University of the Best City Ever.

2022 Benefits Guide

FACULTY & STAFF
CONTENTS

What’s New and Reminders for 2022 ................................................................. 1
Enrollment Information .................................................................................... 2
  New Faculty and Staff .................................................................................. 2
  Who is Eligible ......................................................................................... 2
  Enrollment Procedures ............................................................................. 2
Making Elections in USFWorks ................................................................. 3
When You Can Change Your Benefits ...................................................... 3
Medical Benefits ....................................................................................... 4
  Medical Plan Opt-Out Waiver ................................................................. 4
  Spousal Surcharge ............................................................................... 4
  Medical Benefits at a Glance ................................................................. 5
  Medical Coverage While Traveling ......................................................... 6
Urgent Care .............................................................................................. 6
Dental Benefits ....................................................................................... 7
Vision Benefits ........................................................................................ 8
Flexible Spending Accounts (FSAs) ............................................................ 9
  Use It or Lose It ................................................................................. 9
Healthcare FSAs ................................................................................... 10
Dependent Care FSAs ........................................................................... 11
Childcare Subsidy .................................................................................. 11
Retirement Savings Benefits .................................................................... 12
  Defined Contribution 401(a) Retirement Plan .................................... 12
  Voluntary 403(b) Retirement Plan ....................................................... 12
Emeriti Retiree Health Solutions ................................................................ 13
Life Insurance ......................................................................................... 14
  Basic Life and AD&D Insurance ......................................................... 14
  Voluntary Term Life & Voluntary AD&D Insurance ......................... 15
Disability Insurance Plans ....................................................................... 16
  Short-Term Disability (STD) Insurance Plans ..................................... 16
  Long-Term Disability (LTD) Insurance Plan .................................. 17
Long Term Care Insurance ..................................................................... 18
Pre-Tax Commuter Benefits .................................................................... 20
Tuition Remission Program .................................................................... 21
Who May Use the Tuition Remission Benefit ........................................... 22
FACHEX and Tuition Exchange .............................................................. 22
Additional Benefits ............................................................................... 23
  Employee Assistance Program ............................................................ 23
  Will Preparation ............................................................................... 23
  Adoption Benefit .............................................................................. 23
  Lactation Rooms ............................................................................... 23
Wellness Benefits .................................................................................. 24
  GoUSF—Wellness Program ................................................................. 24
  Weight Watchers ............................................................................. 25
  Smoking Cessation ........................................................................... 25
  Ergonomic Benefits ......................................................................... 25
Monthly Contributions ........................................................................... 26
Look-Back Measurement Method ........................................................... 28
Contact Information .............................................................................. 29
WHAT'S NEW & REMINDERS FOR 2022

What's New

Cost of Coverage Update
Employee premium contributions for Anthem Blue Cross, Delta Dental and VSP remain the same. Slight increase in Kaiser premium. Please refer to the Monthly Contributions section of the guide on pages 26-27 for more detailed information.

403(b) Online Salary Deferral Agreement
In order to make changes to your contribution election in the 403(b) Voluntary Retirement Plan, please go to your USFWorks homepage, click Benefits, then TIAA Salary Deferral Agreement located under External Links. You will be automatically directed to your TIAA account where you will be able make changes to your contribution election by completing the online salary deferral agreement. To learn more, please review the “Change your 403(b) contribution” instructions available at myusf.usfca.edu/human-resources/benefits/retirement

Carrier Name Change
At the end of 2020, New York Life acquired CIGNA. Look for the New York Life logo instead of CIGNA for the life insurance and long term disability plans.

Long Term Disability Increase
The monthly maximum benefit for long term disability is increasing from $12,000 to $20,000.

1095-C Printing Election
Receive your 2021 1095-C electronically. It’s easy! Go to your Benefit worklet, select the 1095-C Printing Election option and then select to receive your form electronically. Actual delivery date of the form will be communicated in January 2022.

Coronavirus Updates and Resources
Human Resources is here to help staff and faculty navigate COVID-19. The Coronavirus Updates and Resources page provides links to general pandemic-related guidance, and relevant benefits information.

Reminders!

Medical Plan Opt Out Waiver Participants
In order to continue receiving the $75/month in taxable income, you must complete your Open Enrollment task in USFWorks regardless if you are making any changes. After submitting your Open Enrollment task, you will receive a review document task. This task will have you certify that you or your dependents are not receiving healthcare through an “individual market plan.” If your coverage is through an “individual market plan” you are not eligible to waive the medical plan.

Flexible Spending Account - Enrollment Required Annually
Flexible Spending Accounts (FSAs) require annual re-enrollment should you wish to continue those benefits for the upcoming plan year. The 2022 maximum annual election amounts are $2,750 per employee for the Healthcare FSA and $5,000 per household for the Dependent Care FSA. Our new FSA provider is BRI.

Enhanced Vision Coverage
This year, coverage for glasses is increased to $150. There is also an elective contact lens enhancement.

Childcare Subsidy Re-enrollment
A new childcare subsidy form, available at myusf.usfca.edu/hr/forms, must be submitted online for each year that the benefit is requested. See page 11 for more information.

Concern EAP Adds Coaching Services
New in 2022, you and your dependents will be eligible for eight coaching sessions with a credentialed coach. Through a collaborative process of discovery, goal setting, and strategic action, you and your coach will create a plan for growth and change. See page 23 for more information. These sessions are separate from the 8 sessions under the counseling benefit you and your dependent(s) are eligible for.

The University of San Francisco offers a comprehensive benefits package to full-time faculty and staff and their eligible dependents.

Electronic Benefits Guide
The 2022 benefits guide will be available to view electronically at myusf.usfca.edu/hr/benefits.

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New Faculty and Staff

All newly hired benefits-eligible faculty and staff should attend a benefits orientation, which provides an overview of your benefits and instructions on how to enroll. Visit myusf.usfca.edu/hr/new-employees to RSVP for an upcoming session.

ENROLLMENT INFORMATION

Who is Eligible

Employees:
- Regular full-time employees who work 30 hours or more per week¹
- Jesuits² who are members of the USF Jesuit Community
- Employees of Fromm Institute and Loyola House

Eligible Dependents³:
- Your legal spouse (same or opposite sex) or Registered Domestic Partner (RDP) as set forth in California Family Code Section 297 and are same or opposite sex partners
- Your natural child, adopted child, stepchild, legal ward, foster child, or an eligible dependent of your spouse/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 is required)

Refer to page 28 for information on how your eligibility is determined using the Look-Back Measurement Method. Refer to the table to determine when you are eligible for each benefit:

<table>
<thead>
<tr>
<th>Staff and Law Faculty</th>
<th>1st of the month following date of hire</th>
<th>1st of the month following date of hire</th>
<th>Date of hire</th>
<th>1st of the month following the date in which the first online order is placed</th>
<th>After one year of full-time service (Self, Spouse/ RDP); Immediately for Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jesuit²</td>
<td>Date of hire</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>
</tr>
</tbody>
</table>

Enrollment Procedures

Newly hired faculty and staff have 30 days from the date of hire to enroll for benefits. Before enrolling online, please:

- Collect the date of birth, Social Security Number (SSN), and address for each dependent and/or beneficiary you wish to cover.
- 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 myusf.usfca.edu/hr/benefits.

¹ All employees, other than student employees, are eligible to participate in the Voluntary 403(b) Retirement Plan.
² Jesuits’ medical and dental plans are covered by the Jesuit Health Trust, and they are eligible for all other benefits available to full-time faculty and staff, except for short-term disability.
³ 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, they may not rejoin the plan as an LDA.
⁴ Some employees covered by the Defined Contribution 401(a) Retirement Plan have different eligibility dates.
Making Elections in USFWorks

• After completing onboarding, you will receive a task item in your USFWorks inbox to enroll in your benefits
• Log into myUSF to access USFWorks
• Verify information, including legal names and SSN, for you and your dependents
• Elect or waive coverage for each benefit plan, including the appropriate medical plan option
• For your life insurance plans, verify or add your beneficiaries (SSN not required)
• If applicable, make your 2022 FSA annual election, apply for childcare subsidy, and/or certify your medical spousal surcharge
• Submit your benefit elections

When You Can Change Your Benefits

Current faculty and staff can modify their benefits annually during USF’s designated open enrollment period. Otherwise, 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 (RDP)
• 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
• Return from a leave of absence (only if you lost previous benefits coverage while out on a leave)

Please note that the change to your benefits must be consistent with the qualifying event. For example, if you give birth to or adopt a child, you can add your child to medical coverage. Or, if you get divorced, you must remove your ex-spouse from your benefits coverage, unless mandated otherwise. You must submit your qualifying status change online through USFWorks and provide the benefits team supporting documentation within 30 days of the qualifying event.

Benefits will begin on the 1st of the month following the date of the qualifying event, unless the qualifying event is a birth of a child, in which case the coverage effective date is the date of the birth.

Refer to the table for the required supporting documents:

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

1. 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.

Qualifying Events

Any qualifying events submitted in USFWorks will require you to upload the appropriate supporting documentation. For additional assistance, please contact the Benefits team at:

Email: benefits@usfca.edu
Phone: 415-422-2442
Fax: 415-386-1074
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.

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 out-of-network providers 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 who refers you to specialists within Kaiser.

Anthem Blue Cross PPO
The Anthem Blue Cross Preferred Provider Organization (PPO) provides benefits when participants use an in-network or out-of-network provider. However, the levels of coverage are higher for in-network providers than for out-of-network providers.

No referral is necessary from a primary care physician for services of in-network or out-of-network specialists. 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. Some services may require pre-approval from Anthem Blue Cross. You are responsible for contacting Anthem Blue Cross to determine if potential services are covered or if they must be submitted for utilization review and approval by Anthem Blue Cross.

LiveHealth Online
LiveHealth Online provides 24/7 access to U.S. board-certified physicians with an average of 15 years experience from an Internet-connected device (e.g., computer, tablet, or mobile phone) for non-emergency medical assistance. Anthem members may consult a doctor through LiveHealth Online for free, a savings of $49 per use.

Read more and sign up at livehealthonline.com.

Medical Plan Opt-Out Waiver
You may elect to opt out of the USF medical plan in USFWorks and receive $75/month in taxable income if you and your eligible dependents are enrolled in a medical plan that is not considered an “individual market” plan, including those sold in federal or state exchanges or in the individual insurance market (i.e., outside of exchanges). Annual recertification is required. In addition, please complete the San Francisco Healthcare Security Ordinance Waiver Form available at myusf.usfca.edu/hr/forms.

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 it is waived in USFWorks and approved by the benefits team. Annual recertification is required.
Medical Benefits at a Glance

For more detailed information about coverage, please refer to your plan’s Summary Plan Description located at myusf.usfca.edu/human-resources/benefits/compliance-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 (Individual/Family)</td>
<td>None</td>
<td>$250/$750</td>
</tr>
<tr>
<td>Out-of-Pocket Limit¹ (Individual/Family)</td>
<td>$1,500/$3,000</td>
<td>$889/$2,667</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

**Physician Services**

- **Doctor’s Office Visit**
  - Kaiser: $15 copay
  - Anthem: $20 copay, no deductible
  -层出: 30% after deductible

- **Specialist Visit**
  - Kaiser: $15 copay
  - Anthem: $20 copay, no deductible
  -层出: 30% after deductible

- **Lab and X-ray Services (office visit copay may apply)**
  - Kaiser: No charge
  - Anthem: 10% after deductible
  -层出: 30% after deductible

**Preventive Care**

- **Well Baby & Child (under age 19)**
  - Kaiser: No charge
  - Anthem: No charge, deductible waived
  -层出: 30% after deductible

- **Well Baby & Child (over age 19)**
  - Kaiser: No charge
  - Anthem: No charge, deductible waived

- **Adult Physical Exam**
  - Kaiser: No charge
  - Anthem: No charge, deductible waived

- **Routine OB/GYN Exam**
  - Kaiser: No charge
  - Anthem: No charge, deductible waived

- **Cancer Screenings (cervical, breast, prostate, colorectal)**
  - Kaiser: No charge
  - Anthem: No charge, deductible waived

**Hospital Medical Services**

- **Inpatient**
  - Kaiser: No charge
  - Anthem: 10% after deductible
  -层出: 30% after deductible²

- **Outpatient**
  - Kaiser: $15 copay per procedure
  - Anthem: 10% after deductible
  -层出: 30% after deductible²

- **Emergency Room (waived if admitted)**
  - Kaiser: $50 copay per visit
  - Anthem: $50 copay per visit, then 10% after deductible

- **Home Health Services**
  - Kaiser: No charge (up to 100 visits per calendar year)
  - Anthem: 10% after deductible
  -层出: 30% after deductible

- **Skilled Nursing Facility (preauthorization required)**
  - Kaiser: No charge (up to 100 days per calendar year)
  - Anthem: 10% after deductible (up to 100 days per calendar year)
  -层出: 30% after deductible (up to 100 days per calendar year)

**Other Services**

- **Acupuncture**
  - Kaiser: $15 copay (physician referral required)
  - Anthem: $20 copay, no deductible
  -层出: 30% after deductible

- **Chiropractic³**
  - Kaiser: $15 copay (up to 30 visits per calendar year)
  - Anthem: $20 copay, no deductible
  -层出: 30% after deductible

**Prescription Drugs**

- **Generic**
  - Kaiser: $10 copay
  - Anthem: $10 copay
  -层出: $10 copay plus 50% of the maximum amount allowed

- **Brand-name: Formulary**
  - Kaiser: $20 copay
  - Anthem: $20 copay
  -层出: $20 copay plus 50% of the maximum amount allowed

- **Brand-name: Non-Formulary**
  - Kaiser: All drugs on formulary
  - Anthem: $25 copay
  -层出: $25 copay plus 50% of the maximum amount allowed

- **Supply**
  - Kaiser: Up to 100-day maximum supply
  - Anthem: 30-day (Retail or 31-day to 90-day (Mail Order) maximum supply
  -层出: 30-day to 90-day maximum supply

¹ Out-of-pocket maximums include medical copays, deductibles, and coinsurances, and prescription drug copays.
² For California facilities, a discount applies if the facility has a contract with Anthem Blue Cross for fee-for-service business. For California facilities without a contract, the plan’s covered expense for non-emergency hospital services and supplies is reduced by 25%, resulting in higher out-of-pocket costs for members. Note: If you go to an out-of-network provider who charges more than the allowable amounts established by the insurance carrier, the provider may bill you for the remaining balance.
³ Kaiser members must use American Specialty Health Network providers.

The above is a brief summary of benefits; please refer to the full carrier benefit summary and EOC for extensive coverage details.

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**Balance Billing**

If you receive services from an out-of-network provider who charges more than the amounts allowed by the plan, the provider may bill you for the remaining balance.

**Balance Billing Example:**

Out-of-Network Provider Charge for an MRI: $2,000

Anthem Allowed 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).
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.

Urgent Care

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. 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?

- **Kaiser Permanente Plan Participants**
  - Call Kaiser’s 24/7 NurseLine
    - Northern California: 866-454-8855.
    - Southern California: 833-574-2273.
  - Find an urgent care center by visiting kp.org

- **Anthem Blue Cross Plan Participants**
  - Call Anthem’s 24/7 NurseLine at 800-977-0027
  - Find an urgent care center by visiting anthem.com/ca
  - Can contact Live Health Online 24/7 at 1-800-548-3432 or 1-888-LiveHealth
  - Contact doctors through livehealthonline.com

24/7 Health Resources

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, set appointments, refill prescriptions, and much more. 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. Do your benefits seem complex, or do you have a question about a specific Anthem service? Register for personalized guidance at anthem.com/ca. You can also compare costs for medical services and find facilities that accept your insurance. Maximize your benefits, and improve your health.
The University offers a dental Preferred Provider Organization (PPO) Plan through Delta Dental of California, which provides you the freedom to visit any in-network or out-of-network dentist you choose. By choosing an in-network dentist, including Delta Dental Premier dentists, you will receive a higher level of coverage. If you visit an out-of-network dentist, you will be responsible for the difference between the amount billed and the Delta Dental Maximum Plan Allowance (MPA) amount in addition to your coinsurance.

Dental Benefits at a Glance

<table>
<thead>
<tr>
<th>Key Features</th>
<th>In-Network (PPO)</th>
<th>In-Network (Delta Dental Premier)</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Maximums</td>
<td>$1,750 / $1,500</td>
<td>$1,750 / $1,500</td>
<td>$1,750 / $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>0% - 30%</td>
<td>0% - 30%</td>
<td>0% - 30%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>0% - 30%</td>
<td>0% - 30%</td>
<td>0% - 30%</td>
</tr>
<tr>
<td>Major Dental</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>Orthodontics Service</td>
<td>50%</td>
<td>Separate $1,500 lifetime maximum per child</td>
<td>50%</td>
</tr>
<tr>
<td>Dental Accident</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

1 Calendar year dental plan maximum remains at $1,500 for USFFA members per their Collective Bargaining Agreement.

Claim Example

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:

<table>
<thead>
<tr>
<th>Key Features</th>
<th>In-Network (PPO)</th>
<th>In-Network (Delta Dental Premier)</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist bills (submitted charge)</td>
<td>$875</td>
<td>$875</td>
<td>$875</td>
</tr>
<tr>
<td>Fee agreement with Delta Dental</td>
<td>$550</td>
<td>$650</td>
<td>N/A</td>
</tr>
<tr>
<td>Plan pays 50%</td>
<td>$275</td>
<td>$325</td>
<td>$350</td>
</tr>
<tr>
<td>Patient pays 50%</td>
<td>$275</td>
<td>$325</td>
<td>$525</td>
</tr>
</tbody>
</table>

Easy to Add Kids!

You can add your children up to age 4 to your dental plan at any time during the plan year. After age 4, children can be added to your dental plan during open enrollment or within 30 days of experiencing a related qualified event.

Incentive Plan

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.
Healthy Vision

VSP promotes preventive care through regular eye examinations and early corrective treatment. In addition to helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts and diabetes. Eye exams for dependent children can also recognize problems that may affect their learning.

Vision Benefits at a Glance

<table>
<thead>
<tr>
<th>Key Features</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam (every calendar year)</td>
<td>$20</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Prescription Glasses (in lieu of contacts)</td>
<td>$150 frames allowance, then 20% off the amount over your allowance</td>
<td>Up to $70</td>
</tr>
<tr>
<td>Frames (every other calendar year)</td>
<td>Up to $60 exam and fitting $150 contact lens allowance</td>
<td>Up to $105</td>
</tr>
<tr>
<td>Lenses (every other calendar year)</td>
<td>Combined with exam</td>
<td>Up to $50</td>
</tr>
<tr>
<td>• Single Vision</td>
<td>Combined with exam</td>
<td>Up to $75</td>
</tr>
<tr>
<td>• Lined Bifocal</td>
<td>Combined with exam</td>
<td>Up to $100</td>
</tr>
<tr>
<td>• Lined Trifocal</td>
<td>$50</td>
<td>Up to $75</td>
</tr>
<tr>
<td>• Standard Progressive</td>
<td>$80-$90</td>
<td>Up to $75</td>
</tr>
<tr>
<td>• Premium Progressive</td>
<td>$120-$160</td>
<td>Up to $75</td>
</tr>
<tr>
<td>• Custom Progressive</td>
<td>$50</td>
<td>Up to $75</td>
</tr>
<tr>
<td>Contacts (in lieu of prescription glasses)</td>
<td>$50-$75</td>
<td>N/A</td>
</tr>
<tr>
<td>Contact Lens Care (every other calendar year)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Additional Benefits

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

- **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.

- **Affiliate Providers**: VSP has contracts with affiliate providers such as Costco. Check with Costco for member pricing on frame and lens options. Contact VSP for information on other affiliate providers in your area.

- **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 batteries. Additionally, 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.

- **Eyeconic**: Frames with Benefits - An easy-to-use, in-network, online eyewear option. With Eyeconic, you can get the convenience of online shopping, along with the personal touch from a VSP doctor.
**FLEXIBLE SPENDING ACCOUNTS (FSAs)**

You can choose to enroll in one or both FSA accounts—the Healthcare FSA and the Dependent Care FSA—through Benefit Resource (BRI). 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 healthcare and/or dependent care out-of-pocket expenses with your pre-tax dollars.

<table>
<thead>
<tr>
<th>Key Features</th>
<th>Healthcare FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>What’s Covered</td>
<td>In general, health-related expenses that are not covered by your medical plan</td>
<td>In general, dependent care expenses that allow you (and your spouse if you are married) to work</td>
</tr>
</tbody>
</table>
| Eligible Expenses     | 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 and products | Examples include:  
• Childcare for children under age 13  
• Adult dependent daycare  
• Dependent daycare centers  
• Preschool expenses |
| Restrictions          | Medical expenses that are not deductible per the IRS may not be reimbursed     | Expenses reimbursed under this FSA may not be claimed as a federal tax credit on your tax return |
| Maximum Annual Election | $2,750                                                                         | $5,000 per household ($2,500 if married and filing separately)                      |
| Access to Funds       | Immediate access to annual election amount                                     | You may access these funds only as they are contributed                             |

**Use It or Lose It**

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. Therefore, it is important that you make your FSA elections carefully. The USF plan is a calendar year plan.

There is a grace period from January 1 through March 15, 2023 during which you may continue to incur expenses on your 2022 Healthcare FSA. The deadline to file claims for your healthcare expenses incurred during 2022 and the 2022 grace period is March 31, 2023. There is no grace period for incurring expenses on your Dependent Care FSA. The deadline to incur expenses on your 2022 Dependent Care FSA is December 31, 2022. The deadline to file claims for your dependent care expenses incurred during 2022 is March 31, 2023.

When you have incurred qualified healthcare and/or dependent care expenses, you can submit a claim form and documentation to Benefit Resource (BRI) for reimbursement. Participants in both the Healthcare FSA and the Dependent Care FSA plans will receive a BRI debit card, which they can swipe at participating pharmacies, hospitals, and doctors' offices, including vision and dental clinics. If you use your BRI card, retain your receipts in case substantiation of the purchase is required. Retain your BRI card for each plan year that you participate in the Healthcare and/or Dependent Care FSA.

If you are no longer employed at the University or cease to be eligible for an FSA, you have 60 days from your termination date or ineligibility date to submit your healthcare and/or dependent care claims.

**Save Money Now!**

Reduce your taxable income and increase your take-home pay by participating in the Healthcare FSA. Visit [benefitresource.com](http://benefitresource.com) for tools to help you determine your FSA needs for the year.

**Benefit Resource**

- [benefitresource.com](http://benefitresource.com)
- **Phone:** 800-473-9595
- **P.O.Box 642**  
Willow Grove PA 19090
- **Email:**  
participantservices@benefitresource.com

**Debit Card Reminder**

Purchases made with your BRI card on or after January 1, 2022 through March 15, 2022 will access any remaining funds from your 2021 Healthcare FSA first before your 2022 elected amount.
HEALTHCARE FSA

Below are common expenses that may or may not be eligible for payment using your Healthcare FSA pre-tax dollars. With the recent CARES Act Legislation, common over-the-counter (OTC) drugs and other healthcare items are now eligible. For a complete list of eligible and ineligible expenses, visit FSA store.

### Common Eligible Expenses

**Medical Services**
- Coinsurance/copays
- Lab tests, X-rays, scans
- Ambulance
- Acupuncture
- Chiropractic
- Alcohol abuse treatment
- Substance abuse treatment
- Fertility treatment
- OB/GYN exams and fees
- Lamaze classes
- Lactation supplies
- Hearing tests
- Mileage and transportation*
- Reconstructive surgery*

**Medical Equipment**
- Crutches, walkers, wheelchairs
- Archs and orthotic inserts
- Syringes
- Nebulizers
- Hearing aids
- Exercise equipment*
- Air purification equipment*
- Orthopedic shoes*
- Ergonomic equipment*

**Therapy**
- Counseling
- Occupational/Physical/Speech
- Smoking cessation program
- Massage*
- Weight loss programs*

**Dental**
- Exams, cleaning, and X-rays
- Extractions and fillings
- Periodontal services
- Oral surgery
- Orthodontia/braces
- Dentures and bridges

**Vision**
- Exams
- Prescription eyeglasses, sunglasses, and contact lenses
- Laser eye surgeries

**Non-Prescribed OTC Items**
- Allergy relief products
- Cold and flu products
- Contact lens care
- Denture adhesives
- Denture repair
- Denture cleansers
- Diabetes testing and insulin
- Ear care
- Elastic/athletic treatment
- Feminine care products
- First-aid dressings and supplies
- Foot care treatments
- Hearing aid batteries
- Other medical batteries
- Heartburn medications
- Incontinence products
- Pain relievers
- Pregnancy/ovulation kits
- Prenatal vitamins
- Reading glasses
- Walking aids

### Healthcare FSA Maximum

The 2022 maximum annual election amount for the Healthcare FSA is $2,750 per employee, regardless of whether you cover just yourself or your family. Because it is per employee, your spouse can also claim $2,750 with their employer.

### Common Ineligible Expenses

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

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*May potentially require a Letter of Medical Necessity or a prescription from your healthcare provider to qualify for reimbursement

1 If OTC item prescribed, then it is eligible, along with prescribed OTC drugs.
**DEPENDENT CARE FSA**

The Dependent Care FSA may only be used for childcare (for children under age 13) or elder care expenses that allow you to work. If you are married, both you and your spouse must be employed, looking for work, or enrolled in school full-time in order to use the Dependent Care FSA. It may not be used to cover your dependent’s healthcare expenses.

**Common Eligible Expenses**

- After-school care
- Au pair
- Daycare
- Elder care
- Extended day programs
- Nanny fees
- Nursery school/pre-kindergarten
- Registration fees for care
- Summer camp

**Common Ineligible Expenses**

- After-school enrichment classes
- Diaper services
- Educational expenses
- Field trips
- Meals, snacks or beverages
- Summer overnight camps

**CHILDCARE SUBSIDY**

To help meet the cost of pre-first grade childcare, USF offers a childcare subsidy to eligible faculty and staff. The program provides you the flexibility to choose a childcare provider at a location that suits your family’s needs and a subsidy amount to contribute to the cost of that childcare.

- The subsidy amount is determined by your salary as noted in the table. You will receive the full subsidy amount for your level for your first eligible child and an additional 75% of the subsidy amount for subsequent eligible children, if applicable, up to the Dependent Care FSA maximum of $5,000 for the calendar year. For example, if your 2022 subsidy amount is $365 per month, you will receive $4,380 that year for your first child and $273.75 per month for subsequent eligible children until you have reached the maximum of $5,000.

- Childcare subsidy funds are added to your Dependent Care FSA through BASIC pacific. Your total childcare subsidy and employee Dependent Care FSA contributions may not exceed $5,000 per household in 2022.

- New faculty and staff are eligible for the childcare subsidy on the first of the month following the date of hire.

- Current faculty and staff are eligible for the childcare subsidy on the first of the month following the date of hire. However, the childcare subsidy will not be granted until the 1st of the month following a return from a leave or after childcare has started, whichever date is later.

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

- You 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 as follows:

<table>
<thead>
<tr>
<th>Annual Salary</th>
<th>Monthly Subsidy</th>
</tr>
</thead>
<tbody>
<tr>
<td>$101,542 or less</td>
<td>$405</td>
</tr>
<tr>
<td>$101,543 to $125,684</td>
<td>$365</td>
</tr>
<tr>
<td>$125,685 to $161,597</td>
<td>$324</td>
</tr>
</tbody>
</table>

**Dependent Care FSA Maximum**

The 2022 maximum annual election amounts for the Dependent Care FSA are $5,000 per household and $2,500 for married couples filing separately.

**Don’t Miss Out**

Apply for your childcare subsidy within 30 days of returning to work and/or when childcare starts. A new childcare subsidy form, available at [https://myusf.usfca.edu/human-resources/benefits/childcare-subsidy-program](https://myusf.usfca.edu/human-resources/benefits/childcare-subsidy-program), must be submitted online for each year that the benefit is requested.

**Childcare Subsidy Maximum**

The childcare subsidy and employee Dependent Care FSA combined contributions cannot exceed $5,000 per household in 2022.
The University offers eligible faculty and staff many long-term opportunities to save for retirement. To determine whether you are eligible to participate in the following retirement plans, please refer to the Summary Plan Descriptions, which are available at myusf.usfca.edu/human-resources/benefits/compliance-benefits.

**Defined Contribution 401(a) Retirement Plan**

For eligible employees, 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 the IRS annual maximum compensation limit. Contributions are made to your TIAA account every pay period. You can invest your contributions among a variety of fund choices. If you do not select a fund, the default investment option is a TIAA-CREF Lifecycle Fund. All investment earnings and/or losses are reflected in your account.

The plan requires a three-year cliff vesting schedule—if your employment ends before three years, all employer contributions will revert back to the University. If you provide proof of prior vesting in an employer-contributed retirement plan at another not-for-profit or institution of higher education, you will be immediately vested in this plan if certain guidelines have been met. The vesting verification form is available at myusf.usfca.edu/hr/forms.

**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 limit. You may choose from a wide array of investments from the Plan’s core menu, as well as through a TIAA Brokerage account.

**Auto-Enrollment**

To encourage financial planning for retirement, all newly eligible faculty and staff will be automatically enrolled at 3% in the Voluntary 403(b) Retirement Plan with TIAA unless you opt out.

Contributions are deducted from your paycheck on a pre-tax basis, and you choose how to invest the contributions. 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 Plan’s QDIA is a TIAA-CREF Lifecycle Fund.

**Changing Your Contribution**

You can increase or decrease the amount of your contribution at any time by accessing TIAA’s online salary deferral agreement. The agreement can be found by going to your USFWorks homepage, click Benefits, then TIAA Salary Deferral Agreement located under External Links.

**Roth 403(b)**

Roth 403(b) can offer an additional way to save for retirement and generate tax-free retirement income. 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.

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1. Who are employed in positions that are at least a .53 full-time equivalent, except members of the International Union of Operating Engineers, Stationary Local No. 39. Faculty and staff who are employed in positions that are not at least a .53 full-time equivalent and who wish to participate in the Voluntary 403(b) Retirement Plan should choose their contribution election by accessing TIAA’s online salary deferral agreement. The agreement can be found by going to your USFWorks homepage, click Benefits, then TIAA Salary Deferral Agreement located under External Links.
Speak with a TIAA Retirement Consultant

USF encourages you to take the time to become educated about your Plan(s) and monitor your financial goals at least annually by providing the following options:

- Schedule a consultation with a representative from TIAA by phone, virtually, or in person (when this option becomes available). Visit myusf.usfca.edu/hr/benefits/retirement-benefits for dates and scheduling information.
- Receive a reimbursement of up to $200 (before taxes) per calendar year for consultation fees for a financial advisor of your choice. Visit myusf.usfca.edu/hr/forms for the reimbursement form.

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 Beginning at Age 40</th>
<th>Voluntary After-Tax Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>USFFA Faculty and Librarians</td>
<td>$55.00</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 voluntary after-tax contributions are immediately vested; 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 emeritihealth.org.
Life Insurance Beneficiaries

Did you get married, divorced, or have a child in the past year?

Your named beneficiary or beneficiaries will receive benefits if something happens to you. Make sure you are protecting the people you intended to by reviewing your beneficiary information annually in USFWorks.

You can make a new beneficiary designation in USFWorks at any time during the year. You do not have to wait until Open Enrollment to make a change.

LIFE INSURANCE

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 New York Life.

Refer to the plan certificate for the low-cost, age-based rates and for the complete schedule of benefits. Evidence of Insurability (EOI) or a health questionnaire may be required if you elect coverage over the guarantee issue amount of $400,000 or if you enroll after your initial eligibility period. Life insurance coverage for faculty and staff, age 70 and older, will be reduced to 65% of the face value.

Basic Life Benefit

For yourself: 1 times annual salary rounded up to the next $1,000 to a maximum of $500,000.

Basic AD&D Benefit

For yourself: 1 times annual salary rounded up to the next $1,000 to a maximum of $500,000.

Review Your Dependents

Make sure to review your dependents’ information to determine if they are still eligible for life insurance benefits. For example, the dependent term life benefit only covers unmarried child(ren) to age 26. Your spouse/RDP will not be covered after reaching age 70.
Voluntary Term Life & Voluntary AD&D 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. The cost of voluntary life and AD&D insurance depends on your age and how much coverage you select. USFWorks will display your cost after you make your election. Refer to the table for more information.

<table>
<thead>
<tr>
<th>Coverage Amount¹</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></td>
</tr>
<tr>
<td>Supplements your basic life insurance by providing additional coverage in the event of death.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Increments of $10,000 up to the guaranteed issue amount of $400,000, rounded up to the next $10,000 | During Open Enrollment  
• If enrolling for the first time, or if increasing your coverage by more than $40,000 (i.e., 4x the benefit level of $10,000), or if your coverage amount is greater than $400,000, then EOI is required.  
• If your coverage amount is currently at $400,000, any amount you elect during Open Enrollment is subject to EOI. When You Are First Eligible  
• If your election is less than 3x your annual salary, then EOI is NOT required. Any amount greater than the guaranteed issue amount of $400,000 requires an EOI. | Based on your age as of January 1st  
Under 24 $0.05  
25–29 $0.06  
30–34 $0.08  
35–39 $0.09  
40–44 $0.11  
45–49 $0.20  
50–54 $0.33  
55–59 $0.43  
60–64 $0.66  
65–69 $1.29  
70–99 $2.21 |
| **Voluntary AD&D – For You** | EOI is not required. | Employee Rate $0.027 |
| 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. |  |  |
| Increments of $25,000, up to a maximum of $250,000 |  |  |
| **Voluntary AD&D – For You and Your Family** | EOI is not required. | Family Rate $0.048 |
| 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. |  |  |
| For you:  
• Increments of $25,000 to $250,000 maximum  
For your Spouse/RDP:  
• 50% of your coverage up to $125,000  
For your Child(ren):  
• 15% of your coverage up to $37,500 |  |  |
| **Voluntary Dependent Term Life – For Your Dependents** | EOI is not required. | $1.40 per month (Regardless of the number of covered children) |
| Life insurance for your dependents, spouse/RDP under age 70. Unmarried child(ren) covered to age 26. |  |  |
| For your Spouse/RDP:  
• $5,000  
For your Child(ren):  
• $2,000 for child(ren) one year or older  
• $500 for child(ren) less than 1 year old |  |  |

¹ 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 age 70.
DISABILITY INSURANCE PLANS

Short-Term Disability (STD) Insurance Plans

USF employees residing in California are automatically enrolled in USF’s Voluntary Disability Insurance (VDI) Plan but have the option to elect CA State Disability Insurance (SDI) instead. Both VDI and SDI are partial wage-replacement plans that include provisions for Short-Term Disability (STD) and Paid Family Leave (PFL). Both VDI and SDI plans are funded through employee payroll deductions. STD benefits begin after a 7 day waiting period. There is no waiting period for PFL. Both plans require medical certification.

USF employees who work outside of California should contact leaves@usfca.edu to determine if the state where they perform their job has a disability plan.

Plan Comparisons

<table>
<thead>
<tr>
<th>Key Features</th>
<th>2021 USF VDI Plan¹</th>
<th>2021 CA SDI Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>Auto-enrolled at date of hire</td>
<td>May elect instead of VDI at date of hire or at beginning or quarter</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>STD: 7 calendar day wait PFL: No waiting period</td>
<td>STD: 7 calendar day wait PFL: No waiting period</td>
</tr>
<tr>
<td>Payroll Deduction/ Contribution Rate²</td>
<td>0.8% of employee’s salary, up to an annual maximum of $1,026.38</td>
<td>1.2% of employee’s salary, up to an annual maximum of $1,539.58</td>
</tr>
<tr>
<td>Determination of Benefit</td>
<td>Benefit determined by current annual salary</td>
<td>Benefit determined by average earnings over past 4 quarters</td>
</tr>
<tr>
<td>Payment</td>
<td>Approximately 60% of weekly wages up to a weekly maximum of $1,357²</td>
<td>Approximately 60% of weekly wages up to a weekly maximum of $1,357</td>
</tr>
<tr>
<td>Duration</td>
<td>STD: up to 52 weeks PFL: up to 8 weeks in 12-month period</td>
<td>STD: up to 52 weeks PFL: up to 8 weeks in 12-month period</td>
</tr>
<tr>
<td>Administered by</td>
<td>TRISTAR, USF administrator</td>
<td>State of California EDD</td>
</tr>
</tbody>
</table>

¹ VDI plan summary is available at https://myusf.usfca.edu/human-resources/benefits/compliance-benefits
² Contribution rates are based on 2021 and will be updated as soon as 2022 information is available at myusf.usfca.edu/human-resources/benefits/disability-insurance

Paid Family Leave (PFL)

Through the VDI or SDI plans, employees are eligible for up to 8 weeks of Paid Family Leave (PFL) benefits, in a 12 month period.

Employees, upon medical certification, may use PFL benefits to:

- Care for a Child, Grandchild, Grandparent, Parent, Parent-In-Law, Sibling, Spouse, or Domestic Partner;
- Bond with a new child of the employee or the employee’s spouse/RDP/GF LDA; or
- 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;
- If eligible, PFL for the purpose of baby bonding, may be supplemented with San Francisco Paid Parental Leave (PPLO) benefits.
Long-Term Disability (LTD) Insurance Plan

Effective on your date of hire, eligible faculty and staff are automatically enrolled in the USF LTD plan, which is funded by USF and administered by New York Life. You are considered Disabled if, solely because of Injury or Sickness, you are:

1. Unable to perform the material duties of your Regular Occupation; and
2. Unable to earn 80% or more of your Indexed Earnings from working in your Regular Occupation.

<table>
<thead>
<tr>
<th>Long-Term Disability (LTD) Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
</tr>
<tr>
<td>Waiting Period</td>
</tr>
<tr>
<td>Payroll Deduction</td>
</tr>
<tr>
<td>Determination of Benefit</td>
</tr>
<tr>
<td>Payment</td>
</tr>
<tr>
<td>Taxability</td>
</tr>
<tr>
<td>Administered by</td>
</tr>
</tbody>
</table>

Once Long Term Disability benefits have been paid for 24 months, you are considered Disabled if, solely because of Injury or Sickness, you are:

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
2. Unable to earn 60% or more of your Indexed Earnings.

Long-term disability benefits end when the earlier of the following occurs:

- You are no longer disabled;
- You reach the maximum benefit; or
- You reach Social Security Normal Retirement Age (SSNRA).
LONG TERM CARE INSURANCE

Voluntary Long Term Care Insurance

Voluntary Long Term Care Insurance helps cover the cost of care assistance for yourself or a family member over an extended period of time due to chronic illnesses, such as Alzheimer’s disease, or various disabilities. Coverage includes help with the basics — bathing and dressing — as well as skilled care from therapists and nurses. To be eligible for this voluntary, employee-paid program, you must be a full-time employee, working 30 or more hours per week. Your spouse and other family members may apply through age 75.

New employees can enroll during the first 30 days of becoming eligible and will have the opportunity to get coverage with a streamlined underwriting process; cost will depend upon your age. Current employees can also enroll, although a more thorough underwriting process will be required.

This Long Term Care Insurance Program is flexible, which means you can design a plan that fits your needs.

Step 1: Choose a Monthly Benefit

This is the maximum amount you’ll be reimbursed each month for covered long term care expenses.

<table>
<thead>
<tr>
<th>Monthly Benefit Choices</th>
<th>Will Reimburse Up to This Amount for Covered Individual:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Care</td>
</tr>
<tr>
<td>$1,500/month</td>
<td>$1,500/month</td>
</tr>
<tr>
<td>$3,000/month</td>
<td>$3,000/month</td>
</tr>
<tr>
<td>$4,500/month</td>
<td>$4,500/month</td>
</tr>
<tr>
<td>$6,000/month</td>
<td>$6,000/month</td>
</tr>
<tr>
<td>California cost of care³</td>
<td>$5,529/month</td>
</tr>
</tbody>
</table>

³ Genworth Cost of Care Survey, conducted by CareScout, 08/2020.

Step 2: Select Your Total Coverage Amount

This is the total amount of money available to reimburse you for covered long term care expenses for the lifetime of your coverage. You have three Total Coverage choices available, depending on the Monthly Benefit you chose.

<table>
<thead>
<tr>
<th>Monthly Benefit Choices</th>
<th>Total Coverage Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Care</td>
</tr>
<tr>
<td>$1,500/month</td>
<td>$36,000</td>
</tr>
<tr>
<td>$3,000/month</td>
<td>$72,000</td>
</tr>
<tr>
<td>$4,500/month</td>
<td>$108,000</td>
</tr>
<tr>
<td>$6,000/month</td>
<td>$144,000</td>
</tr>
</tbody>
</table>

California cost of care³ $5,529/month $5,000/month $11,437/month

Step 3: Choose a Benefit Increase Option

This insurance program offers three Benefit Increase Options to help protect you against the rising cost of care:

- **Buy More Coverage Over Time (Future Purchase Option)**
  Every three years, you will be offered additional coverage - as long as you’re not in claims status. If you accept the offer, both your Monthly Benefit and your Total Coverage Maximum will increase by 5%, compounded annually. This feature is automatically included in your plan.

- **Automatic 3% Increase for Life - Compound**
  Your Monthly Benefit and Total Coverage Maximum will automatically increase by 3% compound every year.

- **Automatic 5% Increase for Life - Compound**
  Your Monthly Benefit and Total Coverage Maximum will automatically increase by 5% compound every year.

Apply for coverage

Contact Genworth to speak with an expert on the Group Insurance Program:
- genworth.com/USF
- 800-416-3624
PRE-TAX COMMUTER BENEFITS

Commuter Check Direct (CCD) administers USF’s commuter benefits, which allows you to add transit passes and fares directly to a Clipper Card or to a Commuter Check Prepaid MasterCard using pre-tax dollars deducted from your paycheck. In accordance with IRS guidance, your pre-tax commuter dollars are not refundable, so plan your transit needs carefully. To apply for any commuter benefits described below, submit a completed Commuter Plan Enrollment Form available at myusf.usfca.edu/hr/forms at any time throughout the year.

Pre-Tax Commuter Plan

- All part-time and full-time faculty and staff are eligible to set aside pre-tax dollars for qualified commuting expenses up to the IRS limit of $270 per month. If you have a university parking permit, are listed on a carpool parking permit, or live within a half-mile radius of the perimeter of campus, you are still eligible for the pre-tax commuter plan benefit. The IRS mandated limits for pre-tax contributions are $270 for transit and $270 for parking.
- Commuter Check Direct (CCD) administers the pre-tax commuter plan benefit, which allows you to add transit passes and fares directly to a Clipper Card or to a Commuter Check Prepaid MasterCard using pre-tax dollars deducted from your paycheck.
- To apply for the pre-tax commuter plan benefit, submit a completed Commuter Plan Enrollment Form at any time.
- All full-time benefits eligible faculty and staff may qualify for USF’s commuter subsidy contribution of up to $81 per month.
- If you purchase a USF parking permit and have an existing CCD order, you may want to consider changing your CCD order since you will no longer be eligible for the subsidy.

Pre-Tax Commuter Subsidy

- Full-time benefits eligible faculty and staff may qualify for USF’s commuter subsidy contribution of up to $81 per month. You are not eligible for the commuter subsidy if you (1) are not commuting, (2) are not actively working (i.e. leave of absence), (3) are not working on campus, (4) do not have a “transit” order placed with CCD, (5) have a university parking permit, (6) are listed on a carpool parking permit, or (7) live within a half-mile radius of the perimeter of campus.
- In accordance with the pre-tax commuter plan, the subsidy is applied to your active Clipper Cards or Commuter Check Prepaid MasterCards each month.
- In order to receive the subsidy each month, you must have an active “transit” order with Commuter Check Direct (CCD). If you place a “parking” order with CCD, you will not receive the subsidy. Beyond the subsidy, additional monthly pre-tax dollars deducted from your paycheck may be contributed up to the IRS limit of $270 per month.
- If you are on a leave of absence (i.e. paid, unpaid, protected, or unprotected) you are not eligible for the subsidy. There are no refunds, retroactive or prospective payments of the subsidy.
- If you return to work from a leave of absence, you must re-apply for the commuter subsidy.
- To apply for the subsidy, submit a completed Commuter Subsidy Enrollment Form at any time.

Managing Your CCD Account

- Once you apply for and are approved for the commuter plan and/or commuter subsidy, an account will be established for you with Commuter Check Direct (CCD) (company code: 1609), and you will receive an email with instructions on access and how to place orders. Please note the following:
  - You are responsible for managing your CCD account. This means you must place, change, or cancel orders by the 10th of each month (9 p.m. Pacific time) to receive the transit benefit for the following month. If you miss the deadline, you will not receive the benefit for the following month.
  - Please periodically log into your CCD account to confirm your login credentials as well as your transit order(s). You are responsible for reviewing your paycheck(s) to ensure that commuter check deductions are accurate.
  - If you use a Clipper card, you must tag it 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.
  - Any missed employee pre-tax commuter deductions (i.e. due to leave of absence, insufficient earnings, or termination of assignment or employment) will be deducted from subsequent payroll checks. If your assignment should end for a period of time, you can log into CCD (company code: 1609) or call Customer Service at 888-235-9223 to change your order to zero ($0.00) or suspend your order for certain months so that no catch-up contributions will occur.

CCD Reminder

Remember to place, change, or cancel your CCD order by the 10th of each month to receive the transit benefit for the following month.

To find the latest CCD policies and updates to your commuter benefits due to COVID-19, visit: commuterbenefits.com/covid-19-policies

Important!

Clipper cards will hold funds for up to 6 months. If there is no activity during this time period, the card expires. Once cards expire, all funds will be forfeited and are not refundable to the cardholder. As a reminder, the intent of the University’s monthly commuter subsidy and subsequently, any transit order(s) placed, is that they are used for the month in which you receive these funds. For example: If you place an order for $100.00 for the month of August, you should use these funds for August commuting expenses.
By placing your order with CCD, you agree and certify that the transit orders/products will be used by you only for the purposes of commuting to and from work. Additionally, you accept the terms and conditions of the Clipper cardholder license agreement or the MasterCard Cardholder Agreement if you order the Commuter Check Prepaid MasterCard.

In accordance with IRS guidance, any remaining balance on your Clipper card or Mastercard is not refundable to you should you leave employment (either voluntarily or involuntarily), or are no longer eligible to participate in the plan. Please plan your transit needs carefully.

Clipper Card Information

- You must register your Clipper Card at both login.commuterbenefts.com and clippercard.com prior to use. Failure to register your Clipper Card at both sites will postpone your order.
- You must “tag” your card to a card reader by the 16th of the month to activate your order. If you do not tag your Clipper card on time, your monthly pass will not load and cannot be refunded or recovered.
- MUNI requires you to use (i.e. tag) your Clipper Card by the 16th of the month or it is no longer valid for that month. MUNI does not issue refunds, nor will CCD. Please see the MUNI website for more details. 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 the subsidy, if applicable. USF does not issue refunds for a lost commuter subsidy.
- Orders will not load if your Clipper card balance is negative.
- For lost or stolen cards, you must register your new card on both the Clipper Card and CCD websites. If you do not register your card by the 10th of the month with CCD, you will not receive the subsidy for the following month’s order. There are no refunds, retroactive or prospective payments of the subsidy.
- Immediately report lost or stolen Clipper cards by calling (877) 878-8883 or logging into your “My Clipper” account and click on “Report Loss, Stolen or Damaged Card”.
- Clipper Card: 800-878-8883, clippercard.com
- Commuter Check Direct: 800-235-9223, login.commuterbenefts.com

Managing Your CCD Mastercard Account

- The Commuter Check Prepaid Mastercard is a re-loadable commuter benefit card that is accepted at Transit Agencies or designated transit retail centers where only transit passes, tickets, and fare cards are sold.
- The Commuter Check Prepaid MasterCard can be used at Fare Vending Machines, which saves you time waiting in line and time locating a customer service desk or staffed sales area.
- In compliance with the IRS, the Commuter Check Prepaid MasterCard can only be accepted at designated outlets that sell transit products exclusively, such as Transit Stations and Kiosks. Stores that sell other products, such as gift shops and pharmacies (e.g. Walgreens or CVS), will not accept the Commuter Check Prepaid MasterCard.
- If you terminate from the university, your Commuter Check Prepaid MasterCard will only be active until the next order deadline of the 10th of the month. Please plan your orders carefully. For example: if you terminate from the university on May 19, 2021, your Commuter Check Prepaid MasterCard is valid until June 10, 2021. In accordance with IRS guidance, any remaining balances left on your Mastercard are not refundable.
TUITION REMISSION PROGRAM

Eligible faculty and staff and their families can further their education, enhance their skills, and pursue career development through USF’s 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.

A new tuition remission form must be submitted online for each semester that the benefit is requested. Forms are accepted during the filing periods only. For more information about forms, filing periods, additional documentation, supervisor approval, and tax implications, visit myusf.usfca.edu/human-resources/benefits/tuition-benefits.

The following courses are not eligible for tuition remission:

- Impacted Courses
- Non-Credit Courses
- Post-Census Date Courses
- Certificate Programs

1 For additional information, visit myusf.usfca.edu/human-resources/benefits/tuition-benefits/courses-not-covered
2 Certificate programs embedded in a degree program are eligible for tuition remission.

Tuition Remission Taxation

The Internal Revenue Code and the California Revenue and Taxation Code include provisions regarding the taxation of tuition remission benefits received by an employee and their spouse/RDP and dependent(s). The tax treatment of tuition remission benefits depends upon the student-to-employee relationship (i.e., whether the student is an employee, spouse/RDP, or dependent) and the course level of the class(es) taken (i.e., graduate or undergraduate).

For more information, visit myusf.usfca.edu/human-resources/benefits/tuition-benefits.
Who May Use the Tuition Remission Benefit?

### Eligibility Group 1

<table>
<thead>
<tr>
<th>Employee</th>
<th>Spouse/RDP</th>
<th>Dependent Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility/Waiting Period</td>
<td>After one year of continuous full-time service</td>
<td>After employee completes one year of continuous full-time service</td>
</tr>
<tr>
<td>Non-Degree Program Courses</td>
<td>May enroll in a course (undergraduate or graduate) without enrolling in a degree program, with Dean/Vice President approval</td>
<td>May enroll in a course (undergraduate or graduate) without enrolling in a degree program</td>
</tr>
<tr>
<td>Limitation of Degrees</td>
<td>Can only be enrolled in one degree program at a time</td>
<td>One undergraduate degree program or one graduate degree program</td>
</tr>
<tr>
<td>Program Time Allowance</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Requirements</td>
<td>Must obtain written permission from employee’s supervisor and/or Dean/Vice President before enrolling in a graduate degree program</td>
<td>(written permission N/A)</td>
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</table>

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

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### Eligibility Group 2

<table>
<thead>
<tr>
<th>USFFA Member</th>
<th>Spouse/RDP****</th>
<th>Dependent Children****</th>
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</thead>
<tbody>
<tr>
<td>Eligibility/Waiting Period</td>
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<td>After USFFA member completes one year of continuous full-time service</td>
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<tr>
<td>Non-Degree Program Courses</td>
<td>May enroll in a course (undergraduate or graduate) without enrolling in a degree program, with Dean/Vice President approval</td>
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<td>N/A</td>
</tr>
<tr>
<td>Other Requirements</td>
<td>Must obtain written permission from employee’s supervisor and/or Dean/Vice President before enrolling in a graduate degree program</td>
<td>(written permission N/A)</td>
</tr>
</tbody>
</table>

* May request to enroll in courses through the Academic Career Prospectus (ACP) process or in written communication with the Dean

*** May request to enroll in courses through the Librarian Career Prospectus (LCP) process or in written communication with the Dean

**** Benefits are also extended to academically eligible spouses, RDPs, and tax dependent children of tenured faculty who die or have died, or become totally disabled.

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FACHEX and Tuition Exchange

Dependent children are eligible to apply for a scholarship with participating institutions for undergraduate studies through FACHEX and the Tuition Exchange programs. These programs are very competitive. Online form submissions are accepted annually from September 1 - November 13. For more information, visit myusf.usfca.edu/human-resources/benefits/tuition-benefits
Introducing Concern’s Digital Platform

Concern’s digital platform offers easy and timely digital access to well-being resources and support, customized just for you. Life is getting busier, and trying to juggle work, family, finances, and more can be challenging. Concern’s digital platform quickly connects you to the help you need to navigate life’s ups and downs.

Help Wherever You Are

Accessible from your phone, tablet or computer 24/7, the platform is your digital front door to confidential access of the personalized support that your Concern benefit has to offer. It combines technology, counseling, self-help tools, life balance resources, and compassionate human interaction all in one place.

ADDITIONAL BENEFITS

Employee Assistance Program

The Employee Assistance Program (EAP) offered by CONCERN provides professional assistance to eligible faculty and staff, their dependents, and others living in the household. 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
- Smoking cessation resources
- Other work-life concerns

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

Coaching Services

Through a collaborative process of discovery, goal setting, and strategic action, you and your coach will create a plan for growth and change. Areas of opportunity can include:

- Stress Management / Mindfulness
- Life Balance/Life Organization
- Personal Growth
- Work Effectiveness

To get started, go to the digital platform at employees.concernhealth.com or call Concern at 800-344-4222.

Will Preparation

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.

Adoption Benefit

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

Lactation Rooms

Pursuant to city and state laws, the University provides lactation rooms to accommodate employees who are breastfeeding and need to express milk during working hours. Email the Leave Manager at leaves@usfca.edu at least one week in advance to reserve a room.

Self-improvement
- Parenting and childcare referrals
- Elder care needs
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- Workplace issues
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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. Each month, a wellness challenge plus additional programming/events focus on a different dimension of wellness. GoUSF is supported by wellness champions throughout the University and a wellness committee that meets monthly to ensure that the programming is tailored to the wants and needs of faculty and staff.

The American Heart Association has recognized the GoUSF wellness program with honors since 2013 and continues to rate USF as one of the fittest workplaces in the country for offering a diverse array of wellness programs and events throughout the year, including:

- Educational "Go Learn Seminars"
- Up to $100 reimbursement for participating in one wellness event (e.g., running race, charity walk, bike ride, challenge, etc.) each calendar year
- Online wellness challenges in which you can win raffle prizes! Sign up (or sign in) with your USF email address on GoUSFchallenges.org
- 50% subsidy for Weight Watchers memberships, plus on-campus meetings
- Resources to support healthy work meetings, including Wellness on Wheels
- Meditation and yoga videos lead by USF faculty and staff
- Free gym membership at Koret Health Center or reimbursement of up to $300 each calendar year for benefits eligible employees who work at USF’s additional campuses
- Ergonomic education resources and virtual assessments are available

2022 GoUSF Calendar

New events are happening almost every week.

Stay in the loop.

- Website: GoUSF.usfca.edu
- Challenge website: GoUSFchallenges.org
- Email: GoUSF@usfca.edu
- Facebook: facebook.com groups/GoUSFCA
- Instagram: GoUSFCA

Opt in to GoUSFca push notifications on the USF app.
**Weight Watchers**

The University of San Francisco is committed to helping you reach your body composition goals and improve your overall health by subsidizing a portion of the cost of certain Weight Watchers programs. Access a strong community on the same journey as you—at more than 50% off of the regular membership price! Discount is available for benefits-eligible faculty and staff.

Visit [myusf.usfca.edu/human-resources/goUSF/weight-watchers](http://myusf.usfca.edu/human-resources/goUSF/weight-watchers) for more information.

**Ergonomic Benefits**

In alignment with our commitment to providing you a safe and healthful working environment, USF offers a comprehensive ergonomic assessment of your work space. Ergonomic assessments are conducted on campus every week (temporarily, assessments will be conducted virtually due to COVID-19) by a licensed occupational therapist from Syntropy. To learn more about the ergonomic program, visit [myusf.usfca.edu/hr/benefits/ergonomics](http://myusf.usfca.edu/hr/benefits/ergonomics).

**Employee Discounts**

USF faculty and staff can enjoy discounted rates at the California Academy of Sciences and YogaWorks studios throughout the Bay Area. For more information, visit [gousf.usfca.edu](http://gousf.usfca.edu) and click on the Additional Wellness Benefits quick link.

**Smoking Cessation**

Effective August 1, 2017, the University of San Francisco joined more than 1,800 colleges nationwide that have smoke-free and tobacco-free campuses. In support of this policy, USF hosts educational seminars, workshops, and other forms of assistance to those who are ready to quit. Faculty and staff may contact their medical plan provider (Anthem or Kaiser) and/or CONCERN EAP for additional smoking cessation resources such as counseling and nicotine replacement therapy. For more information, visit [myusf.usfca.edu/human-resources/benefits/wellness-benefits](http://myusf.usfca.edu/human-resources/benefits/wellness-benefits) and click on the Additional Wellness Benefits quick link.
MONTHLY CONTRIBUTIONS

Having benefit options gives you the freedom and flexibility to choose the coverage that best meets your needs and lifestyle. The University provides some benefits at no cost to you, such as basic life insurance, basic accidental death and dismemberment insurance (AD&D), long-term disability insurance, and an employee assistance program (EAP).

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 costs associated with your medical, dental, vision, and EAP 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 USF employee. You will need to add this surcharge amount to Your Monthly Contribution listed below to obtain your total monthly premium cost.

Medical–Anthem Blue Cross (PPO)

Anthem Blue Cross–Employee Only

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution¹</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
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<tbody>
<tr>
<td>&lt;$63,440</td>
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Anthem Blue Cross–Employee Plus One

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<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution¹</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
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Anthem Blue Cross–Employee Plus Family

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<th>Salary Band</th>
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<td>$2,854.01</td>
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</tr>
<tr>
<td>$189,281 +</td>
<td>$3,552.01</td>
<td>$838.00</td>
<td>$2,714.01</td>
<td>$3,623.05</td>
</tr>
</tbody>
</table>

¹ Add $75 to Your Monthly Contribution above if you cover a spouse/RDP who has health coverage available through their employer.
## MONTHLY CONTRIBUTIONS (CONT'D.)

### Medical—Kaiser (HMO)

#### Kaiser—Employee Only

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution¹</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$63,440</td>
<td>$689.41</td>
<td>$42.00</td>
<td>$647.41</td>
<td>$703.20</td>
</tr>
<tr>
<td>$63,441 - $94,640</td>
<td>$689.41</td>
<td>$51.00</td>
<td>$638.41</td>
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<tr>
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<td>$689.41</td>
<td>$57.00</td>
<td>$632.41</td>
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<tr>
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<td>$689.41</td>
<td>$63.00</td>
<td>$626.41</td>
<td>$703.20</td>
</tr>
<tr>
<td>$157,041 - $189,280</td>
<td>$689.41</td>
<td>$82.00</td>
<td>$607.41</td>
<td>$703.20</td>
</tr>
<tr>
<td>$189,281 +</td>
<td>$689.41</td>
<td>$102.00</td>
<td>$587.41</td>
<td>$703.20</td>
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</table>

#### Kaiser—Employee Plus One

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution¹</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
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<tbody>
<tr>
<td>&lt;$63,440</td>
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<tr>
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<td>$1,405.99</td>
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<tr>
<td>$94,641 - $126,880</td>
<td>$1,378.42</td>
<td>$207.00</td>
<td>$1,171.82</td>
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<tr>
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<td>$1,378.42</td>
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<tr>
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<td>$385.00</td>
<td>$993.82</td>
<td>$1,405.99</td>
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</tbody>
</table>

#### Kaiser—Employee Plus Family

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution¹</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$63,440</td>
<td>$1,951.02</td>
<td>$196.00</td>
<td>$1,755.02</td>
<td>$1,990.04</td>
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<tr>
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<td>$1,951.02</td>
<td>$236.00</td>
<td>$1,716.02</td>
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<tr>
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<tr>
<td>$126,881 - $157,040</td>
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<td>$1,614.02</td>
<td>$1,990.04</td>
</tr>
<tr>
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<td>$1,951.02</td>
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<td>$1,990.04</td>
</tr>
<tr>
<td>$189,281 +</td>
<td>$1,951.02</td>
<td>$547.00</td>
<td>$1,404.02</td>
<td>$1,990.04</td>
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</tbody>
</table>

¹ Add $75 to Your Monthly Contribution above if you cover a spouse/RDP who has health coverage available through their employer.

### Dental - $1,750 plan maximum

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Total Monthly Rates</th>
<th>Your Monthly Contribution¹</th>
<th>Monthly USF Contribution</th>
<th>Monthly COBRA Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$68.09</td>
<td>$1.00</td>
<td>$67.09</td>
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<tr>
<td>Employee Plus One</td>
<td>$115.76</td>
<td>$2.00</td>
<td>$113.76</td>
<td>$118.08</td>
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<tr>
<td>Employee Plus Family</td>
<td>$177.03</td>
<td>$3.00</td>
<td>$174.03</td>
<td>$180.57</td>
</tr>
</tbody>
</table>

¹ Dental plans with $1,500 annual maximums, per USFFA members' collective bargaining agreement, will not require employee contributions.

### Vision

<table>
<thead>
<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>
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</thead>
<tbody>
<tr>
<td>Employee Only</td>
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<tr>
<td>Employee Plus One</td>
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<tr>
<td>Employee Plus Family</td>
<td>$25.79</td>
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<td>$13.18</td>
<td>$26.31</td>
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</table>

### EAP

<table>
<thead>
<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>Employee Plus Family</td>
<td>$5.50</td>
<td>$0.00</td>
<td>$5.50</td>
<td>$5.61</td>
</tr>
</tbody>
</table>
You and your dependents are eligible for coverage under USF’s medical plan if you are a full-time employee. Generally, a full-time employee works 130 hours per month on average, as defined by the Affordable Care Act (ACA). Full-time status can affect or determine medical benefits eligibility but is not a guarantee of benefits eligibility. USF uses the Look-Back Measurement Method to determine whether an employee meets this eligibility threshold.

New Employees
If you are a new employee hired to work at least 30 hours a week and/or 130 hours a month, you will be offered medical benefits as follows:

- Staff: First of the month following date of hire
- Jesuits and Faculty: Date of hire

If — as of your date of hire — USF is unable to determine that you are a full-time employee, you will not be offered medical benefits immediately. Instead, you will be placed into an Initial Measurement Period for 12 months to determine whether you are a full-time employee and eligible for benefits. Employees hired with the following schedules will be placed into an Initial Measurement Period, including those hired into:

- Part-time position
- Position where hours vary and USF is unable to determine whether you will work on average 130 or more hours a month
- Position in which they work for six consecutive months or less (regardless of monthly hours worked)

If you are placed into an Initial Measurement Period, the period will begin on your date of hire and will last for 11 months. If, during your Initial Measurement Period, you work 130 or more hours a month on average during that 11-month period, you will become full-time, and, if otherwise eligible for benefits, you will be offered medical coverage by the first of the second month after your Initial Measurement Period ends. Your full-time status will remain in effect during an associated Stability Period that will last 12 months. If your employment is terminated during that Stability Period, and you were enrolled in benefits, you will be offered medical coverage under COBRA.

If — as of your date of hire — USF is unable to determine that you are a full-time employee, you will not be offered medical benefits immediately. Instead, you will be placed into an Initial Measurement Period for 12 months to determine whether you are a full-time employee and eligible for benefits. Employees hired with the following schedules will be placed into an Initial Measurement Period, including those hired into:

- Part-time position
- Position where hours vary and USF is unable to determine whether you will work on average 130 or more hours a month
- Position in which they work for six consecutive months or less (regardless of monthly hours worked)

If you are placed into an Initial Measurement Period, the period will begin on your date of hire and will last for 11 months. If, during your Initial Measurement Period, you work 130 or more hours a month on average during that 11-month period, you will become full-time, and, if otherwise eligible for benefits, you will be offered medical coverage by the first of the second month after your Initial Measurement Period ends. Your full-time status will remain in effect during an associated Stability Period that will last 12 months. If your employment is terminated during that Stability Period, and you were enrolled in benefits, you will be offered medical coverage under COBRA.

<table>
<thead>
<tr>
<th>Period</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire Date</td>
<td>September 1, 2020</td>
</tr>
<tr>
<td>Initial Measurement Period</td>
<td>September 1, 2020 - July 31, 2021</td>
</tr>
<tr>
<td>Stability Period</td>
<td>October 1, 2021 - September 30, 2022</td>
</tr>
</tbody>
</table>

Ongoing Employees
USF uses the Look-Back Measurement Method to determine medical plan eligibility for ongoing employees. An ongoing employee is an individual who has been employed for an entire Standard Measurement Period, which is the 12-month period of time over which USF counts hours to determine if employees work full-time.

If you work 130 or more hours a month on average during the 12-month Standard Measurement Period, you will be deemed full-time, and, if otherwise eligible for benefits, you will be offered medical coverage as of the first day of the Stability Period associated with the Standard Measurement Period, which is the same as USF’s plan year.

Your full-time status will remain in effect during the 12-month Stability Period. If your employment is terminated during a stability period, and you were enrolled in benefits, you will be offered medical coverage under COBRA.

USF uses the Standard Measurement Period and associated Stability Period annual cycle outlined in the following table.

<table>
<thead>
<tr>
<th>Period</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Measurement Period</td>
<td>November 1 – October 31</td>
</tr>
<tr>
<td>Stability Period</td>
<td>January 1 – December 31</td>
</tr>
</tbody>
</table>

LOOK-BACK MEASUREMENT METHOD
CONTACT INFORMATION

<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 (PPO): Group #13051S</td>
<td>800-627-5342</td>
<td>anthem.com/ca</td>
</tr>
<tr>
<td>- Anthem LiveHealth Online</td>
<td>866-207-9878</td>
<td>livehealthonline.com</td>
</tr>
<tr>
<td>- Kaiser Permanente (HMO): Group #29560</td>
<td>800-464-4000</td>
<td>kp.org</td>
</tr>
<tr>
<td>- Kaiser Chiropractic Network: American Specialty Health</td>
<td>800-678-9133</td>
<td>ashlink.com/ash/kp</td>
</tr>
<tr>
<td><strong>Dental</strong>—Delta Dental of California: Group #02406</td>
<td>800-765-6003</td>
<td>deltadentalins.com</td>
</tr>
<tr>
<td><strong>Vision</strong>—VSP (Vision Service Plan): Group #12178895</td>
<td>800-877-7195</td>
<td>vsp.com</td>
</tr>
<tr>
<td><strong>Employee Assistance Program (EAP)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- CONCERN-EAP</td>
<td>800-344-4222</td>
<td>concern-eap.com</td>
</tr>
<tr>
<td>- Company Code: USF</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Commuter Benefit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Clipper Card</td>
<td>877-878-8883</td>
<td>clippercard.com</td>
</tr>
<tr>
<td>- Commuter Check Direct (CCD): Group #1609</td>
<td>800-235-9223</td>
<td>login.commuterbenefits.com</td>
</tr>
<tr>
<td><strong>GoUSF (Wellness)</strong></td>
<td>415-422-6259</td>
<td>gousf.usfca.edu</td>
</tr>
<tr>
<td><strong>Flexible Spending Accounts (FSAs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- BRI</td>
<td>800-473-9595</td>
<td>benefitresource.com</td>
</tr>
<tr>
<td><strong>Life Insurance</strong>—New York Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Life: 800-238-2125</td>
<td></td>
<td>mynylgb.com/auth</td>
</tr>
<tr>
<td>- LTD: 800-362-4462</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Voluntary Disability Insurance Plan (VDI)</strong>—TRISTAR</td>
<td>888-558-7478</td>
<td>tristargroup.net</td>
</tr>
<tr>
<td><strong>Long Term Care Insurance</strong>—Genworth</td>
<td>800-416-3624</td>
<td>genworth.com/USF</td>
</tr>
<tr>
<td><strong>Retirement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- TIAA: 401(a) Group #100975</td>
<td>800-842-2252</td>
<td>tiaa.org/public/tcm/usfca</td>
</tr>
<tr>
<td>- TIAA: 403(b) Group #100976</td>
<td>800-842-2252</td>
<td></td>
</tr>
<tr>
<td><strong>Emeriti Retiree Health Solutions</strong></td>
<td>866-685-6565</td>
<td>emeritihealth.org</td>
</tr>
<tr>
<td><strong>Tuition Remission</strong></td>
<td>415-422-2442</td>
<td>myusf.usfca.edu/human-resources/benefits/tuition-benefits</td>
</tr>
<tr>
<td><strong>NYL GBS Secure Travel</strong></td>
<td>888-226-4567</td>
<td>email: <a href="mailto:ops@us.generaliglobalassistance.com">ops@us.generaliglobalassistance.com</a></td>
</tr>
<tr>
<td><strong>Human Resources Benefits Team</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hours of Service: 8:30 a.m. to 5:00 p.m. Monday through Friday</td>
<td>415-422-2442 (phone) 415-386-1074 (fax)</td>
<td>myusf.usfca.edu/hr/benefits email: <a href="mailto:benefits@usfca.edu">benefits@usfca.edu</a></td>
</tr>
</tbody>
</table>
**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 and pay you up to $110 a day until you receive 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, for example, if it finds your claim is frivolous.

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. 20220. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Michelle's Law Notice
Michelle's Law Notice — Extended dependent medical coverage during student medical leaves
The health plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child’s leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child’s physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, contact human resources as soon as the need for the leave is recognized to USF. In addition, contact your child’s health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

Notice of Choice of Providers
Notice of Choice of Providers or Physician Designation Notice
The Kaiser Permanente HMO generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser HMO will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Kaiser at 800-464-4000 or www kp org. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser Permanente HMO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser at 800-464-4000 or www kp org.
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 1, 2010 through January 31, 2022 for coverage starting as early as January 1, 2022.

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 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
City: San Francisco
State: CA
Zip: 94117-1080
Employer Phone Number: 415-422-2442
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.

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 will guide you through the process. This notice provides the employer information you’ll enter when you visit 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 Notices

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. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. University of San Francisco has determined that the prescription drug coverage offered by the University of San Francisco is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your University of San Francisco coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under University of San Francisco is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

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.
When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with 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 creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...
Contact the University of San Francisco Benefits Team at 415-422-2442. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through University of San Francisco changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:
• Visit www.medicare.gov
• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Your USF prescription drug benefits are as follows:

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<thead>
<tr>
<th></th>
<th>Kaiser</th>
<th>Anthem Blue Cross PPO</th>
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<tbody>
<tr>
<td></td>
<td>In-Network Only</td>
<td>In-Network</td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Brand-name: Formulary</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Brand-name: Non-Formulary</td>
<td>All drugs on formulary</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Supply</td>
<td>Up to 100-day maximum supply</td>
<td>30-day (Retail) or 31-day to 90-day (Mail Order) maximum supply</td>
</tr>
</tbody>
</table>

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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 2022

Plan Sponsor: University of San Francisco

Contact for Additional Information: The Human Resources Benefits Team

Address: 2130 Fulton Street, San Francisco, CA 94117-1080

Phone Number: 415-422-2442
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit 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-EBSA (3272).

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

### ALABAMA - Medicaid
- Website: [http://myalhipp.com/](http://myalhipp.com/)
- Phone: 1-855-692-5447

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

### ARKANSAS – Medicaid
- Website: [http://myarhipp.com/](http://myarhipp.com/)
- Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid
- Website: Health Insurance Premium Payment (HiPP) Program [http://dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp)
- Phone: 916-445-8322
- Email: hipp@dhcs.ca.gov

### COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
- Health First Colorado Website: [https://www.healthfirstcolorado.com/](https://www.healthfirstcolorado.com/)
- Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
- Health Insurance Buy-In Program (HIBI): [https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program](https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program)
- HIBI Customer Service: 1-855-692-6442

### FLORIDA – Medicaid
- Website: [http://flmedicaidtplrecovery.com/hipp/](http://flmedicaidtplrecovery.com/hipp/)
- Phone: 1-877-357-3268

### GEORGIA – Medicaid
- Website (Medicaid): [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)
- Phone: 678-564-1162 ext. 2131

### INDIANA – Medicaid
- Healthy Indiana Plan for low-income adults 19-64
- Website: [http://www.in.gov/fssa/hip/](http://www.in.gov/fssa/hip/)
- Phone: 1-877-438-4479
- All other Medicaid
- Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)
- Phone: 1-800-457-4584
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Medicaid Phone</th>
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<tbody>
<tr>
<td>IOWA – Medicaid</td>
<td><a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></td>
<td>1-800-338-8366</td>
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<td></td>
<td>Hawki Website: <a href="http://dhs.iowa.gov/hawki">http://dhs.iowa.gov/hawki</a></td>
<td>1-800-257-8563</td>
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<td>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></td>
<td>1-888-346-9562</td>
</tr>
<tr>
<td>KANSAS – Medicaid</td>
<td><a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></td>
<td>1-800-792-4884</td>
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<tr>
<td>KENTUCKY – Medicaid</td>
<td>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></td>
<td>1-855-469-6328</td>
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<td>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></td>
<td>1-877-524-4718</td>
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<td>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></td>
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<td>LOUISIANA – Medicaid</td>
<td><a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></td>
<td>1-888-342-6027 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</td>
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<td>MAINE – Medicaid</td>
<td>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></td>
<td>1-800-442-6003</td>
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<td>TTY: Maine relay 711</td>
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<td>TTY: Maine relay 711</td>
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<td>MASSACHUSETTS – Medicaid and CHIP</td>
<td><a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a></td>
<td>1-800-862-4840</td>
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<td>MISSOURI – Medicaid</td>
<td>Website: <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>
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<tr>
<td>MONTANA – Medicaid</td>
<td>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></td>
<td>1-800-694-3084</td>
</tr>
<tr>
<td>NEBRASKA – Medicaid</td>
<td>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
<td>1-855-632-7633</td>
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<td>Lincoln: 402-473-7000</td>
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<td></td>
<td>Omaha: 402-595-1178</td>
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<td>NEVADA – Medicaid</td>
<td>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></td>
<td>1-800-992-0900</td>
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<td>NEW HAMPSHIRE – Medicaid</td>
<td>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a></td>
<td>603-271-5218</td>
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<td></td>
<td>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</td>
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<td>NEW JERSEY – Medicaid and CHIP</td>
<td>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td>609-631-2392</td>
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<tr>
<td></td>
<td>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></td>
<td>1-800-701-0710</td>
</tr>
<tr>
<td>State</td>
<td>Program</td>
<td>Website</td>
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<td>----------------------</td>
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<td>NEW YORK – Medicaid</td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></td>
<td>1-800-541-2831</td>
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<tr>
<td>NORTH CAROLINA – Medicaid</td>
<td><a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a></td>
<td>919-855-4100</td>
</tr>
<tr>
<td>OKLAHOMA – Medicaid and CHIP</td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>1-888-365-3742</td>
</tr>
<tr>
<td>PENNSYLVANIA – Medicaid</td>
<td><a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a></td>
<td>1-800-692-7462</td>
</tr>
<tr>
<td>RHODE ISLAND – Medicaid and CHIP</td>
<td><a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>855-697-4347 or 401-462-0311 (Direct Rite Share Line)</td>
</tr>
<tr>
<td>SOUTH CAROLINA – Medicaid</td>
<td><a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
</tr>
<tr>
<td>SOUTH DAKOTA – Medicaid</td>
<td><a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>1-888-828-0059</td>
</tr>
<tr>
<td>WASHINGTON – Medicaid</td>
<td><a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
<td>1-800-562-3022</td>
</tr>
<tr>
<td>WISCONSIN – Medicaid and CHIP</td>
<td><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a></td>
<td>1-800-362-3002</td>
</tr>
</tbody>
</table>
To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**

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

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

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

• Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

• Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

• 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:

1) for the institution to provide you with health care;
2) 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 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.

403(b) ERISA Notices

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 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 TIAA for specific information.

• To contact TIAA, call 800-842-2252
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 which is updated each business day:

• By logging in to the TIAA/USF microsite at tiaa.org/usfca Plan No. 100975; or
• By calling 800-842-2252 and speaking to a TIAA representative.

What is a TIAA Lifecycle Fund?
TIAA-CREF Lifecycle Funds is a target date retirement fund that provides a ready-made diversified portfolio using TIAA 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 TIAA-CREF Lifecycle Funds 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/USF microsite at tiaa.org/usfca, Plan No. 100975 (click the fund which you wish to review); or
By calling 800-842-2252 and speaking to a TIAA 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 TIAA-CREF Lifecycle Funds.

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/USF microsite at tiaa.org/usfca; or
• By calling 800-842-2252 and speaking to a TIAA representative.

If I have any questions about this notice or the Plan, who can I contact?
Visit the Human Resources Office 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 retirementplan@usfca.edu.
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.