

2023

LIFE[®]
University



Your Employee Benefits

Benefit plans effective January 1, 2023- December 31, 2023

Welcome to Your Benefits

Our most important asset is our people. That’s why we offer you a benefits program with many options, designed to meet the needs of you and your family. This guide summarizes the benefits that are available to all benefits-eligible employees and their dependents. Official plan documents contain the details, conditions and restrictions on these benefits.

Please read through all of your materials very carefully. You have many resources available for any questions related to your plans as you enroll throughout the year. The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Life University’s benefits begin January 1st and end December 31st.

Important State and Federal Notices

These notices, along with Summary Plan Descriptions (SPDs) and Summary of Benefits and Coverage (SBCs), can be found through the online portal at life.edu.

- HIPAA Notice of Special Enrollment
- Women’s Health & Cancer Rights
- Privacy Practice and Rights Under HIPAA
- General COBRA Notice of Rights
- CHIPRA Notice
- Medicare Part D Creditable Coverage Notice
- Health Care Reform Provision Notices



In This Guide

Eligibility & Enrollment.....	3
Medical Benefits.....	4
Medical Plan Comparison.....	5
Dental Benefits.....	6
Vision Care.....	7
Tax Advantaged Accounts.....	8
Life Insurance.....	9
Disability Insurance.....	10
Employee Assistance Program.....	10
Legal Services.....	10
Supplemental Insurance Programs.....	11
Online Resources & Enrollment.....	12

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by Life University. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Eligibility & Enrollment

Eligibility

All full-time employees working at least 30 hours per week are eligible for benefits. As a new hire, all benefits begin first of the month following 30 days of continuous employment. Additionally, you may enroll during the annual Open Enrollment period for a January 1st effective date.

You may enroll the following eligible dependents in our group benefit plans:

- Your legal spouse
- Your natural, adopted or stepchildren up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes



Making Your Benefit Elections

It is important that you make your benefit elections within the timeframe allowed during your New Hire or Open Enrollment period. Postponing the confirmation of your elections will result in a delay in enrollment processing. In other words, if you wish to see a doctor or fill a prescription soon after your benefits begin, please make your elections in a timely fashion or you may experience a delay. Once you confirm your benefit elections, your next opportunity to change or elect benefits will not be until the next Open Enrollment period, unless you experience a Qualifying Life Event.

Making Changes To Your Benefits

Outside of your initial New Hire or Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a Qualifying Life Event. Examples of a Qualifying Life Event include:

- Marriage
- Divorce
- Birth or adoption of a child
- Loss of coverage elsewhere

To report a Life Event, contact your Human Resources Department. Documentation must be provided.

All employees must log in and make their elections via the online portal at life.edu. Click on Menu > Faculty and Staff > ADP.

Medical Benefits

Life University employees have the choice to enroll in one of three medical plans offered through Cigna, two HDHP plans and one traditional OAP plan:

- Low Plan with HSA - HDHP on the Local Plus Network
- High Plan with HSA - HDHP on the Open Access Plus Network
- Gold PPO Plan - Open Access Plus Network

All plans offer preventive care at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage when needed as well as a telehealth benefit. Although out-of-network coverage is available, using in-network providers will save you money. Refer to your Summary of Benefits and Coverage for detailed information or call 800-244-6224.

Local Plus Network

Local Plus is a narrow group of physicians and hospitals affiliated with Piedmont. To find a Local Plus provider, choose the Local Plus Network on mycigna.com.

In your local area, you must receive care from a health care professional or facility in the Local Plus Network to receive in-network coverage. If you're away from home and need care, look for a participating Local Plus doctor in the area or if Local Plus isn't available, you can use doctors or hospitals in our Away From Home Care feature. If you choose to go outside the Local Plus Network when one is available (or outside the Away From Home Care feature when Local Plus isn't available), you will receive out-of-network coverage.

Balance Billing

Please note if you visit an Out-of-Network facility/provider you may be balanced billed. Balance billing happens after you've paid your deductible, coinsurance or copayment and your insurance company has also paid everything it's obligated to pay toward your medical bill. If there is still a balance owed on that bill and the doctor or hospital expects you to pay that balance, you're being balance billed.

Preventive Care

We encourage you and your dependents to have annual wellness exams. Most preventive exams and well-child exams (including immunizations) are covered at 100% under the plans. Preventive exams can detect if you are at risk for, or already have, a chronic disease that may be preventable. Talk to your health care provider to find out which screenings are recommended for you and when you need them.



Medical Plan Comparison

	GOLD PPO PLAN	HIGH PLAN W/ HSA	LOW PLAN W/ HSA
In-Network Services			
Deductible Individual/Family	\$5,000 / \$10,000	\$5,500 / \$11,000	\$5,500 / \$11,000
Out-of-Pocket Max Individual/Family	\$8,000 / \$16,000	\$7,500 / \$15,000	\$7,500 / \$15,000
Coinsurance	Plan pays 80%	Plan pays 100%	Plan pays 100%
Office Visit	\$25 / \$50 copay	\$35 / \$55 copay after deductible	\$35 copay after deductible
Specialist Visit	\$50 / \$75 copay	\$50 / \$75 copay after deductible	\$50 copay after deductible
Imaging / Diagnostic Test	Office: Physician Copay Other: Subject to ded. + 20%	Subject to deductible	Subject to deductible
Inpatient Hospital/ Outpatient Surgery	Subject to deductible + 20%	Subject to deductible	Subject to deductible
Emergency Room	\$450 copay after deductible	\$450 copay after deductible	\$450 copay after deductible
Urgent Care	\$100 copay	\$100 copay after deductible	\$100 copay after deductible
Prescription Drugs <ul style="list-style-type: none"> Tiers 1/2/3/4 Mail Order 	No deductible \$20/\$40/\$70/20% to \$500 \$40/\$100/\$190/ N/A	Subject to deductible then \$20/\$40/\$70/10% to \$350 \$45/\$105/\$195/ N/A	Subject to deductible then \$20/\$40/\$70/10% to \$350 \$45/\$105/\$195/ N/A
HSA/FSA Eligibility	FSA	HSA / LP FSA	HSA / LP FSA
Employee Rates per Pay Period			
Employee Only	\$280.91	\$179.51	\$112.90
Employee + Spouse	\$805.57	\$469.03	\$431.69
Employee + Child/ren	\$728.76	\$465.71	\$439.34
Employee + Family	\$825.08	\$539.52	\$508.98

In-network services illustrated only. Refer to ADP for the full plan documents.

Local Plus network utilizes Piedmont facilities and physicians ONLY.

Dental Benefits

Our oral health affects our ability to speak, smell, taste, chew, and swallow. However, oral diseases, which can range from cavities to oral cancer, cause pain and disability for millions of people each year. We offer three dental plan options through Cigna. We encourage you to utilize an in-network dentist which will result in lower out-of-pocket expenses for you and your family. To find out if your dentist is in-network, visit www.mycigna.com and select the Total DPPO network.

We advise you to get a pre-treatment estimate for any extensive dental work. Your dental provider will work directly with the carrier to provide you with an estimated out-of-pocket cost prior to services being performed.

If you choose the MAC plan, you must choose a dentist that is in-network or you will receive a balance bill. If you currently use an out-of-network dentist and wish to remain with that dentist, please choose the 90th plan as it will reimburse at a higher percentage than the MAC plan. The MAC and 90th plan have a Wellness Plus Incentive. If you obtain one preventive cleaning per year your annual plan maximum increases.

	DHMO	MAC	90TH
In-Network Services			
Annual Deductible	N/A	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Annual Plan Maximum	N/A	\$1,500	\$1,500
Annual Rollover Amount	N/A	Wellness Plus Incentive	Wellness Plus Incentive
Preventive Services	100%	100%, deductible waived	100%, deductible waived
Basic Services	Fee Schedule	100%	80%
Major Services	Fee Schedule	60%	50%
Periodontics	Fee Schedule	100%	80%
Endodontics	Fee Schedule	60%	50%
Orthodontia Max	Fee Schedule	50% to \$1,500 child only	50% to \$1,500 child only
Waiting Periods	N/A	12 month late entrant on Major and Ortho	12 month late entrant on Major and Ortho
R&C Payment Level	N/A	MAC	90th
Employee Rates per Pay Period			
Employee Only	\$8.94	\$23.37	\$23.37
Employee + Spouse	\$16.34	\$40.71	\$40.71
Employee + Child/ren	\$19.96	\$44.02	\$44.02
Employee + Family	\$29.29	\$77.02	\$77.02

In-network services illustrated only. Refer to ADP for the full plan documents.

Vision Care

Vision coverage is offered through Cigna. Your routine vision exams, eyeglasses or contact lenses are available through Cigna's national network of vision care providers. In addition to the benefits outlined below, you have access to discounts on lens options and laser vision correction. To find an in-network provider, go to mycigna.com.

	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10 copay	Up to \$45
Single/Bifocal/Trifocal Lenses	\$25 copay	\$32 / \$55 / \$65
Frames	\$130 allowance	Up to \$71
Contact Lenses <ul style="list-style-type: none"> • Conventional • Medically necessary 	\$130 allowance 100% covered	\$105 allowance \$210 allowance
Exam/Frames/Lenses Frequency	Every 12 months	Every 12 months
Employee Rates per Pay Period		
Employee Only	\$3.58	
Employee + Spouse	\$6.81	
Employee + Child/ren	\$7.16	
Employee + Family	\$10.54	

In-network services illustrated only. Refer to ADP for the full plan documents.



Tax Advantaged Accounts

Health Savings Account

When you elect to enroll in either of the High Deductible Health Plans, you are eligible to open a Health Savings Account (HSA) through Health Equity and have pre-tax dollars deducted from your paycheck and deposited into this account to be used for eligible medical, dental and vision expenses. You are the owner of this bank account, and unlike a traditional Flexible Spending Account (FSA), your funds can roll over from year-to-year and build over time.

HSA Advantages

- Pre-tax savings – never pay federal government taxes on your HSA funds as long as you spend the money on eligible IRS 213(d) health care expenses (medical, dental, vision).
- Unused funds carry over from year to year and can build over time.
- You have complete control over how and when funds are used.
- Balances over a certain amount may have investment opportunities.
- Funds remaining in your account after you reach the age of 65 can be used for non-medical expenses with ordinary taxes paid, similar to a 401(k).
- HSAs are portable; if you leave you can take the account and all funds in it with you.

2023 IRS annual maximum contribution into your account:

- Single coverage : \$3,850
- Family coverage: \$7,750

Persons age 55 and above may set aside an additional \$1,000 in catch-up contributions each year.

Flexible Spending Accounts

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for health care or dependent day care expenses.

2023 IRS annual maximum contribution into your accounts:

- Health Care FSA : \$3,050
- Limited Purpose FSA: \$3,050
- Dependent Care FSA: \$5,000*

Health Care FSA

Based on your estimated amount of medical out-of-pocket expenses, the annual amount you elect is evenly deducted out of each paycheck throughout the year. Once you have elected your FSA amount, you may not change it without a Qualifying Life Event. Please be aware that any unused balance over \$500 will be forfeited back into the plan.

Limited Purpose FSA

Employees enrolled in an HDHP with HSA may elect and use the Limited Purpose FSA funds for dental and vision expenses only.

Dependent Care FSA

A Dependent Care FSA is available to employees who have a dependent child or parent for which they pay expenses such as elder care, day care, preschool, summer day camps, or after school care. Funds in the Dependent Care FSA are not to be used for medical care.

The FSA accounts are offered through McGriff.

*If married filing jointly, \$2,500 if married filing separately.

Life Insurance

100% Employer Paid Benefit

Life insurance provides protection for those who depend on you financially. We pay 100% of the cost of Basic Life and Accidental Death and Dismemberment for employees. The policy pays a flat benefit amount \$50,000. An Accidental Death and Dismemberment (AD&D) benefit provides an additional benefit to your beneficiary if you are seriously injured or die in an accident.

Beneficiaries

Your designated beneficiary will receive benefits in the event of your death. You must have beneficiaries designated for your Basic Life/AD&D and Voluntary Life. The beneficiaries you choose are legally binding. Your beneficiary may be changed at any time. The form can be found by logging in to ADP.



Voluntary Life Insurance

You may purchase additional insurance coverage for yourself, as well as coverage for your spouse and/or Child/ren. Your need varies greatly due to age, number of dependents, dependent ages and your financial situation. You must elect personal Voluntary Life coverage in order to elect spouse and/or child coverage.

Employees can elect in increments of \$10,000 up to \$500,000 or 5x salary, whichever is less. Spouses can elect in increments of \$5,000 up to \$150,000 (not to exceed 50% of employee election), and a Child/ren's benefit in increments of \$1,000 up to \$10,000.

Medical Underwriting for Voluntary Life

Medical questions are required for amounts elected over the Guaranteed Issued (GI) amount of \$200,000 for employee coverage and \$50,000 for spousal coverage. Employees and spouses can increase their benefit by two increments up to the Guaranteed Issue amount without providing Evidence of Insurability (EOI) during Open Enrollment Only. If you are increasing your benefit amount above the GI or outside of Open Enrollment or your initial benefit eligibility period is over, please complete an Evidence of Insurability form and return to the carrier for final approval. If when you have been approved for the additional coverage, you will see your new deduction in your paycheck.

Eligibility and Exceptions

This brochure summarizes the health care benefits that are available to all benefit-eligible employees and their dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions and restrictions on these benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail.

Disability Insurance

Disability coverage can be one of the most important benefits you have. It provides you and your family with financial protection if you are ever unable to work due to an illness or non-work related injury. Benefits will be paid as long as the employee remains eligible for benefits. The plan does not cover any disabilities caused by, contributed to, or resulting from a pre-existing condition. A condition is considered pre-existing if you received medical treatment, consultation, care, services, or took prescribed drugs in the three months just prior to your effective date of coverage. Then after you have been covered under the plan for 12 months, pre-existing condition limitations no longer apply. There is a twelve month waiting period after your hire date for Short Term Disability.

	SHORT TERM	LONG TERM
Elimination Period	Accident/Illness: 14 days	90 days
Benefit Amount	100%	60% of monthly earnings to \$5,000 max
Benefit Duration	13 weeks	Social Security Normal Retirement Age

Employee Assistance Program

100% Employer Paid Benefit

Life’s not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. With the Cigna EAP program, you can get the support for everyday issues and life challenges. **Visit mycigna.com or call 877-622-4327 Employer ID: lifeu**

- Emotional Health—receive up to 8 sessions per issue per year
- Home Life Referrals—Community resources and services
- Financial and Legal Assistance
- Monthly Wellness Seminars



Legal Services

Plan Options

1. Legal Plan “Stand Alone” \$7.98 per paycheck
2. Legal Plan “with Identity Theft Shield” \$12.95 per paycheck
3. Identity Theft Shield only \$7.48 per paycheck

- Phone consultation, letter writing, contract and document review
- Wills, Living Wills and related documents
- Motor Vehicle and Trial Defense Services

Supplemental Insurance

Cigna's Accidental Injury, Critical Illness and Hospital Care insurance can help supplement your health plan. It can provide you and your family with the coverage and additional financial protection you may need for expenses associated with an unplanned covered accident, illness or hospitalization. It can help you bounce back physically, emotionally, and financially. And that's a feeling we want for you every day.

Voluntary Accident Insurance with Cigna

Accident Coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur. You may elect coverage for yourself, your spouse and your children. This benefit includes a \$50 wellness benefit for Employees, Spouses and Child/ren.

Voluntary Critical Illness Insurance with Cigna

Critical Illness product provides the ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illness. Benefits are paid directly to you when you need it the most for a diagnosis of conditions such as Cancer, Heart Attack, Major Organ Failure, Coronary Artery Bypass, End Stage Renal Failure, Stroke, advanced Alzheimer's, ALS, Parkinson's and Multiple Sclerosis. This benefit includes a \$50 wellness benefit for Employees, Spouses and Child/ren.

Voluntary Hospital Care with Cigna

The Group Hospital Indemnity plan offered through Cigna provides you with additional cash for both medical and nonmedical costs associated with a covered hospital stay due to an illness or injury including hospital admission, hospital confinement, hospital intensive care and intermediate intensive care step-down unit stays. This benefit includes a \$50 wellness benefit for Employees, Spouses and Child/ren.

Universal Life with Long Term Care with TransAmerica

Employees can elect a policy up to \$75,000 and their spouses can elect up to \$15,000. The policy includes a Long Term Care Rider that will pay up to \$3,000 a month for 50 months for a total of \$150,000 in benefits. Please complete a paper application and return to Human Resources.

Long Term Care with Unum

Long Term Care provides coverage for you if you can't independently perform the basic activities of daily living: bathing, dressing, continence and eating, or if you suffered severe cognitive impairment from a disease state. Elect up to \$8,000 and a Facility Benefit Duration of 3 or 6 years.

Please review the website at unuminfo.com/LifeUniversity/index.aspx for additional information or you may contact Unum at 800-227-4165. Life University pays \$25 towards the cost of "Employee Only" monthly coverage.

Online Resources & Enrollment

	PHONE	WEB/EMAIL
Cigna – Medical, Dental, Vision	800-244-6224	mycigna.com
MDLive - TeleHealth	888-726-3171	mdliveforcigna.com
Cigna - Life, Disability	800-997-1654	cigna.com
McGriff – FSA	800-768-4873	mcgriff.com/flex
Health Equity – HSA	866-346-5800	healthequity.com
Cigna Worksite	800-754-3207	supphealthclaims@cigna.com
Transamerica	888-763-7474	transamerica.com
Unum	800-227-4165	unuminfo.com/lifeuniversity/index.aspx
Employee Assistance Program	877-622-4327	mycigna.com
LegalSheild - Nanette Freiman	404-403-7861	nsfreiman@bellsouth.net
McGriff Claims Advocacy Line	833-635-0218	*****

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Your Benefit Resources

More details about the benefits offered to you can be found by:

- Logging into ADP
- Registering on the insurance company websites
- Downloading the insurance company smartphone apps
- Calling the insurance company directly

If you have questions or need assistance enrolling, contact Human Resources or call the McGriff Claims Advocacy Line at 833-635-0218.

