RIDER UNIVERSITY



2027

Employee Benefits

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Welcome

Rider University offers full time employees a comprehensive and competitive benefits package to help protect their health and income, as well as save money with tax advantaged benefits.

This Benefits Guide serves as a general overview of the benefits available to you as an employee of Rider University. Before making decisions about your benefit options, please review this guide carefully to have a good understanding of the benefit offerings.

Rider University's plan year is a calendar year (January 1 – December 31). Each year, you will have an opportunity to change your benefit elections during Open Enrollment which generally occurs in the Fall. The benefits you select during Open Enrollment begin January 1 of the next calendar year.

Employees enroll electronically through the Benefits Portal, where additional informational resources are available to you such as plan summaries, regulatory notices, and payroll contribution amounts.

If you have questions regarding this guide or your benefits, please contact Human Resources at 609-896-5140.



Overview

ELIGIBILITY

Rider University is committed to providing a health care benefits program that offers choices and competitive coverage for you and your family. If you are an active, full-time employee working at least 30 hours per week, you are eligible to enroll in the benefits described in this guide.

The following family members are eligible for medical, dental, vision, and voluntary life coverage:

- Legal Spouse/Domestic Partners
- Child(ren) up to age 26. Extended coverage available for children with special needs.
  Please see policy for details.

NEW HIRES

Most benefits begin after 1 month of continuous employment, based on your position.

QUALIFYING EVENTS

Under IRS Section 125 regulations, after your Initial/Annual Enrollment period is closed, you cannot make changes to the benefits you elect/waive until the next annual enrollment period unless you experience a qualifying event. Events falling within the following categories are considered qualifying events:

- Marriage, divorce, death of a dependent, legal separation, or annulment
- Birth, adoption, placement for adoption, death, qualified medical child support order (QMCSO), or dependent ceases to satisfy eligibility requirements
- Employee or spouse termination / commencement of employment
- Change in employment status
- Coverage for a dependent child will end at the end of the month that they turn 26

In order to be eligible to make changes to your coverage, you must notify HR within 30 days of a qualifying event.



Medical & Vision Plan Options: *Aetna*

MEDICAL PLAN OVERVIEW

The Health Plan Options chart below provides an overview of each of the health plans offered by Rider University. This overview will help you understand which health plan option best meets the needs of you and your family.



Click the thumbnail to view the CVS Virtual Care information.

	Aetna Choice POS II QHDHP	Aetna Choice POS II 90/70	
Plan Features	**In-network**	**Capital Health Providers**	**Aetna In-Network Providers**
Company HSA Contribution • Single • Family	 $500 $1,000	 N/A	 N/A
Calendar Year Deductible • Single • Family	 $2,000 $4,000	 $0 $0	 $500 $1,000
Out-of-Pocket Maximum • Single • Family	 $2,000 $4,000	 $0 $0	 $1,500 $3,000
Member Coinsurance	None	100%	90%
Routine Preventive Care • Well-Child Care to Age 19 • Well-Woman Care • Routine Mammograms • Routine Adult Physical Exams	Covered in full	Covered in full	Covered in full
Doctor's Office Visits • Primary Care • Specialist	100% after deductible	$0 copay $0 copay	$25 copay $40 copay
Diagnostic X-Ray, Laboratory and Complex Imaging	100% after deductible	Covered in full	90% after deductible
Inpatient Hospital Services	100% after deductible	Covered in full	100% after deductible
Outpatient Hospital	100% after deductible	Covered in full	90% after deductible
Emergency Room Visit	100% after deductible	$100 Copay	$100 Copay
Urgent Care	100% after deductible	Covered in full	$35 Copay
Vision	Exam covered 100%; Eyeglasses: up to $35 every 24 months	Exam covered 100%; Eyeglasses: up to $35 every 24 months	Exam covered 100%; Eyeglasses: up to $35 every 24 months
Prescriptions • Retail (Generic/Preferred Brand/Non-Preferred Brand) • Mail Order (Generic/Preferred Brand/Non-Preferred Brand	100% after Deductible	$10 / $30 / $50 $20 / $60 / $100	$10 / $30 / $50 $20 / $60 / $100

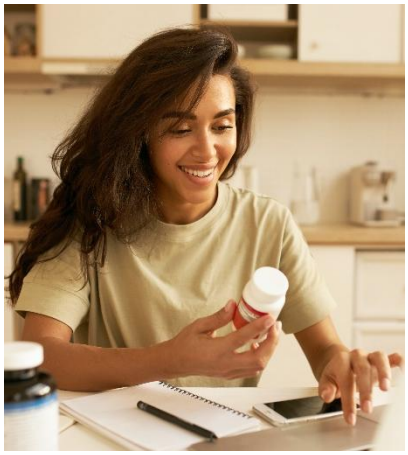
NOTE: This is only a brief summary of the plans. For more details, including limitations and exclusions, please contact Human Resources for a Summary Plan Description. Pease Note: The Annual IRS contribution limit is $4,500 for Individual and $9,000 for Family. The employee may contribute up to this amount minus applicable company contribution amount.

Prescription Drug Benefits

OUR PRESCRIPTION PLAN

Rider University's prescription plan, connected to our medical plan, is administered through CVS Caremark. Members will pay the prescription plan copay based on the appropriate tier (see table below). Copays for prescriptions only count towards the out-of-pocket maximum and not the deductible. Once your out-of-pocket maximum is met, prescriptions are typically paid in full.

Formulary changes and clinical management programs will go into effect on January 1, 2027; impact is possible and member-specific. In the event action is required, CVS will make outreach via mail as it relates to alternative medications available and distribution methods.



	Aetna Choice POS II QHDHP		Aetna Choice POS II 90/70	
Tier	**Retail (Up to 30-day supply)**	**Mail Order (Up to 90-day supply)**	**Retail (Up to 30-day supply)**	**Mail Order (Up to 90-day supply)**
• Generic • Preferred Brand • Non-Preferred Brand	100% after Deductible	100% after Deductible	$10 $30 $50	$20 $60 $100

REMINDER REGARDING ONGOING MEDICATIONS

In addition to receiving a 90-day supply of prescription medications through the mail order pharmacy program, members have the option to fill (and refill) prescriptions of a 90-day supply directly from a retail store. The mail order pharmacy fill may be your most cost-effective option. Rider University's mail-order program is administered through CVS Caremark.

SPECIALTY MEDICATION SUPPORT

Coverage of your specialty medicine

Your pharmacy plan covers some drugs, and your medical plan covers others. Depending on your plan, you may need to pay a copayment or coinsurance. And certain drugs require precertification. This just means you need approval from the plan before they'll be covered. Talk with you provider or call Aetna at the number on the back of your member ID card if you have any questions about coverage of your medicine. At CVSspecialty.com, it's easy to manage your medications.

- **Existing prescriptions?** Call 800-237-2767 (TTY:711) to transfer your prescription.
- **New prescriptions?** Your doctor can e-prescribe to CVS specialty. Call one of your registered pharmacists at 800-237-2767 (TDD: 800-863-5488) Monday through Friday, 7:30 am to 9:00 pm EST. Fax prescriptions to 800-323-2445.

Questions?

The Member Services team is available by phone at 800-237-2767 (TTY: 711) from 7:30 am to 9:00 pm EST. Online access is available 24/7 at aetna.com.

Check the Formulary

Check the Formulary for a brand-name drug before you fill the prescription to see how it is covered under the plan. Consider discussing lower-cost alternatives with your doctor, as drug costs may increase or decrease throughout the year. View the formulary at aetna.com.

Prescription Drug Benefits

MAIL SERVICE PHARMACY

Your medicine in your mailbox

With CVS Caremark Mail Service Pharmacy, you can get your medicine sent to your home – or anywhere you choose. This service is for medicine you regularly take for chronic conditions, like arthritis and high cholesterol. **You don't pay extra for this service.** It's included with your pharmacy benefits and insurance plan. Registered pharmacists check each and every order. If you have concerns or questions, you can call them anytime.

Home delivery perks

- **Fast reorders** with no trips to the pharmacy
- **Free standard shipping** to your home, job, or wherever you choose
- **Privacy**, since your medicine arrives in unmarked, secure packaging

HOW TO GET STARTED WITH HOME DELIVERY

1. **Call Aetna or go online.** Call us at **888-792-3862**. Or you can log in to your member website at aetna.com.
2. **Request home delivery**. By phone or online – you can also print out an order form to send to Aetna.
3. **Get refills your way.** It's easy to reorder online, by phone, or by mail.

Need help? Call Aetna toll-free at **888-792-3862** (TDD: 877-833-2779)

WHAT YOU WILL PAY

Depending on your plan, you may pay less for medicine you get through home delivery than at a retail pharmacy. To know for sure, check your plan details.

KNOW THE COST OF YOUR MEDICINE AHEAD OF TIME

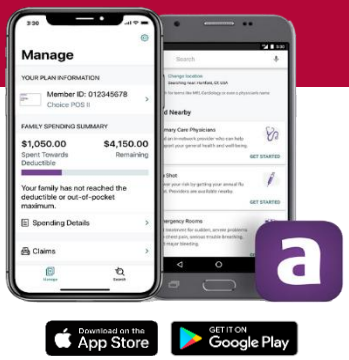
How? Log in to your member website at aetna.com. Select Manage Prescriptions, then click **Pharmacy Coverage and Costs**. Choose **Estimate drug costs** to see what you'll pay and get the most value from your plan. You can also do a lot more on your member website, like find a network pharmacy, check your order status, or even ask a pharmacist a question.

Click the thumbnails below to view the Aetna prescription drug benefit information.





Aetna Member Tools



AETNA HEALTH APP

Take charge of your health plan

With the Aetna Health℠ app, you can access easy-to-navigate information, connect to care, manage claims and more - so you can make the most of your benefits and take control of your health.

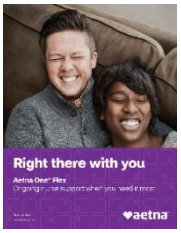
Manage your benefits right from your phone

Discover a smarter, simpler way to take charge of your health plan and benefits. With the Aetna Health app, you can:

- Pull up your ID card whenever you need it by going on the Apple Store or Google Play to download the App
- See benefits and coverage details specific to your plan
- Track spending and progress toward meeting your deductible
- View, filter, and pay claims for your whole family
- Compare cost estimates for doctor visits and procedures
- Receive personalized recommendations to help improve your health

Click the thumbnails below for more information.







AETNA MEMBER WEBSITE

Take charge with your member website at aetna.com

You'll find tools to help you manage your benefits

and take better care of your health in one, secure place.

- Find in network doctors, facilities and procedures, and change your primary care physician
- Get coverage details, see out-of-pocket costs and estimate costs of doctor visits and procedures
- Learn about drug information and side effects, estimate drug costs, find a pharmacy and refill prescriptions
- Take a health survey, try health coaching, start a wellness program, and get treatment options

24/7 NURSELINE

Call a registered nurse anytime

Sometimes you need a quick answer to a health question. Maybe your concern can't wait until you see your doctor. You can talk to our registered nurses day or night to get help with deciding whether to visit a doctor or urgent care center, understanding your symptoms, managing chronic conditions, and learning about treatment options and medical procedures. Call **(855) 772-9076** and select the NurseLine option.

Hinge Health

Visit the member website at hinge.health/for-individuals

With Hinge Health, you can get virtual physical therapy and more **at no additional cost to you.** Help reduce everyday joint and muscle aches, recover from an injury, and improve your mobility. Partner with real people who are dedicated to helping you feel your best with personalized care that includes:

- A care plan designed for your everyday activities and long-term goals — and to treat multiple areas of your body at once
- Exercise therapy sessions you can do in as little as 15 minutes — anytime, anywhere with the Hinge Health app
- A dedicated care team that includes a physical therapist to help you reach your goals. Easily connect with them via text, in app message, or video visit.
- Instant feedback during your exercise sessions with precise motion tracking — to improve your form and build confidence

What is a Health Savings Account?

1

A Tax-advantaged, Interest-bearing account

- Contributions are made pre-tax and funds earn tax-free interest

2

Owned by YOU

- The account belongs to you, so only you decide how to spend it
- It remains yours even if you leave your employer or retire
- Money left in your account carries over from year to year
- Only actual amount deposited is available for reimbursement

3

Used to help pay for both current and/ or future health care expenses

- You can withdraw money tax-free for qualified health expenses and you can use for other expenses (subject to taxes and penalties)
- Or you can watch your money grow to pay for future expenses

Health Savings Accounts (HSA)

When you elect to enroll in the HDHP medical plan, you are eligible to open a Health Savings Account (HSA) through Inspira Financial. An HSA allows you to save money on a tax-free basis to use for your out-of-pocket health care expenses. You are the owner of this bank account, and unlike a traditional Flexible Spending Account, your funds will roll over from year-to-year and build over time. If you are new to the HDHP medical plan, this account will be set up for you after you confirm your plan election in Benefit Focus and a banking welcome kit will be mailed to your home address. You have the opportunity to have pre-tax dollars deducted from your paycheck and deposited into this account, or you can make post-tax deposits as you wish.

To help you build your HSA, Rider University will make the following annual* contributions:

- Single coverage: $500
- Family coverage: $1,000

*Pro-rated based on number of months enrolled in the HDHP medical plan.

WHAT ARE THE ADVANTAGES OF PARTICIPATING?

- Pre-tax savings – never pay the federal government taxes on your HSA funds as long as you spend the money on eligible IRS 213(d) health care (medical, dental, vision) expenses
- Unused funds carry over from year to year and can build over time
- Complete control over how and when funds are used
- Balances over a certain amount may have investment opportunities through Inspira Financial
- 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 Rider University, you can take the account and all funds in it with you

THE IRS ANNUAL MAXIMUM CONTRIBUTIONS INTO YOUR ACCOUNT:

The annual maximum contribution limit for 2027 includes amounts contributed by your employer.

- Single coverage - $4,500
- Family coverage - $9,000
- Persons greater than age 55 may set aside an additional $1,000 in catch-up contributions each year

AN HSA PUTS YOU IN CONTROL OF YOUR HEALTHCARE DOLLARS

- You decide how much you want to contribute per-paycheck or lump-sum basis
- Contributions can be changed at any time
- Pay for expenses as you incur them, pay out-of-pock and reimburse yourself later, or save the funds for future use - you decide!

Please visit inspirafinancial.com to see eligible expenses.

Flexible Spending Accounts (FSA)

FSA's provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income. You must elect the amount you want to contribute to each account. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). Contribution amounts can be changed during the year only with a qualified and corresponding Life Event. Your accounts function independently and can be accessed when you incur expenses. For up to date account balance information please visit the inspirafinancial.com portal. **Claims incurred up until 12/31/2026 can be submitted up until March 31st of 2027.**

HEALTH CARE FSA:

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pretax dollars. Eligible expenses include medical, dental and vision not covered under your health plan.

For the **2027** calendar year, an individual can contribute up to $3,500 to a health care **FSA** or limited purpose **FSA** (employees enrolled in HDHP medical plan).

Examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescriptions

DEPENDENT CARE FSA:

The Dependent Care FSA lets employees use pretax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The Dependent Care FSA maximum, which is set by statute and is not subject to inflation-related adjustments, is $7,500 a year for individuals or married couples filing jointly, or $3,750 for a married person filing separately.

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Commuter and Parking Benefits



COMMUTER AND PARKING BENEFITS

The Inspira Financial commuter and parking benefits reimbursement solution helps you save money on certain work-related transportation and parking expenses. The transportation and parking accounts allows you to set aside money from your paycheck on a pre-tax basis. Participation and contribution to this benefit can be changed at any time.

Plan Features	COMMUTER	PARKING
IRS Pre-Tax Maximum Contribution	$280 per month	$280 per month
What Expenses Are Allowed?	• Mass transit fares • Monthly bus passes • Vanpooling fees	• Parking at or near your work location • Parking at a location from which you participate in a carpool or board mass transit
What Expenses Are Not Allowed?	• Taxi fares • Bridge tolls • Cost of auto maintenance	• Parking costs at home • Parking when not commuting to or from work location
How Do I Sign Up?	For both Parking and Transit, orders must be placed by the 10th of the month prior to the benefit month through Inspira Financial's website at inspirafinancial.com.	

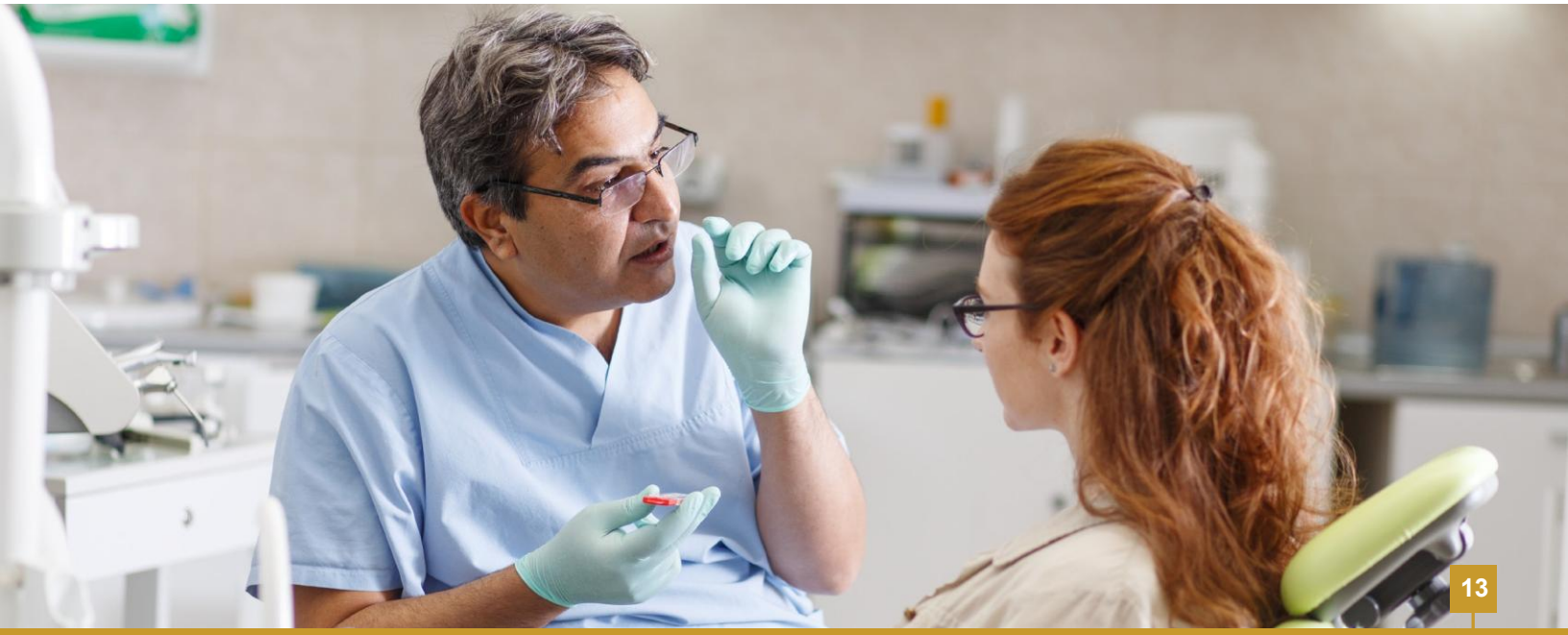
Dental Plan Options: *Aetna Dental*

Aetna Dental Plans

Strong teeth and gums are an important part of good health, which is why Rider University offers you and your eligible dependents dental coverage to help pay for many of the dental expenses you and your family incur. The plan helps you pay for most necessary dental services and supplies, including diagnostic and preventive care (such as exams, cleanings, and X-rays), and basic and major restorative services (such as fillings, crowns and dentures). Review the comparison chart below for additional coverage details:

Plan Features	PPO	DMO
Calendar Year Deductible (Individual/Family)	$50 / $150	None
Calendar Year Maximum	$1,500	Unlimited
Preventive Services • Exam (every 6 months) • Cleaning (every 6 months) • X-Rays (every 12 months)	Covered in full	Covered in full
Basic Services Fillings, Crown Repair, Extractions, Oral Surgery	80%	100%
Major Services Root canals, Periodontic Services, Crowns, Bridges, Implants and Dentures, Anesthesia	50%	40% (Based on Fee Schedule)
Orthodontic Services Adult and Children 24 months of comprehensive treatment plus 24 months retention	Not Covered	$1,500 copay

**Note: if you visit an out-of-network provider, you are responsible for charges above usual, customary and reasonable (UCR) limits.*



Vision Plan: *National Vision Administrators*

NVA Vision Plan

Rider University offers vision coverage through NVA on the NVA Vision Network The vision plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

Plan Features	In Network	Out of Network
Eye Exam (once every 12 months)	$10 Copay	Reimbursed up to $32
Lenses (once every 12 months) • Single Vision • Bifocal • Trifocal • Lenticular	Covered in full after $10 Copay	• Reimbursed up to $24 • Reimbursed up to $36 • Reimbursed up to $46 • Reimbursed up to $72
Frames (once every 12 months)	Up to $150 Allowance and 20% off remaining balance	Reimbursed up to $60
Contact Lenses (once every 12 months instead of glasses)	Elective: Up to $150 Allowance and 15% off balance Medically Necessary: Covered 100%	Elective: Reimbursed up to $75 Medically Necessary: Reimbursed up to $225

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit the website at www.e-nva.com or download the mobile app by searching NVA Vision or contact NVA's Customer Service Department toll-free at 1.800.672.7723, Customer Service is available 24 hours a day, 7 days a week, 365 days a year. If you are not a registered subscriber, you can still search providers online by selecting the "Find a Provider" link on the home page. Enter group number 4272000001 and enter in your search parameters.



Life and Voluntary Life Insurance: *Prudential*

LIFE INSURANCE FOR YOU

Basic Life insurance coverage is provided to you by Rider University at no cost. If you should pass away, the beneficiary you have designated will receive the amount of your life insurance. Employees may designate beneficiaries of their choice for basic and all lines of optional life insurance. The benefit is 2 x your salary up to a maximum benefit amount. This maximum amount varies depending on the class/job title.

OPTIONAL LIFE INSURANCE FOR YOU AND YOUR FAMILY

You may also purchase additional Life Insurance for you and your family. You pay the full cost of this coverage with after-tax dollars for all optional life insurance coverage. You must elect coverage for yourself to elect coverage for your spouse and/or children. If you wish to increase your life insurance after your original hire date you will need to submit an Evidence of Insurability form and receive approval from Prudential. Below are your choices for additional life insurance.

- **Optional Life** – You may purchase additional group life insurance in $10,000 increments up to the lesser of a maximum of 500% of your annual earnings or $500,000. Guarantee Issue $200,000. Guarantee Issue means no evidence of insurability is required.
- **Spouse Life Insurance** – Up to 100% of employee amount in increments of $5,000 not to exceed $250,000. Benefits will be paid to employee. Guarantee Issue $50,000. Guarantee Issue means no evidence of insurability is required.
- **Child Life Insurance (children to age 26)** – $2,000 increments up to a maximum of $10,000. Benefits will be paid to the employee.

VOLUNTARY LIFE RATES		
Age	**Rate per $1,000 – EE**	**Rate per $1,000 - Spouse**
<25	$0.050	$0.067
25 - 29	$0.060	$0.071
30 - 34	$0.080	$0.094
35 - 39	$0.090	$0.133
40 - 44	$0.100	$0.200
45 - 49	$0.150	$0.313
50 - 54	$0.230	$0.465
55 - 59	$0.430	$0.690
60 - 64	$0.660	$0.960
65 - 69	$1.270	$1.364
70 - 74	$2.060	$2.580
75 +	$3.990	$7.974
Child 10,000 Max	$0.299	

- **How much coverage can I get and what would my cost be?** Enter the optional life insurance coverage amount you want, divide by your increment chosen and multiply by the rate in the appropriate age bracket above. Choose the age that you will be when your coverage becomes effective. To determine your spouse's rate, use the employee's age, not the spouse's age, to determine the premium. See your plan administrator for the plan effective date.

Long-Term Disability: *Prudential*

Long-term disability income benefits are provided to you at no cost, in the event you become disabled from an injury or sickness, for 180-days or more. Disability income benefits are provided as a source of income.

- If you are approved for LTD benefits by Prudential, your benefits begin when salary continuation benefits end.
- Once you meet the plans definition of “disabled”, and after you satisfy the elimination period, the plan pays a percentage of your pay at the time of the disability up to a monthly maximum benefit.
- Part time employees are not eligible for this benefit
- Your benefit amount may be reduced by disability income payments from other plans, such as Social Security.



Family-Building, Fertility, and Hormonal Health - Carrot

We have partnered with Carrot to offer inclusive hormonal health, fertility, and family-building benefits.

CORE Support includes:

- Fertility health and wellness (hormone testing, trying to get pregnant)
- Perimenopause and menopause
- Low testosterone and andropause
- Parenting (0-12 years)
- Pregnancy and postpartum
- Preservation – egg, embryo and sperm freezing
- Assisted reproduction, like IVF and IUI
- Adoption
- Donor assistance and gestational surrogacy
- Gender affirming care

Activate your benefits today

Visit get-carrot.com/learnmore or scan the QR code to start exploring the available resources **at no cost to you**.



Important Contacts



BENEFIT	CARRIER	WEBSITE	PHONE
Medical	Aetna	aetna.com	888-802-3862
Health Savings Account	Inspira Financial	inspirafinancial.com	844-729-3539
Flexible Spending Account	Inspira Financial	inspirafinancial.com	844-729-3539
Commuter Benefits	Inspira Financial	inspirafinancial.com	844-729-3539
Dental	Aetna	aetna.com	888-802-3862
Vision	NVA	e-nva.com	800-672-7723
Life	Prudential	prudential.com	800-778-2255
Long-Term Disability	Prudential	prudential.com	800-778-2255
Retirement Plan	TIAA	tiaa.org/public/tcm/rider	800-842-2252
Family Forming, Fertility, Hormonal Health	Carrot	Get-carrot.com/learnmore	N/A

Important Plan Notices

Full versions of the notices below along with Summary Plan Descriptions (SPD) and Summary of Benefits and Coverage (SBC) can be obtained by contacting Human Resources or available on the Benefits Portal.

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA – FIRST NOTICE OF COBRA RIGHTS

Summary: This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer- sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

MEDICAL PRE-TAX PREMIUMS PLAN

Summary: Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.


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RIDER
UNIVERSITY