

2024 Medical Plan Information

Luther College will continue to offer two different medical benefit plan options through UMR and RxBenefits. Both plans feature a broad network of doctors, hospitals, pharmacies, and other health care providers. To locate an in-network provider, go to www.UMR.com and click on “Find a provider”; for details on RxBenefits, please visit contact RxBenefits Member Services at 1-800-334-8134 or RxHelp@rxbenefits.com.

All Details Shown for <u>In-Network</u> Benefits	\$1,000 PPO Plan ("Traditional" Plan)	High Deductible Health Plan (HDHP)
Medical Deductible		
Single	\$1,000	\$3,200
EE+1 or Family	\$2,000	\$6,400
Medical Out-of-Pocket (OOP) Max		
Single	\$4,500	\$4,500
EE+1 or Family	\$9,000	\$9,000
Annual College HSA Contribution		
Single	Not Applicable	\$300
EE+1		\$600
Family		\$900
Office Visits		
Preventive	Plan pays 100%	Plan pays 100%
Primary Care / Urgent Care / Specialist	\$40 copay	Deductible then 90%
Mental Health Therapy – Office	\$40 copay	Deductible then 90%
PT/OT/ST, Chiropractic, Acupuncture	\$40 copay	Deductible then 90%
Convenience Care	\$20 copay	Deductible then 90%
Teladoc – virtual telemedicine, dermatology, nutrition, or mental health	\$20 copay	Deductible then 90%
Professional and Hospital Services		
Diagnostics (e.g., labs, x-ray, MRI, CT scan)	Deductible then 80%	Deductible then 90%
Hospital (inpatient and outpatient)	Deductible then 80%	Deductible then 90%
Emergency Room	Deductible then 80%	Deductible then 90%
Mental Health Therapy – Hospital	Deductible then 80%	Deductible then 90%
Prescription		
Preventive Rx	Plan pays 100%	Plan pays 100%
Generic	\$10 Copay	Deductible then 90%
Preferred Brand	\$40 Copay	Deductible then 90%
Non-Preferred Brand	\$75 Copay	Deductible then 90%
Specialty	Member pays 20% up to \$200	Deductible then 90%
Vision		
Children’s Eye Exam	Plan pays 100%	Plan pays 100%
Adult Eye Exam	\$150 benefit per calendar year	\$150 benefit per calendar year

Important Notes:

- This is a synopsis of coverage only; the Summary Plan Description (SPD) contains exclusions and limitations that are not shown here. Please refer to the SPD for the full scope of coverage.
- In-network services are based on negotiated charges

2024 Medical Plan Rates

As in past years, how much you pay out of your paycheck for Luther College's medical plans depends on your plan selection, your annual compensation, and who you are covering on the plan. Please note that the Total Monthly Premiums listed below are estimates at this time and may change.

Monthly Rates	Plan Option 1 Traditional PPO	Plan Option 2 HDHP with HSA	Plan 1 vs. Plan 2 Annualized Difference
Single Coverage			
Total Monthly Premium	\$737	\$688	
Employee Monthly Contribution:			
Salary Tier 1 (< \$41,200)	\$120	\$96	\$288
Salary Tier 2 (\$41,200 - \$61,800)	\$147	\$123	\$288
Salary Tier 3 (> \$61,800)	\$182	\$158	\$288
Employee + 1 Coverage			
Total Monthly Premium	\$1,384	\$1,292	
Employee Monthly Contribution:			
Salary Tier 1 (< \$41,200)	\$310	\$266	\$528
Salary Tier 2 (\$41,200 - \$61,800)	\$446	\$402	\$528
Salary Tier 3 (> \$61,800)	\$565	\$521	\$528
Family Coverage			
Total Monthly Premium	\$1,925	\$1,786	
Employee Monthly Contribution:			
Salary Tier 1 (< \$41,200)	\$385	\$316	\$828
Salary Tier 2 (\$41,200 - \$61,800)	\$535	\$466	\$828
Salary Tier 3 (> \$61,800)	\$677	\$608	\$828

- Employee + 1 covers either employee+spouse or employee+child
- Both spouses employed at Luther College with no children should elect two single coverages
- Both spouses employed at Luther College with family coverage: employee contribution is based on the spouse with the higher salary tier

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are designed to save you money on your taxes. Each pay period, funds are deducted from your pay on a pre-tax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses. With an FSA, the money you contribute is never taxed—not when you put it in the account, not when you are reimbursed with the funds from the account, and not when you file your income tax return at the end of the year.

Note: Remember, in order to receive reimbursements from your FSAs in 2024, you must use your debit card or submit claims information and receipts to UMR for payment

Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$3,200 per year	Save on eligible expenses not covered by insurance; reduces your taxable income
Limited Health Care FSA	If you enroll in the HDHP, you can enroll in a limited Health Care FSA to cover dental and vision expenses only	Maximum contribution is \$3,200 per year	Save on eligible vision and dental services; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care and after school programs for children up to age 13, or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

Important FSA

Your FSA elections will be in effect through December 31, 2024 with a grace period through March 15, 2025 which is the date you must **incur** any eligible claims. Please plan your contributions carefully. Any money remaining in your account after March 31, 2025 (the date in which you have to submit for claims incurred 1/1/24 – 3/15/25) will be forfeited. This is known as the “use it or lose it” rule and it is governed by IRS regulations. Luther College and UMR cannot extend that deadline for any reason.

Teladoc®

Teladoc provides live telephonic or face-to-face consultations using video with trusted, licensed doctors who can discuss your health issues, provide diagnoses and prescribe medications, if appropriate, in **most** states. Visit the website at www.Teladoc.com for more information. Teladoc is available from 24 hours a day, 365 days a year, including weekends and holidays.

PPO members will pay \$20 per consultation and HDHP members will pay the regular fees for Teladoc of \$75 per consultation. You will pay for the consultation and you may then complete a UMR claim form to submit the claim through your medical insurance, depending on where you are at with your out-of-pocket maximums, the medical plan may reimburse all or part of your expense. Regardless of how much the plan covers, the Teladoc visit will be significantly more affordable than an office, urgent care, or ER visit.

Typical concerns that can be addressed through Teladoc include cold and flu symptoms, upper respiratory infections, allergies, children's health issues, aches and pains, wellness, medication advice, and advice for family members.

Other services available through Teladoc:

- Doctor: \$75/visit (\$20 copay on traditional plan)
- Dermatology: \$75/visit (\$20 copay on traditional plan)
- Psychiatrist: \$99+/visit (\$20 copay on traditional plan)
- Nutrition: \$95/visit (\$20 copay on traditional plan)

EyeMed Vision Discount Program

Delta Dental has teamed up with EyeMed Vision Care as your source for quality eye care services; you do not need to be enrolled in Dental to access this. Your vision plan provides you with the choice and service you expect - all at a great value. Your discount plan is unlimited and provides:

- Great overall savings up to 35%
- Access to thousands of private practice and retail providers nationwide including Lens Crafters, Target Optical, and most Pearle Vision locations
- Choice of any product, including designer brand name frames
- Savings on laser vision correction
- Ability to order contact lenses online using your benefit

Visit eyemevisioncare.com/deltadental to learn more or find a provider near you.



Amplifon Hearing Discount Program

Do you often find yourself asking others to repeat themselves? Is there a constant ringing in your ears? If so, your ears could be trying to tell you something. If you think you may have hearing loss, don't worry. Delta Dental of Iowa has teamed up with Amplifon to offer you quality hearing care; you do not need to be enrolled in Dental to access this. Call 866-925-1698 or visit deltadentalia.com/hearing to learn more.

- Up to \$125 off a hearing exam
- Up to \$2,995 off per hearing device – includes all major brands and technology levels
- 1 year of free follow-up care
- Free batteries for 2 years
- 3-year warranty for loss, repairs or damage



Dental Coverage

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.

Luther College offers you a Delta Dental of Iowa dental plan. To locate an in-network dentist, go to www.deltadentalia.com and choose “Provider Search”. The PPO Network provides deeper discounts, but Luther College also offers the Premier network, which includes more dentists than the PPO Network.



Monthly Premiums	Delta Dental
Single	\$39
Family	\$84
Services	In-Network
Annual Deductible (Individual/Family)	\$30/\$90
Annual Maximum (per person)	\$1,000 per person, per year
Diagnostic and Preventive Care: Includes cleanings, fluoride treatments, and x-rays	30% / 20% / 10% / 0% (Step coinsurance based on years of active Delta coverage)
Basic Services: Includes fillings, white fillings on front teeth	30% / 20% / 10% / 0% (Step coinsurance based on years of active Delta coverage)
Endodontics, Periodontics and Oral Surgery	30% / 20% / 10% / 0% (Step coinsurance based on years of active Delta coverage)
Major Restorative Services: Includes crowns, bridges, and dentures	50% after deductible (starting 2 nd year on the plan)

Your dental plan includes Delta Dental of Iowa’s Enhanced Benefits Program that links medical conditions and dental benefits at no additional cost to the employee. This benefit offers additional oral health services to subscribers with the following conditions:

Condition	Enhanced Cleaning Benefit	Fluoride Application
Cancer Related Chemo or Radiation	4 cleanings per year	Yes
Diabetes	4 cleanings per year	
High-Risk Cardiac Conditions	4 cleanings per year	
Kidney Failure or Dialysis	4 cleanings per year	
Periodontal (Gum) Disease	4 cleanings per year	Yes
Pregnancy	1 additional cleaning	
Suppressed Immune System	4 cleanings per year	Yes

For more details and to sign up for the Enhanced Dental Benefits Program, please contact Delta Dental of Iowa.



Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage



Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment.

Luther College provides Basic Life and AD&D Insurance and Accidental Death Insurance to all eligible employees at no cost to you.

	Life Insurance	Accidental Death Insurance
Age < 65	2x annual salary	2x annual salary
Age 65 – 69	1.34x annual salary	1.34x annual salary
Age > 70	Annual salary	Annual salary
Maximum Amount	\$275,000	\$275,000

The portion of the premium paid for life insurance coverage over \$50,000 will, as required by the IRS, be treated as taxable income.

Please make sure your beneficiary designation on file with Luther College is current!

You are also able to elect **supplemental life/AD&D** insurance for yourself, your spouse and children up to age 26. Options include:

- ➔ **Employee:** The lesser of 5X your base annual salary or \$500,000, in \$10,000 increments.
- ➔ **Spouse:** Requires employee enrollment. Up to 100% of employee amount in increments of \$5,000, not to exceed \$250,000.
- ➔ **Child:** Requires employee enrollment. Age 6 months to 19 years old (or up to 26 if they are full-time students) up to \$10,000 per child in increments of \$2,000. Age 0 - 6 months, maximum \$1,000 benefit.

Important! If you have not enrolled in the plan previously or would like to increase your amount of coverage, you may enroll during open enrollment, subject to UNUM accepting your evidence of insurability.

Long-term Disability (LTD) Insurance

LTD is a critical part of your financial security in the event that you are disabled and unable to work for an extended period of time, especially if others depend on you for support.

Luther College provides this benefit to you at no cost. The benefit will pay you 60% of your monthly earnings up to a maximum of \$5,000 per month in the event you are disabled for more than 180 days.

For additional details on your LTD benefit, please contact HR for a policy document.

Contact Information

Plan	Whom To Call	Group #	Phone Number	Website
Medical Plan	UMR	7670-00-412374	800-826-9781	www.umar.com
Pharmacy Plan	RxBenefits	RXBLUCO	800-334-8134	www.rxbenefits.com RxHelp@rxbenefits.com
Dental Plan	Delta Dental of IA	92348	800-544-0718	www.deltadentalia.org
Health Savings Account (HSA)	Optum Bank	N/A	866-234-8913	www.optumbank.com
Flexible Spending Accounts	UMR	7670-02-412374	800-826-9781	www.umar.com
Employee Assistance Program (EAP)	UNUM	N/A	1-800-854-1446	www.unum.com/lifebalance
Travel Assistance	Unum/Assist America	01-AA-UN762490	US: 1-800-872-1414 Outside US: (US access code) +609-986-1234	medservices@assistamerica.com
Amplifon Hearing Discount Program	Thru Delta Dental of IA	N/A	866-925-1698	www.deltadentalia.com/hearing
EyeMed Vision Discount Program	Thru Delta Dental of IA	N/A	866-246-9041	www.eyemevisioncare.com/deltadental
Life, Voluntary Life, and LTD Insurance	UNUM	691293 691294 335731	866-679-3054	http://www.unum.com
403(b) Retirement Plan	TIAA	103157	1-800-842-2776	http://www.tiaa.org/luther
Retirement Plan Advisors	Millennium Advisory Services	N/A	877-435-2489	schedule@mcmva.com
Open Enrollment	Luther College Human Resources	N/A	563-387-1134	hr@luther.edu

About this Guide

This benefit summary provides selected highlights of the Luther College employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Luther College. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Luther College reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.

Women's Health and Cancer Rights

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a 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. If you would like more information on WHCRA benefits, contact your plan administrator.

If you would like more information on WHCRA benefits, call your Plan Administrator.

HIPAA Special Enrollment Rights

If you are declining enrollment in Luther College's group health coverage 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.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Human Resources

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA - Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840
INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid

<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
NEW YORK – Medicaid	TEXAS – Medicaid
<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
OREGON – Medicaid	WASHINGTON – Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
<p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>	<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2024)

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.

Luther College's Commitment to You

This notice is intended to inform you of the privacy practices followed by the Luther College Medical Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on October 1, 2013.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Luther College requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing

to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of Luther College for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Director of Human Resources
Luther College
700 College Drive
Decorah, IA 52101
563-387-1134
hr@luther.edu

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events takes place:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), the employee, beneficiary or their representative must give notice of the event according to the procedures outlined in this section. Failure to follow these procedures may result in the loss of eligibility for continuation coverage.

1. The notice must be in writing.
2. The written notice must be sent to the individual listed in #4 below within 60 days of the latest of:
 - a. The event date
 - b. The date the individual would lose coverage due to the event
 - c. In the case of the employee's disability, the date of the disability determination by the Social Security Administration
3. The written notice must include the following information:
 - a. The Name and Address of the individuals requesting continuation coverage or extension of continuation coverage
 - b. A description of the event and event date
 - c. If the event is due to the disability of the employee, a copy of the determination letter approving total disability status must be included
4. The written notice must be sent to:

Director of Human Resources
700 College Drive
Decorah, IA 52101
563-387-1134

HOW IS COBRA COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months for eligible spouses and dependents of an employee, and 18 month for eligible employees. When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

If an employee becomes entitled to Medicare benefits then within 18 months experiences a qualifying event which is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage for eligible spouses and dependents lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

There are two ways in which an 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of

COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Notice must be provided to the employer or administrator of the request for disability extension or second qualifying event extension. The employee, beneficiary or their representative must give notice of the event according to the procedures outlined in this section. Failure to follow these procedures may result in the loss of eligibility for continuation coverage.

1. The notice must be in writing.
2. The written notice must be sent to the individual listed in #4 below within 60 days of the latest of:
 - a. The event date
 - b. The date the individual would lose coverage due to the event
 - c. In the case of the employee's disability, the date of the disability determination by the Social Security Administration
3. The written notice must include the following information
 - a. The Name and Address of the individuals requesting continuation coverage or extension of continuation coverage
 - b. A description of the event and event date
 - c. If the event is due to the disability of the employee, a copy of the determination letter approving total disability status must be included

4. The written notice must be sent to:

Director of Human Resources
700 College Drive
Decorah, IA 52101
563-387-1134

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

Luther College
Director of Human Resources
700 College Drive
Decorah, IA 52101
563-387-1134