

# WOFFORD COLLEGE

## 2025 Employee Benefit Guide



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This brochure summarizes the benefit plans that are available to Wofford College eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

# A Message to Our Employees

At Wofford College, we recognize our ultimate success depends on our talented and dedicated faculty and staff members. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best faculty and staff available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable. This Benefits Guide will help you choose the type of plan and level of coverage that is right for you.

You may also learn about Wofford's employee benefits program by accessing the benefits section of the Human Resources page at:

<https://www.wofford.edu/administration/human-resources/benefits>.

**2025 ANNUAL OPEN ENROLLMENT PERIOD: November 1<sup>st</sup> through 29<sup>th</sup>**

**During this period, all eligible employees must access their Workday account to make elections/waivers for the new plan year beginning January 1, 2025.**

Human Resources Department, Wofford College



# Benefits for You and Your Family

Wofford College recognizes that benefits are an integral and valuable component of your total compensation package. We provide you with a high quality and affordable employee benefits program that meets your family's needs. This guide is intended to summarize the benefit plans we offer effective January 1, 2025. Please refer to the summary plan descriptions for full details about our plans. Listed below are the Wofford College benefits available to our employees:

- Medical
- Dental
- Vision
- Basic Life and AD&D
- Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- EAP
- FSA Plan
- Long Term Care
- Voluntary Critical Illness, Accident, Hospital
- Wellness

## Who is Eligible?

Full-Time employees working at least 30 hours per week and their eligible dependents may participate in the Wofford College benefits program.

Generally, for the Wofford College benefits program, dependents are defined as:

- Legal spouse
- Dependent "child" up to age 26. (Child means the employee's natural child, adopted child, stepchild, and any other child as defined in the summary plan descriptions)

## When is My Coverage Effective?

If you are a new Wofford College eligible full-time employee and wish to enroll, your coverage is effective the 1st day of the month following the date of hire or coincident with the date of hire.

## Changing Coverage During the Year

Generally, you can only change your benefit elections during the annual benefits enrollment period.

However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify Human Resources and the change is permitted under the plan terms. Examples of these changes in status events may include:

- Marriage
- Divorce
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects their benefits
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a family status change, you must notify Human Resources within 30 days of the event to change your medical, dental, FSA, or vision elections. Most qualifying events require supporting documentation. You will be asked for the document after submitting your change request. You will need to submit that documentation within 30 days. Here is a list of acceptable documentation:

- Marriage/Domestic Partnership – Marriage Certificate or License
- Birth/Adoption of Child – Birth Certificate, Hospital Records, Certificate of Live Birth, Adoption Records
- Death of Child/Spouse – Death Certificate
- Divorce/Dissolution of Domestic Partnership – Divorce Decree, Legal Separation Documentation
- Employee or Dependent Gains/Loses Coverage – Proof of New Coverage or Loss of Coverage

Due to our IRS Section 125 plan, what employees pay for their medical, dental, and vision benefits will be pre-taxed, and most employees will see a tax savings of approximately 30% due to no federal, state, or FICA taxes being imposed on these payroll deductions.

# Workday 2025 Open Enrollment Instructions

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At Wofford College, we understand that each employee has unique needs and circumstances, so we are excited to offer you an affordable and robust benefits package! This year, open enrollment will occur through Workday.

It is extremely important that you take action during this open enrollment period, whether you are newly enrolling, making changes, keeping coverage the same, or waiving benefits.

What you will need to enroll you and your family:

Names

Dates of Birth

Social Security  
Numbers

Home  
Addresses

Beneficiary  
Information

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**Open Enrollment Dates:**  
**Friday, November 1<sup>st</sup> through Friday, November 29<sup>th</sup>**

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## Navigate Open Enrollment

*Audience: All Employees*

Open enrollment allows you to update your benefit elections once a year. During this period, you will receive a task in your My Tasks. Review this job aid for steps on completing your open enrollment.

For biweekly employees (staff who receive paychecks every two weeks), benefit deductions will be calculated over all 26 paychecks.

## Select Your Benefits

1. In the top right corner of your screen, select the **My Tasks** icon.
2. Choose the **Open Enrollment Change** task.
3. Select **Let's Get Started**.
4. Answer the Health Questionnaire for Tobacco Use and select **Continue**. Select **Continue** again to proceed with benefit selection.
5. Select **Manage** to update your medical elections. Select **Enroll** to enroll in a new benefit plan.
6. Choose **Select** or **Waive** for each benefit election. Your current elections will be the default.
7. Choose the **Benefit Plan Details** links to review.
8. Modify your coverage, if needed.
9. Select **Confirm and Continue**.

# Workday 2025 Open Enrollment Instructions

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## Add Dependents

You can add dependents if you select or modify a benefit plan during open enrollment.

After selecting Confirm and Continue in the previous step:

1. If a dependent already exists, Workday selects them automatically.
2. Select the **Add New Dependent** button to add a new dependent.
3. Select the **Use as Beneficiary** checkbox to use this dependent as a beneficiary and select **OK**.
4. Complete all required information and select **Save**.

## Modify Dependents

From the Dependents section for medical elections:

1. Next to the name of your dependents, select the **checkbox**.
2. Select **Save**.

## Healthcare / Dependent Care Flexible Spending Account Elections

1. Return to the Health Care and Accounts section.
2. Choose **Enroll** to enroll in the Healthcare Flexible Spending Account or Dependent Care Flexible Spending Account.
3. For the Healthcare Flexible Spending Account and/or Dependent Care Flexible Spending Account election, select **Select** or **Waive**.
4. Enter the amount you want to contribute.
5. Select **Confirm and Continue**.

## Add Voluntary Life Insurance

If you apply for an employee voluntary life insurance increase over \$10,000 during open enrollment, you must submit an Evidence of Insurability (EOI) application. The same applies if you apply for an increase in your Spouse's Voluntary Life Insurance over \$5,000. Any insurance that requires an EOI will NOT go into effect unless the carrier approves it in writing.

If an EOI is required, you may download the form or submit an electronic EOI by visiting

<https://www.sunlife-usa.net/eoi/>.

From the Insurance and Retirement section:

1. Choose **Manage** or **Enroll** to update or add Voluntary Life insurance.
2. Choose **Select** or **Waive** for each insurance election and modify your coverage levels, as needed.
3. Select **Confirm and Continue**.
4. If you update or add Voluntary Life insurance, you must add Voluntary AD&D insurance with the same amount of coverage.

# Workday 2025 Open Enrollment Instructions

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## Designate Life Insurance Beneficiaries

If your life insurance plan requires beneficiaries, the option to add primary and secondary beneficiaries will appear. In this case, you must designate one or more beneficiaries for each plan.

From the Beneficiaries section:

1. Select the **Add Row** icon to add a beneficiary.
2. In the Beneficiary field, select the **prompt** icon to select from existing beneficiaries. Or select **Create > Add New Beneficiary or Trust** to add a new beneficiary. To remove a beneficiary, locate the beneficiary and select the **Remove Row** icon next to the name.
3. In the Percentage column, enter each beneficiary's benefits percentage.
4. Select **Save**.

## Attach Supporting Documents

To add attachments, if required:

1. Select the **Review and Sign** button.
2. Drag and drop the file in the Attachments area, or choose **Select Files** to find the file, then select the file you want to attach.
3. Enter comments, as needed.
4. Select **Upload** to attach additional documents.

## Complete Your Enrollment

1. Select the **Review and Sign** button to complete your enrollment.
2. Scroll to the bottom of the page. Select the **I Accept** checkbox to confirm your electronic signature.
3. Enter comments, as needed.
4. Select **Submit**. A confirmation page is displayed.
5. Optionally, select the **View 2025 Benefits Statement** button to view the benefits statement.
6. Select the **PDF** icon to generate a PDF version for your records.
7. Select **Done** to complete the task.



# Medical Benefits Overview

Wofford College will continue to offer a self-funded medical plan through Planned Administrators, Inc. The chart below is a brief outline of the plan. Please refer to the Medical Plan Document for complete plan details.

Benefit Coverage	Planned Administrators, Inc. ( <a href="http://www.paisc.com">www.paisc.com</a> )	
	PPO Medical/RX Plan #750 (Refer to your ID Card for your Network) BlueCross of SC for SC employees/Medcost for NC employees/PHCS for outside SC & NC	
	In-Network Benefits	Out-of-Network Benefits
<b>Calendar Year Deductible</b>		
Individual	\$750	\$1,250
Family	\$2,250	\$3,750
Coinsurance	80%	50%
<b>Maximum Out-of-Pocket (Includes Deductible, Medical Copays, RX Copays, and Coinsurance)</b>		
Individual	\$3,750	\$4,250
Family	\$9,000	\$10,500
<b>Physician Office Visit (including lab, X-ray, pathology, radiology, supplies, surgery, injections, &amp; accident)</b>		
Primary Care (includes pediatricians, OB/GYN)	\$30 copay, no deductible	50% after deductible
Specialty Care	\$50 copay, no deductible	50% after deductible
<b>Preventive Care (ACA Preventive Care Services at <a href="http://www.healthcare.gov">www.healthcare.gov</a> for complete list of covered services)</b>		
Annual Physical Exams, Well Child Care, Immunizations, Cancer Screenings, etc.	100%, no deductible	50%, no deductible
Routine Colonoscopy (any age)	100%, no deductible	50%, no deductible
<b>Diagnostic Services</b>		
Radiology, Pathology, X-Ray, MRI & CT Scans, Radiation Therapy, Chemotherapy	80% after deductible	50% after deductible
Diagnostic Colonoscopy (any age)	100%, no deductible	50%, no deductible
Urgent Care Facility	\$50 copay, no deductible	50% after deductible
Emergency Room Facility Charges	80% after deductible	80% after deductible
Inpatient/Outpatient Facility and Surgical Charges	80% after deductible	50% after deductible
<b>Mental Health &amp; Substance Abuse</b>		
Physician Office Visit	\$30 copay, no deductible	50% after deductible
Inpatient/Outpatient	80% after deductible	50% after deductible
<b>Other Services</b>		
Chiropractic Care (limited to 30 visits per calendar year)	80% after deductible	50% after deductible
Ambulance	80% after deductible	80% after deductible
Diabetic Supplies	80% after deductible	50% after deductible
<b>Retail Pharmacy (34-Day Supply)</b>		
Preventative Drugs	100% no deductible	Not Covered
Generic (Tier 1)	Member pays 20%, no deductible	Not Covered
Brand (Tier 2)	Member pays 40%, no deductible	Not Covered
Specialty (Tier 3)	Member pays 40%, no deductible	Not covered
<b>Mail Order Pharmacy (90 Day Supply)</b>		
Preventative Drugs	100% no deductible	Not Covered
Generic (Tier 1)	\$10 copay, no deductible	Not covered
Brand (Tier 2)	\$35 copay, no deductible	Not covered
Specialty (Tier 3)	\$35 copay, no deductible	Not covered



# Prime Therapeutics

## Understanding Your Pharmacy Benefits



Prime Therapeutics (Prime) is your pharmacy benefit manager. We want you to have the best and simplest experience, and we're focused on getting you the meds you need when and how you need them.

### Using Your Benefits At Retail Pharmacies

Please show your member ID card and prescription at any network pharmacy to get your drugs. We offer a large network of major chains, regional pharmacies and independent stores. Visit our website at

[PrimeTherapeutics.com/Member/Documents](https://www.primetherapeutics.com/Member/Documents) to view a list of network pharmacies.

### Using Home Delivery By Prime Therapeutics Pharmacy

With home delivery, you can get up to a 90-day supply of many of the drugs you may take every day at a lower price. To get started, ask your provider to write two prescriptions: one for a 30-day supply to fill right away at your local pharmacy, and one for a 90-day supply with refills, to start your home delivery service. Then, choose one of the options below:

- Ask your provider to **ePrescribe** to Prime Therapeutics Pharmacy LLC (Home Delivery, Orlando).
- Ask your provider to **fax** your prescription to **888.282.1349**. Faxed orders need to come from a doctor's office and include patient info and diagnosis.
- **Mail** us your 90-day prescription and home delivery order form with payment to Prime Therapeutics Pharmacy, P.O. Box 620968, Orlando, FL 32862. Visit [PrimeTherapeutics.com/PatientForms](https://www.primetherapeutics.com/PatientForms) to find home delivery order forms.

### Coverage Limits And Other Restrictions

Some Products may have limits based on your plan setup

- **Prior Authorization:** Certain Products require prior authorization, which means your provider will need to submit a request that must be approved before the product is covered.
- **Step Therapy:** In some cases, you may need to try one or more products to treat your condition before you move to this product.

To find out if a drug is subject to these rules or limits, review the drug list on

[PrimeTherapeutics.com/Member/Documents](https://www.primetherapeutics.com/Member/Documents).

### Using Prime's Handy Member Portal

Visit our secure member portal at [PrimeTherapeutics.com/Member](https://www.primetherapeutics.com/Member) to get helpful tool and info, like:

- Real-time prescription updates
- Prescription refill alerts
- Severe drug-to-drug interaction alerts
- Drug Facts
- Tools to manage costs
- Pharmacy claim records

### Reaching Prime

Visit [PrimeTherapeutics.com](https://www.primetherapeutics.com) or call **800-424.0472**.

Support is available to members, pharmacies and prescribers 24 hours a day, 7 days a week

# Prime Therapeutics

## Understanding Prior Authorization



A prior authorization (PA) is when your health plan needs to review a drug you've been prescribed to make sure it's right for you. PAs help ensure the drug is used correctly, and they can help reduce risks and costs. Drugs used to treat pain, cancer, viral infections and obesity may require a PA.

Visit [PrimeTherapeutics.com/Member/Documents](https://www.primetherapeutics.com/Member/Documents) to see if your drug requires a PA.

### How It Works



Bring or mail your prescription to your pharmacy



If a PA is needed, your provider can call **800.424.3312**.



Your PA can be approved or denied based on the info your provider sends.

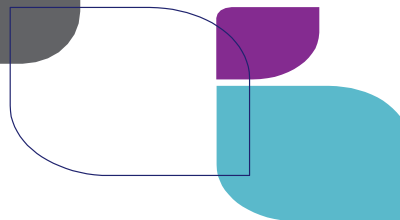


**APPROVED:** if your PA is approved, we'll let you know so you can get your medicine right away.

**DENIED:** If your PA is denied, we'll send a letter to you and your doctor with next steps.

### Helping Health Care Work For You

At Prime Therapeutics, we are reimagining pharmacy management to provide the same care we would want for our loved ones. That means we help make sure the drugs you have been prescribed are right for you. If you have questions, please visit [PrimeTherapeutics.com/Member/Document](https://www.primetherapeutics.com/Member/Document) or call us at **800.424.3312**. We are here 24 hours a day, 7 days a week.



# Prime Therapeutics

## Quick Formulary Reference Guide

### FORMULARY DRUG LIST

#### Accord™



#### **View Your Plans Drug List From Anywhere**

The prescription drug benefit is one of the most important and commonly used elements of health plan coverage. To find drugs that are covered by your plan, we offer an easy-to-use formulary drug lookup tool. The formulary drugs have been approved by the Food and Drug Administration (FDA) as safe and effective and were selected by our team of expert health care professionals.



#### **Find Out What You Need To Know**

- **What is a formulary?**

A Formulary is a list of brand names and generic drugs covered by your prescription drug benefit.

- **Can the formulary change?**

We regularly review the drugs on our formulary to ensure they are safe, effective and low-cost. The list is subject to change, and drugs may be added or removed.

- **Are there any restrictions?**

Some drugs may have additional requirements or limits. If a drug has requirements or limits, it will be noted in the formulary.

- **How can I look up drugs on the formulary?**

Visit [primetherapeutics.com/member/documents](http://primetherapeutics.com/member/documents) and select the Accord™ formulary.



#### **Contact Prime**

If you have questions about your pharmacy benefits, call us at **800.424.0472**. We are here 24 hours a day, 7 days a week.

#### **Protect Yourself And Your Family With A Free Flu Shot**

The flu is a contagious respiratory disease that can lead to serious illness. Take action and stop the spread of the flu this season. Your annual flu shot is free when you use your prescription benefit card at a participating network retail pharmacy. Talk to your doctor about which flu vaccine is right for you.

#### **Follow These 3 Easy Steps To Get Your Flu Shot:**

**Visit a participating pharmacy.**

**Show your prescription benefit card.**

**Get your flue shot from a pharmacist.**

Contact your local pharmacy to find out if they are in our network and offering flu shots. For questions about your pharmacy benefits, call 800.424.0472.

# Medical Benefits Cost of Coverage

<b>Employee Contributions (Monthly)*</b>	
<b>Tier 1 - \$0- \$42,499</b>	
Employee Only	\$45.00
Employee & Spouse	\$300.00
Employee & Child(ren)	\$250.00
Employee & Family	\$370.00
<b>Tier 2 - \$42,500 – \$67,999</b>	
Employee Only	\$75.00
Employee & Spouse	\$340.00
Employee & Child(ren)	\$300.00
Employee & Family	\$410.00
<b>Tier 3 - \$68,000 – \$98,999</b>	
Employee Only	\$140.00
Employee & Spouse	\$435.00
Employee & Child(ren)	\$380.00
Employee & Family	\$535.00
<b>Tier 4 - \$99,000+</b>	
Employee Only	\$180.00
Employee & Spouse	\$485.00
Employee & Child(ren)	\$430.00
Employee & Family	\$700.00

\*The premiums listed are the discounted premiums for those who elect to participate in the Wellness Premium Incentive Program and complete and submit proof of an annual physical by the deadline of March 15, 2025 for current employees, and within 2.5 months of effective date for newly enrolled employees.

If an employee elects to not participate in the Wellness Premium Incentive Program an additional \$50/month will be added to the premium beginning the month following the deadline to receive and submit proof of an annual physical, and will continue for the remainder of the calendar year.

See the Wellness Premium Incentive Program document or contact [humanresources@wofford.edu](mailto:humanresources@wofford.edu) for more information.



Care At Your Fingertips, 24/7

## Telemedicine and Virtual Counseling from Planned Administrators Inc!

You now have access to doctors and counselors via phone or video with telemedicine and virtual counseling. Both services are provided FREE to employees & family members on the health plan.



### Talk to a doctor 24/7

Get treatment within minutes for minor injuries, illnesses, and prescriptions.

- Cough & Sore Throat
- Infections (Sinus, Ear, UTI, etc.)
- Skin Rash
- Muscle/Joint Pain
- **Medication Refill\***

\*Doctors can write prescriptions when needed. Prescription costs are applicable to your medical plan.

View this short video for more information!  
[Virtual Urgent Care \[connect.fshealth.com\]](https://connect.fshealth.com)

### Talk to a counselor

Sometimes, you just need someone to talk to. Get short-term counseling to work through:

- Anxiety
- Depression
- Marital/Relationship
- Substance Use
- Work/Life Stress

\*Visits occur on your time! Get support via phone or video anytime 8 a.m. to 8 p.m. Monday – Friday.

View this short video for more information!  
[Virtual Mental Health \[connect.fshealth.com\]](https://connect.fshealth.com)

“Always cordial, caring, and very upbeat! Thank you for making us feel better mentally as well as physically!” – Helen from Ohio

Get the app 





Use last 4 SSN to log in.



## How to claim your account

Planned Administrators Inc provides telemedicine and virtual counseling to you and your immediate family for free. Here's how to get started.

### Mobile App

1. Download the First Stop Health mobile app Tap
2. "Find My Account" and set up your account using the last 4 digits of your SSN.



### Website

1. Go to fshealth.com
2. Click 'Log In' in the upper right
3. Select "Set up your account"
4. Claim your account using the last 4 digits of your SSN.



# My Benefits Manager

## Quick Start Guide: PAI Member Portal – Medical Plan

Log in to your medical benefit portal to view important plan information, request an ID card, find a network provider, view claims information, see member discounts and more.

### How to Register:

1. Visit MyBenefitsManager Customer Login at [paisc.com](https://paisc.com).
2. Click on Select your portal and choose Member Portal.
3. Click on Create account, accept the license agreement, click Next, and follow the prompts. Enter your name exactly as shown on your member ID card.

For security, a new account is required and a two-step authentication process has been added. Your Member ID Number is on your ID Card.

4. Once completed, an email is sent confirming success of the sign-up process.

### Logging In:

Once you have registered for the Member Portal, you may use your username and password to sign in. The Sign In button is on the Member Portal home screen.

Once logged in to the Home page, you can see dashboards containing your coverage summary, claim information and Quick Links.

Access the member portal at [paisc.com/members](https://paisc.com/members). For plan questions, call the phone number listed on your ID card.



# My Benefits Manager

## Medical Plan PAI Member Portal - Create Your Account: Dependents

Creating a Member Portal account is easy and takes only a few minutes. Dependents (a spouse or children over the age of 16) will need the policyholder's Member ID number, located on the front of the Member ID card. For confidentiality reasons, we cannot register you over the phone. However, we are here to help you walk through the registration process, if needed.

Due to HIPAA regulations, all dependents over the age of 16 must create their own member account and allow or deny permission for the others on the account to view their claims. The policyholder can see all members listed on their account. Claims information is accessible to them once permission to their account is granted. The policyholder and their spouse will be able to view claims for dependents under the age of 16.

### To Create Dependent Account:

1. Log in to [paisc.com](http://paisc.com).
2. Each adult over the age of 16 will need to go to the MyBenefitsManager Member Portal, select Create Account and accept the license agreement.
3. Click on the Are you a dependent? box to open the top two dependent information fields.
4. In the Dependent First Name field, dependents will enter their name exactly as it was submitted during enrollment, which may include a middle initial or middle name that must also be entered in this field.
5. In the Dependent DOB field, enter dependent's date of birth.
6. Enter the policyholder's Member ID number, located on the front of the policyholder's Member ID card.
7. Enter policyholder's First Name\* and Last Name\* exactly as they appear on the Member ID card.
8. Enter policyholder's Date of Birth.
9. Enter Group Number located on the front of the Member ID card.

10. Create your username and password by:

Entering your email address

Creating/entering a password

Answering three security questions (to be used for username or password retrieval)

If you get an error message that states "Username already assigned," it usually means that the username you are trying to enter is already in use by someone at another company. Use another variation of the user name. Experiment with other formats (smithj or jsmith1 for jsmith, for instance) until the portal is able to accept the new username.

11. You will receive an email confirming you have successfully completed the sign-up process and will be able to login using your new username and password.

### Important Notes When Registering:

If a middle initial appears on your Member ID card, include it in the First Name field of the registration form, as shown below.

If a period (.) appears on your Member ID card after the middle initial, be sure to include it. If no period (.) is present, be sure not to add one.

If a comma (,) appears on your Member ID card after the last name and before the suffix, be sure to include it. If no period (,) is present, be sure not to add one.

If a suffix appears, such as Jr. or Sr., add it in the Last Name field.

If a period (.) appears on your Member ID card after the suffix be sure to include it. If no period (.) is present, be sure not to add one. Exact names are required. For example, if John is your first name, but you go by Jack, John will be required in the First Name field.





# Dental Insurance

Wofford College will continue to offer a dental program through Sun Life. The chart below is a brief outline of the plans. Please refer to the Certificate of Coverage for complete plan details.

Benefit Coverage (Calendar Plan Year)	Sun Life Dental PPO Low Option #920901 – www.sunlife.com		Sun Life Dental PPO High Option #920901 – www.sunlife.com	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Calendar Year Deductible</b>				
Individual	\$50	\$50	\$50	\$50
Maximum Family	3 persons individually	3 persons individually	3 persons individually	3 persons individually
Waived for Preventive Care & Orthodontia?	Yes	Yes	Yes	Yes
<b>Annual Maximum for Type I, II, III Services</b>				
Per Person	\$2,000	\$2,000	\$2,000	\$2,000
Preventive (I)	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Basic (II)	80%	80%	80%	80%
Major (III)	Not covered	Not covered	50%	50%
Waiting Period	N/A	N/A	6 months for Major	6 months for Major
<b>Orthodontia Type IV Services</b>				
Benefit Percentage	Not covered	Not covered	50%	50%
Employee	Not covered	Not covered	Not Covered	Not Covered
Dependent Child(ren)	Not covered	Not covered	Covered to age 26	Covered to age 26
Lifetime Maximum per Child	Not covered	Not covered	\$1,000	\$1,000
Waiting Period	N/A	N/A	12 months	12 months
<b>Employee Contributions (Monthly)</b>				
	Low Plan		High Plan	
Employee	\$34.18		\$63.69	
Employee & Spouse	\$68.26		\$127.43	
Employee & Child(ren)	\$81.34		\$142.70	
Employee & Family	\$115.48		\$206.37	



# Vision Insurance

Wofford College provides Vision Insurance through EyeMed. Wofford College pays 100% for all Base plan coverage tiers, and it includes exam only coverage and discounts for materials. Employees have the option to elect the Buy-Up plan for full exam and materials coverage in network, with reimbursements available out-of-network. Please refer to the Certificate of Coverage for complete plan details.

Benefit Coverage (Calendar Plan Year)	EyeMed Vision Care Base Plan #VC-146 – <a href="http://www.eyemed.com">www.eyemed.com</a>	EyeMed Vision Care Buy-Up Plan #VC-146 – <a href="http://www.eyemed.com">www.eyemed.com</a>
<b>Copay</b>		
Routine Exams (once every plan year)	\$10 copay (out-of network reimbursement available)	\$10 copay (Retinal Imaging up to \$39); out-of-network reimbursements available)
<b>Vision Materials</b>		
Materials Copay	N/A – Discounts only for Materials In-network	Copays applicable to Lenses based on type of lens (once every plan year)
Lenses	Benefit varies by type of lens; in-network only	Benefit varies by type of lens; out-of-network benefit reimbursements available (once every plan year)
Contacts Covered in lieu of frames. Medically necessary contacts covered at a higher benefit level	Elective Conventional contacts covered at 15% off retail price; Disposable: 100% of retail price; in-network only	\$0 Copay; Elective contacts covered at \$130 Allowance - Disposable: 0% off balance - Conventional: 15% off balance; Medically Necessary paid in full; out-of-network reimbursements available; (once every plan year)
Frames	Covered at 35% off retail price in-network only	\$0 Copay; Covered at \$130 Allowance + 20% discount off balance; out-of-network reimbursements available (Plan allows member to receive either contacts and frame, or frame and lens services once every plan year)

<b>Employee Contributions (Monthly)</b>		
	Base Plan	Buy-Up Plan
Employee	\$0	\$9.22
Employee & Spouse	\$0	\$17.52
Employee & Child(ren)	\$0	\$18.44
Employee & Family	\$0	\$27.11



## Basic Life, AD&D (Accidental Death & Dismemberment) & Dependent Life Insurance

Wofford College provides Basic Life/ADD benefits to all full-time eligible employees at no cost through Sun Life. The \$2.00 monthly cost of spouse/children dependent life insurance cost is paid by the employee, if elected. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. Please see the Certificate of Coverage for complete plan details.

Employee Basic Life & AD&D Insurance & Dependent Life Insurance	Benefit #920901 <a href="http://www.sunlife.com">www.sunlife.com</a>
Employee	1 times your Basic Annual Earnings up to a maximum of \$450,000. Age reductions – Amount reduces to: 65% age 65; 45% age 70; 30% age 75
Spouse	\$5,000
Child(ren) (unmarried)	\$2,500 (under 6 months - \$250 benefit) to age 19; or to age 26 if full-time student.

## Voluntary Life and AD&D Insurance

In addition to the Basic Life and AD&D insurance, all full-time eligible employees have the option to purchase additional Voluntary Life and AD&D Insurance through Sun Life for yourself, your Spouse, and children to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your costs will depend on your age, the amount of coverage you elect, and whether or not you use tobacco. View costs in the Employee Navigator benefit website/enrollment portal. Please see the Summary of Benefits and Rates, and the Certificate of Coverage for complete plan details.

Voluntary Life and AD&D Insurance	Benefit #920901 <a href="http://www.sunlife.com">www.sunlife.com</a>
Employee	\$10,000 increments not to exceed the lesser of 5 x Basic Annual Earnings or \$500,000. Guaranteed Issue - \$140,000. You must submit Evidence of Insurability and be approved for any amount exceeding \$140,000, or if you are a late entrant, or you apply for an increase in your existing amount.
Spouse	\$5,000 increments not to exceed \$250,000. Guaranteed issue - \$25,000, if your spouse is under age 60; and \$1,000 if age 60 or over. Your spouse must submit Evidence of Insurability and be approved for any amount exceeding \$25,000, if a late entrant, or if applying for an increase. The amount you select for your spouse cannot exceed 100% of your coverage amount.
Child(ren) (unmarried)	\$2,000 increments not to exceed \$10,000 (under 6 months - \$1,000 benefit). Full benefit payable for age 6 months to age 19, or to age 26 if full-time student.
Benefits Reduction	Benefits reduce to 65% at age 70; and 50% at age 75.

## Voluntary Short-Term Disability

Wofford College offers voluntary short-term income protection to you through Sun Life in the event you become unable to work due to a non-work-related illness or injury. Please see the Certificate of Coverage for complete plan details. Employee costs are based on age. View benefits and costs in the Employee Navigator benefits website/enrollment portal.

<b>Voluntary Short-Term Disability</b>	<b>Benefit #920901 <a href="http://www.sunlife.com">www.sunlife.com</a></b>
Weekly Benefit	60% of total weekly earnings up to \$2,000 a week
When Benefits Begin	30 days from the date of your disability
Length of Benefit	22 weeks

## Long-Term Disability

Wofford College provides long-term income protection to you at no cost through Sun Life in the event you become unable to work due to a non-work-related illness or injury. Please see the Certificate of Coverage for complete plan details.

<b>Long-Term Disability</b>	<b>Benefit #920901 <a href="http://www.sunlife.com">www.sunlife.com</a></b>
Monthly Benefit	60% of total monthly earnings up to \$10,000 a month
When Benefits Begin	180 days from the date of your disability
Length of Benefit	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability

# Flexible Spending Account

The Flexible Spending Account (FSA) plan with Flores & Associates (TPA) allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

## How an FSA works and the Debit Card for Eligible Medical, Dental, Vision Expenses:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your Health Care FSA debit card to pay at the point of service or submit the appropriate paperwork to be reimbursed by the plan.
- If you participate in the Health Care FSA, you will be issued a Debit Card that is valid for five years from its issue date. Do not discard your card prior to its expiration date. At the start of each new plan year, your Debit Card will be reloaded with your new election amount. A new card will be mailed to you when your expiration date is approaching.
- You can use your Flores Debit Card to pay for expenses incurred during your active enrollment period in the current plan year. If a provider or merchant does not accept Debit Cards, you have the option to file a manual request for reimbursement of your eligible out-of-pocket cost. If you terminate employment during the plan year, the card will be turned off at that time. Only expenses incurred while you are an active participant will be considered reimbursable.

## Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds. However, Wofford’s plan has a Health Care FSA Rollover provision allowing you to rollover up to \$610 of unused Health Care FSA funds at the end of the plan year, reducing your risk of forfeiting unused money you have contributed. You can continue to roll up to \$610 from year to year (rollover maximum is updated each year by the IRS).
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

**Please plan your FSA contributions carefully, as any funds not used by the end of the year exceeding the \$610 rollover amount will be forfeited. Re-enrollment is required each year.**

Maximum Annual Election (2024 IRS Limits)	
*The 2025 IRS limits have not been announced yet.*	
Health Care FSA	\$3,200
Dependent Care FSA	\$5,000

[Videos | Flores-Associates](#)



# HEALTH CARE

## FLEXIBLE SPENDING ACCOUNT

THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

### YOUR STEPS TO SAVINGS!

- 1 REALIZE THE TAX SAVINGS**  
You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$2,850 you would save **\$712.50** in taxes.
- 2 ESTIMATE YOUR EXPENSES**  
Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).
- 3 ENROLL AND MANAGE YOUR ACCOUNT**  
Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account. Contact information can be found on the back of this flyer.

### ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Over-the-counter Medications
- Menstrual Care Items
- COVID-19 Related PPE

# HEALTH CARE FSA FAQs

## FREQUENTLY ASKED QUESTIONS

**HOW CAN I SUBMIT A CLAIM?** Claims may be uploaded to your account on our participant Flores247 Web Portal, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

**WHAT MUST BE INCLUDED ON RECEIPTS?** All receipts for reimbursement must include the following information: Date of service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

**WILL I HAVE A DEBIT CARD?** Possibly. If your plan offers the debit card, you can use your Flores Benefits Card at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

**DO I NEED TO RE-ENROLL IN THE HEALTH CARE FSA EACH YEAR?** Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

**WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY HEALTH CARE FSA?** After your first Health Care FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

**CAN I SUBMIT MY SPOUSE'S / DEPENDENT'S MEDICAL EXPENSES TO MY HEALTH CARE FSA?** Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

### HOW DO I OBTAIN MY ACCOUNT DETAILS?



#### WEBSITE

Visit [www.flores247.com](http://www.flores247.com) and log in using Participant ID or User Name and password



#### MOBILE APP

Download our mobile app from your app store



#### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

**HOW WILL REIMBURSEMENTS BE ISSUED?** Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website ([www.flores247.com](http://www.flores247.com)) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

**CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?** You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

**WHAT HAPPENS TO MY HEALTH CARE FSA IF I TERMINATE FROM THE COMPANY?** Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Human Resource Department for further information.

**WILL UNUSED FUNDS ROLLOVER TO THE NEXT YEAR?** Possibly. If your employer has adopted the FSA carryover, any unused balance up to \$570 that remains in your account as of the last day of the plan year will roll into the new plan year for you to be able to use towards eligible expenses you incur during the new plan year.

### HOW DO I SUBMIT DOCUMENTS TO FLORES?

#### ONLINE

Visit [www.flores247.com](http://www.flores247.com) and upload documents securely

#### MOBILE

Download Flores Mobile app Available for Apple or Android devices

#### MAIL

Flores & Associates, LLC  
PO Box 31397  
Charlotte, NC 28231

#### FAX

800.726.9982 or 704.335.0818

Revised 09/22

**CUSTOMER SERVICE 1.800.532.3327**

The content of this handout has been prepared by Flores & Associates, LLC for informational purposes only and does not constitute legal or tax advice. This information is an interpretation of selected portions of the Internal Revenue Code (IRC) as of 12/1/2018 and is subject to continual revisions.



# DEPENDENT CARE

## FLEXIBLE SPENDING ACCOUNT

### YOUR STEPS TO SAVINGS!

- 1 REALIZE THE TAX SAVINGS**  
You can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$5,000 you would save \$1,250 in taxes.
- 2 ESTIMATE YOUR EXPENSES**  
Plan for your upcoming expenses. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).
- 3 ENROLL AND MANAGE YOUR ACCOUNT**  
Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR DAY CARE EXPENSES PROVIDED FOR YOUR DEPENDENTS SO THAT YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) CAN WORK. CARE MUST BE FOR A DEPENDENT CHILD UNDER AGE 13 OR A DEPENDENT OF ANY AGE THAT LIVES IN YOUR HOUSEHOLD THAT IS INCAPABLE OF SELF-CARE.

### ELIGIBLE EXPENSES

- Preschools
- Before and after school care
- Day camps

### INELIGIBLE EXPENSES

- Overnight camps
- Tuition / kindergarten & educational expenses
- Regular fees not applied to care of child



# DEPENDENT CARE FAQs

## FREQUENTLY ASKED QUESTIONS

### HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our participant website, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

### HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website ([www.flores247.com](http://www.flores247.com)) or submit a completed Direct Deposit Information Form.

### WILL I HAVE A DEBIT CARD?

No, there is no debit card associated with the Dependent Care FSA. This is considered a "No-Wait" account and, therefore, as long as you have a pending claim on file with us, we will automatically reimburse you each time you make a contribution to your account.

### DO I NEED TO RE-ENROLL IN THE DEPENDENT CARE FSA?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

### WHAT EXPENSES ARE ELIGIBLE TO BE REIMBURSED FROM THE DEPENDENT CARE FSA?

Your Dependent Care FSA can reimburse you for day care expenses provided for your dependent that allow you (and your spouse, if applicable) to work. Care must be for a dependent child under the age of 13, or a dependent of any age that lives in your household and is incapable of self-care. See the Allowable Dependent Care Expenses Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

### CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

You may only change your annual election during the plan year if you have a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

### WHAT HAPPENS TO MY DEPENDENT CARE FSA IF I TERMINATE FROM THE COMPANY?

Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. Please contact your Human Resource Department for further information.

## HOW DO I OBTAIN MY ACCOUNT DETAILS?



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Revised 12/18

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# Group Long Term Care Insurance

## UNUM Policy #039095

Wofford College provides Base benefits for employee coverage for Long Term Care insurance at no cost to eligible full-time employees through UNUM, with the opportunity for employees to choose higher levels of coverage by paying the additional cost. The Base plan provides an LTC Facility Monthly Benefit of \$1,000 for a 3-year benefit duration, and a Professional Home and Community Care benefit equal to 100% of the LTC Facility Monthly Benefit.

Long Term Care Insurance provides coverage for a LTC facility (nursing home) and professional home and community care in the event of a serious accident or illness, where you need care to assist with the basic activities of daily living: bathing, dressing, using the toilet, transferring from one location to another, continence, and eating, or if you suffer severe cognitive impairment from a condition such as Alzheimer's disease.

New benefit-eligible employees are automatically enrolled with base coverage for long-term care benefits when they complete their enrollment using Workday. Employees can also increase their level of coverage during open enrollment. Evidence of Insurability (EOI) medical underwriting review may be required. Employees can add their dependent spouse by paying an additional cost. Below is information on accessing the UNUM informational interactive website, which provides all enrollment details, costs, forms, and an interactive calculator to view the available Buy-Up options.

[www.unuminfo.com/WoffordCollege](http://www.unuminfo.com/WoffordCollege)

UNUM: Call 1-800-227-4165 with questions

Please contact the Wofford College Human Resources Department to enroll.

Don't hesitate to contact the Wofford College Human Resources Department for more information.

# Sun Life Voluntary Benefits

[www.sunlife.com](http://www.sunlife.com)

You may choose among the following supplemental benefit plans:

**Group Critical Illness**

**Group Accident**

**Group Hospital Indemnity**

The Accident, Critical Illness, and Hospital Indemnity policies provide one Wellness Benefit per calendar year per covered person from a list of covered benefits. **Cash Benefits are paid directly to YOU, so you can use the money where you need it most. These plans help pay for unexpected costs not covered by your health plan.**

These are three easy ways to submit a wellness claim:

1. **Online** at [www.sunlife.com/account](http://www.sunlife.com/account)
  - Log in to your Sun Life account and select “submit a claim”
2. **Via email, fax or mail**
  - Visit [www.sunlife.com/findaform](http://www.sunlife.com/findaform)
  - Choose “Accident”, “Critical Illness”, or “Hospital Indemnity”
  - Open the “Wellness/Cancer Screening” form and complete
  - Send in the form
    - Email: [SLFWorksiteclaims@yourbenefitexpert.com](mailto:SLFWorksiteclaims@yourbenefitexpert.com)
    - Fax: 866-376-9480
    - Mail: SunLife  
Fullscope RMS  
P.O. Box 9757  
Portland, ME 04104
3. **Or to request claim forms be sent via DocuSign**
  - Call 877-820-5306 and state you would like to receive your wellness claim forms via DocuSign

Please refer to the benefits section in your Workday profile and the Human Resources Department’s website for more details on costs and benefits.

# Critical Illness Insurance



**HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.**

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

**HELPS COVER RELATED EXPENSES.**

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

**PAYS A CASH BENEFIT DIRECTLY TO YOU.**

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

*With Critical Illness Insurance, you also get access to health care support services. You can talk with medical and claims experts about your medical coverage, benefits, diagnosis and treatment options.*

**BENEFITS** (You can purchase this coverage at a group rate.)

<b>For you</b>	You can choose between <b>\$10,000</b> and <b>\$40,000</b> of coverage, in increments of \$10,000. No medical questions asked.
<b>For your spouse</b>	If you elect coverage for yourself, you can choose between <b>\$10,000</b> and <b>\$40,000</b> of coverage, in increments of \$10,000. No medical questions asked. Not to exceed 100% of your coverage amount.
<b>For your child(ren)</b>	If you elect coverage for yourself, you can choose between <b>\$5,000</b> and <b>\$20,000</b> of coverage, in increments of \$5,000. No medical questions asked. Not to exceed 50% of your coverage amount.  An eligible child is defined as your child from birth to age 26.

WOFFORD COLLEGE  
All Eligible Employees  
POLICY #: 920901

Sun Life Assurance Company of Canada

2018204 SEQ8-CL1 10/10/2022 10:42:47

800-247-6875 • [sunlife.com/us](http://sunlife.com/us)

Critical Illness Insurance

# Accident Insurance



You can purchase this coverage for you and your family. Child coverage is available to age 26.

## HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

## HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

## PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

### ACCIDENT FAST FACTS

#### Falls

are the leading cause of injuries treated in emergency rooms every year, for people of all ages.<sup>1</sup>

This coverage pays benefits whether your covered accident happens at work, at home, or away (also known as 24-hour coverage).

WOFFORD COLLEGE

All Eligible Employees

POLICY # 920901

Sun Life Assurance Company of Canada

2018204-ACC7 (L1) 10/10/2022 10:42:52

800-247-6875 • [sunlife.com/us](http://sunlife.com/us)

Accident Insurance

# Hospital Indemnity Insurance



**HELPS PROTECT YOUR FINANCES.**

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

**HELPS COVER RELATED EXPENSES.**

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

**PAYS CASH BENEFITS DIRECTLY TO YOU.**

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

*You can purchase this coverage for you and your family. Child coverage is available to age 26.*

BENEFITS	
Benefits are payable for hospital stays due to:	<ul style="list-style-type: none"> <li>Sickness</li> <li>Accidents*</li> <li>Routine pregnancy</li> <li>Complications of pregnancy</li> <li>Newborn complications</li> <li>Mental and nervous disorders</li> <li>Substance abuse</li> </ul>
Additional reasons to sign up:	<ul style="list-style-type: none"> <li>No medical questions to answer - guaranteed issue coverage</li> <li>Benefits add up - many of your benefits can all be payable on the same day</li> </ul>

Your employer is offering you a choice of two plans. Please review the information for both plans. Then, choose the one plan that best fits your needs.

\*Confinements due to an accident must be within 365 days of the accident.

WOFFORD COLLEGE  
All Eligible Employees  
POLICY # 920901

Sun Life Assurance Company of Canada

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# Employee Assistance Program (EAP)



## Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



## Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



## Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



## Financial Resources

Our financial experts can assist with a wide range of issues.

- Retirement, taxes, mortgages, budgeting and more

For additional guidance, we can refer you to a local financial professional and arrange to reimburse you for the cost of an initial one-hour in-person consult.



## Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions



## Help for New Parents

ParentGuidance™ supports you through the process of becoming a biological or adoptive parent, including:

- Preparing for the baby emotionally and financially
- Finding child care
- Planning for back-to-work and other issues



## Free Online Will Preparation

EstateGuidance® lets you quickly and easily create a will online.

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

## Contact EAPBusiness Class™ Anytime

No-cost, confidential solutions to life's challenges.

Your ComPsych® GuidanceResources® program EAPBusiness Class offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 877.595.5281

TDD: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceResources® Now

Web ID: EAPBusiness

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

## 24/7 Support, Resources & Information

### Contact EAPBusiness Class Anytime

Call: 877.595.5281

TDD: 800.697.0353

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceResources® Now

Web ID: EAPBusiness

# Benefit Resource Center (BRC)

## Access All Of Your Benefits Insurance Details While On The Go!

The Benefit Resource Center (BRC) is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time via phone 855-874-0835 or via email [BRCSouth@usi.com](mailto:BRCSouth@usi.com). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or email message by the end of the following business day.

## Call the Benefit Resource Center (“BRC”) We’re here to help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution

## Benefit Resource Center (BRC)

[BRCSouth@usi.com](mailto:BRCSouth@usi.com) |

Toll Free: 855-874-0835

Monday – Friday |

8:00am to 5:00pm EST





# RETIREMENT 403(b) PLAN WITH TIAA

## PLAN INFORMATION

Wofford College offers this plan as part of workplace benefits. Now is a great time to understand what is offered - think about taking advantage of any opportunities to save and invest for the future.

### **WHAT CAN EMPLOYEES CONTRIBUTE?**

This plan allows eligible employees to set aside money towards their retirement to the IRS maximum.

### **WHAT EMPLOYER CONTRIBUTIONS ARE AVAILABLE?**

Wofford College will make a 10% (base salary) employer contribution to this plan.

### **WHO CAN PARTICIPATE IN THE PLAN?**

#### Employee Contribution

All eligible employees can contribute immediately.

#### Wofford Contribution

Eligible employees age 21 and who have completed 1 year of service (12 months and at least 1,000 hours). *Previous years of service at an eligible employer will count towards eligibility.*

### **WHEN ARE NEW EMPLOYEES VESTED?**

Contributions to this account will be 100% vested immediately.

### **WHEN CAN YOU TAKE MONEY OUT?**

[Wofford College | Retirement Benefits \(tiaa.org\)](https://www.tiaa.org/public/tcm/wofford)

### **WHAT ARE THE FEES?**

[Wofford College | Retirement Benefits \(tiaa.org\)](https://www.tiaa.org/public/tcm/wofford)

### **HOW DO EMPLOYEES ENROLL?**

Go to <https://www.tiaa.org/public/tcm/wofford>

RETIREMENT PLANNING

# Fuel your tomorrow

Enroll today for income that lasts. It's easy to make your mark on your future when you choose to save in your employer's retirement plan with TIAA. Create financial security on your terms.



**Retirement plan advice with no minimum investment**

Know your options to create a plan that works for you\*



**Income for the rest of your life**

Combine guaranteed growth and monthly income for life<sup>2</sup>



**Choice and ease, in the palm of your hand**

Manage your money with our secure mobile app

## Start right away for more earnings potential

Your savings may generate earnings, which can then be reinvested and may create more earnings. Don't take our word for it, see how starting early potentially can translate to more money in your pocket.

**Investor #1**  
Starts saving at 25  
\$5,000 saved annually  
\$798,735 saved by 65

**Investor #2**  
Starts saving at 40  
\$10,000 saved annually  
\$566,317 saved by 65

**Investor #1**  
**\$232,418**  
MORE SAVED  
**\$50,000**  
LESS CONTRIBUTED

Hypothetical illustration only. Not intended to represent the past or future performance of any investment. Assumes contributions are made monthly at a 6% annual effective rate, compounded monthly. Actual performance will vary with market conditions.

## Enroll in just minutes

- 1 Visit [TIAA.org/enrollnow](https://www.tiaa.com/enrollnow).
- 2 Log in to your account or register for online access.
- 3 Search for your employer to find your plans.
- 4 Follow the prompts to enroll in the plan and pick your investments.



# Contacts

## Have Questions? Need Help?

Wofford College is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0835 or via e-mail at [BRCSouth@usi.com](mailto:BRCSouth@usi.com). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Additional information regarding benefit plans can be found on enter correct source for additional benefits portfolio information. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

## Carrier Customer Service

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Medical/RX #750	Planned Administrators Inc. (PAI) (TPA) #750	(800) 768-4975	<a href="http://www.paisc.com">www.paisc.com</a>
Telemedicine & Virtual Counseling	First Stop Health (provided by PAI)	888-691-7867	<a href="http://www.fshealth.com">www.fshealth.com</a>
Pharmacy	MagellanRX	(800) 424-0472	<a href="http://www.magellanrx.com">www.magellanrx.com</a> (link included in <a href="http://www.paisc.com">www.paisc.com</a> portal)
Dental #920901	Sun Life	(800) 442-7742	<a href="http://www.sunlife.com">www.sunlife.com</a>
Vision #VC-146	EyeMed Vision Care	(866) 800-5457	<a href="http://www.eyemed.com">www.eyemed.com</a>
Life and AD&D #920901	Sun Life	(800)-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
Voluntary Life and AD&D #920901	Sun Life	(800)-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
Short Term Disability (STD) #920901	Sun Life	(800)-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
Long Term Disability (LTD) #920901	Sun Life	(800)-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
EAP (Under Sun Life LTD) #920901	CompPsych GuidanceResources	(877) 595-5281	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Web ID: <a href="#">EAPBusiness</a>
FLEX Plan (Health Care FSA Spending Account & Dependent Care Spending Account)	Flores & Associates	(800) 532-3327	<a href="http://www.flores247.com">www.flores247.com</a> Download mobile app
Long Term Care #39095	UNUM	(800)-227-4165	<a href="http://www.unuminfo.com/WoffordCollege">http://www.unuminfo.com/WoffordCollege</a>

# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

## NEWBORNS ACT DISCLOSURE - FEDERAL

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).

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## NOTICE REGARDING WELLNESS PROGRAMS

The Wofford College Wellness Plan is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for triglycerides, cholesterol and glucose measurements. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health center clinic visits and health coaching. You also are encouraged to share your results or concerns with your own doctor.

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Wofford College may use aggregate information it collects to design a program based on identified health risks in the workplace, Wofford College Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is Wofford College Health Center in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Human Resources Department at [humanresources@wofford.edu](mailto:humanresources@wofford.edu).

## WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## 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:

### Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan’s annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

### Continue Group Health Plan Coverage

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

### Prudent Actions by Plan Fiduciaries

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.

No one, including the Company 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.

### Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to 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, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or 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 (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

## Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

## CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Human Resources Department  
Wofford College  
429 North Church Street  
Spartanburg, SC 29303  
[humanresources@wofford.edu](mailto:humanresources@wofford.edu)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

## Your Information. Your Rights. Our Responsibilities.

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

## Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan

- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.



### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission: Marketing purposes  
Sale of your information

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

## **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.

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

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

## **Other Instructions for Notice**

- Effective Date January 1, 2025
- Privacy Officer: Director of HR

## **Important Notice from Wofford College About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Wofford College 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. Wofford College has determined that the prescription drug coverage offered by the plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Wofford College coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Wofford College coverage, be aware that you and your dependents will 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 Wofford College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Wofford College changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**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 1, 2025  
Name of Entity/Sender: Wofford College  
Contact--Position/Office: Director of Human Resources  
Address: 429 North Church Street, Spartanburg, SC 29303  
Email: [humanresources@wofford.edu](mailto:humanresources@wofford.edu)

### 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](http://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](http://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](http://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 January 31, 2023. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 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> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	LOUISIANA – Medicaid
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> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.childrenshealthinsuranceprogram.pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires  
1/31/2026)





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMBNo.1210-0149  
(expires 6-30-2023)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### 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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income..1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

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Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

### What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

### How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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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.

## PART B: 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.

3. Employer name Wofford College		4. Employer Identification Number (EIN) 57-0314422	
5. Employer address 429 North Church Street		6. Employer phone number 864-597-4227	
7. City Spartanburg	8. State SC	9. ZIP code 29303	
10. Who can we contact about employee health coverage at this job? Human Resources Department			
11. Phone number (if different from above)		12. Email address <a href="mailto:humanresources@wofford.edu">humanresources@wofford.edu</a>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Full-Time Employees

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouse and Children.

We do not offer coverage.

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

- \* \* 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. Here's 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.

\* 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 (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

