaa-cref.org/usfca">www.tiaa-cref.org/usfca</a></td>
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<tr>
<td>TIAA-CREF: 403(b) Group #100976</td>
<td>800-343-0860</td>
<td><a href="http://www.mysavingsatwork.com">www.mysavingsatwork.com</a></td>
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<td>Fidelity: Group #54569</td>
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<tr>
<td>Emeriti Retiree Health Solutions</td>
<td>866-685-6565</td>
<td><a href="http://www.emeritihealth.org">www.emeritihealth.org</a></td>
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<tr>
<td>Tuition Remission</td>
<td>415-422-2442</td>
<td><a href="http://www.usfca.edu/hr/benefits">www.usfca.edu/hr/benefits</a></td>
</tr>
<tr>
<td>email: <a href="mailto:tuitionremission@usfca.edu">tuitionremission@usfca.edu</a></td>
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<tr>
<td>Secure Travel Emergency Assistance</td>
<td>888-226-4567</td>
<td><a href="mailto:cigna@europassistance-usa.com">cigna@europassistance-usa.com</a></td>
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<tr>
<td>Human Resources Benefits Team</td>
<td></td>
<td></td>
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<tr>
<td>Hours of Service: 8:30 a.m. to 5:00 p.m.</td>
<td>415-422-2442 (phone)</td>
<td><a href="http://www.usfca.edu/hr/benefits">www.usfca.edu/hr/benefits</a></td>
</tr>
<tr>
<td>Monday through Friday</td>
<td>415-386-1074 (fax)</td>
<td>email: <a href="mailto:benefits@usfca.edu">benefits@usfca.edu</a></td>
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