2017-2018

Employee Benefits Guide

WOODBURY
UNIVERSITY
FOUNDED IN 1884

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Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices on page 29 for more details.

Live Well. Be Well.

At Woodbury University, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health—physical, emotional and financial—is the reason Woodbury University offers you this benefits program.

We are providing you with this guide to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this guide.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more information about your benefits, please visit Ultipro. The information in this guide is a general outline of the benefits offered under Woodbury University benefits program. Specific details and limitations are provided in the plan documents, such as the Summary of Benefits and Coverage (SBCs), Evidence of Coverage (EOC) and/or insurance policies. The plan documents contain the relevant plan provisions. If the information in this Guide differs from the plan documents, the plan documents will prevail.

The benefits in this guide are effective:

April 1 2017 – March 31, 2018

WHAT YOU HAVE TO DO:

To complete your enrollment, log in to https://ew21.ultipro.com and complete the enrollment process.

To complete your enrollment:

- **Elect/waive coverage for the following benefits:**
  Medical: Aetna HMO, PPO, HDHP w/HSA, or Kaiser HMO
  Dental: Delta DHMO or PPO
  Voluntary Vision from VSP
  Voluntary and Dependent Life and AD&D from Sunlife
  Navia FSA (Healthcare and/or Dependent care accounts)
- **Designate your Life Insurance Beneficiary(ies)**
- **Confirm your elections and Submit**
- **Print or save your confirmation statement**

Who Can You Cover?

WHO IS ELIGIBLE?

Full-time employees working 30 or more hours per week are eligible for our full benefits package.

Part-time employees and Adjuncts can participate in the medical and FSA plans only.

You can enroll the following family members in our medical, dental and vision plans:

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse).

If you have registered your domestic partnership with your state or local government, your domestic partner is eligible for coverage. If you're not in a legally registered and valid domestic partnership, you must meet these rules:

- You have a common residence for at least 6 months
- Neither of you is married to someone else nor a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity;
- You are not related by blood so closely that you cannot be legally married in California or in the state or commonwealth you live in;
- You are both 18 years of age or older;
- You are both able to agree to be part of a domestic partnership;

  Provide proof of three or more of the following:
- common ownership of real property or a common leasehold interest in such property;
- common ownership of a motor vehicle;
- joint bank accounts or credit accounts;
- designation as a beneficiary for life insurance or retirement benefits, or under the partner's will;
- assignment of a durable power of attorney or health care power of attorney; or such other proof as is sufficient to establish economic interdependency under the circumstances of the particular case.

Please contact Human Resources if you would like to add a registered domestic partner. Any premiums for your domestic partner paid for by Woodbury University are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.

- Your children (including your Domestic Partner's):
- Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
- Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
- Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please note: if you elect healthcare coverage for your dependent(s), you must enroll them in the same healthcare plan(s) as you.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Divorced spouses.
- Spouse of married children.
- Grandchildren.
- Employees who work less than 30 hours per week, temporary employees, contract employees, or employees residing outside the United States.

WHEN CAN I ENROLL?

New employees are eligible for coverage on the 1st day of the month following 30 days of employment.

Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Make sure to notify Human Resources or enter the event in Ultipro right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce

You have 31 days to make your change after the Qualifying Life Event and to complete all the necessary changes in Ultipro. An employee may be held responsible for substantial charges if services are provided for a person who is found to be ineligible.

Qualifying Life Events

You will not be allowed to change your plan selections or add dependents until the next benefit year (starting April 1, 2018) unless you have a Qualifying Life Event. Qualifying Life Events can include marriage, divorce, birth or adoption. Changes must be submitted to Ultipro within 31 days of the life event. The change effective date will be determined by the Qualifying Life Event date that allows for no break in service.

The following are considered Qualifying Life Events:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, or death of a spouse
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child
- Change in employment status, including the start or termination of employment by you, your spouse, or your dependent child
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits
- Change in a child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them
- Change in place of residence or worksite, including a change that affects the accessibility of network providers
- An event that is allowed under Children's Health Insurance Program (CHIP) Reauthorization Act: Under the provisions of the Act. See CHIP Notice on page 31 of this guide for details
- Reduction in hours, when an employee's hours of service are reduced so that he/she is expected to average less than 30 hours of service per week, but the reduction does not affect his/her eligibility for coverage under the employer's group health plan
- To purchase marketplace coverage, when an employee seeks to cease coverage under the employer's group health plan and purchases coverage through the Marketplace, without having to incur a period of either duplicate coverage or no coverage
- Change in your health coverage or your spouse's coverage attributable to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child or dependent foster child
- A special event under HIPAA (the Health Insurance Portability and Accountability Act), including acquisition of a new dependent or spouse or loss of coverage under another health insurance policy or plan if the coverage is terminated because of:
    - Voluntary or involuntary termination of employment or reduction in hours of employment or death, divorce, or legal separation
    - Termination of employer contributions toward the other coverage, or
    - If the other coverage was COBRA Continuation Coverage, exhaustion of the coverage

Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind.

STAY WELL!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

GET A PRIMARY CARE PROVIDER

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non-emergency healthcare.

GOING TO THE DOCTOR?

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.

AN APPLE A DAY

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

USING THE EMERGENCY ROOM

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened. Otherwise, call your doctor, your nurse line, or go to an Urgent Care clinic. You'll save a lot of money and time.

BE MED WISE!

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

TELADOC

Teladoc provides a national network of U.S. board-certified doctors available 24/7/365 to resolve many of your medical issues. Its quality care when you need it at a price you can afford. 855-835-2362.

Medical

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

	Aetna Medical HMO Plan	Kaiser Medical HMO Plan
	In-Network	In-Network
Annual Deductible	$0 per individual $0 family limit	$0 per individual $0 family limit
Annual Out-of-Pocket Max	$2,500 per individual $5,000 family limit	$1,500 per individual $3,000 family limit
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	$25 copay then plan pays 100%	$15 copay then plan pays 100%
Specialist	$50 copay then plan pays 100%	$30 copay then plan pays 100%
Preventive Services	Plan pays 100%	Plan pays 100%
Chiropractic Care	$15 copay then plan pays 100% (up to 20 visits per year)	Not covered
Lab and X-ray	Complex imaging: $150 copay then plan pays 100%; all other: plan pays 100%	Complex imaging: $50 copay then plan pays 100%; all other: $10 copay then plan pays 100%
Inpatient Hospitalization	$750 copay then plan pays 100%	$250 admission copay then plan pays 100%
Outpatient Surgery	$200 copay then plan pays 100%	$125 copay then plan pays 100%
Urgent Care	$35 copay then plan pays 100%	$15 copay then plan pays 100%
Emergency Room	$150 copay then plan pays 100% (copay waived if admitted)	$100 copay then plan pays 100% (copay waived if admitted)

Medical, continued

Here is an overview of our third medical plan, a PPO plan offered through Aetna.

	Aetna Medical PPO Plan	
	In-Network	**Out-Of-Network**
Annual Deductible	$750 per individual $1,500 family limit	$1,500 per individual $3,000 family limit
Annual Out-of-Pocket Max	$3,000 per individual $6,000 family limit	$6,000 per individual $12,000 family limit
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	$20 copay then plan pays 100%	Plan pays 60% after deductible
Specialist	$40 copay then plan pays 100%	Plan pays 60% after deductible
Preventive Services	Plan pays 100%	Plan pays 60% after deductible
Chiropractic Care	$40 copay then plan pays 100% (up to 20 visits per year)	Plan pays 60% after deductible (in-network limitations apply)
Lab and X-ray	Complex imaging: plan pays 70% after deductible; all other: plan pays 80% after deductible	Complex imaging: plan pays 50% after deductible; all other: plan pays 60% after deductible
Inpatient Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care	$35 copay then plan pays 100%	Plan pays 60% after deductible
Emergency Room	$150 copay then plan pays 80% (copay waived if admitted)	$150 copay then plan pays 80% (copay waived if admitted)

Medical, continued

Here is an overview of our fourth is a HSA compatible high deductible medical plan, offered through Aetna Group

	Aetna Medical HDHP Plan	
	In-Network	**Out-Of-Network**
Annual Deductible	$5,000 per individual $10,000 family limit	$10,000 per individual $20,000 family limit
Annual Out-of-Pocket Max	$6,550 per individual $13,100 family limit	$13,100 per individual $26,200 family limit
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	Plan pays 80% after deductible	Plan pays 60% after deductible
Specialist	Plan pays 80% after deductible	Plan pays 60% after deductible
Preventive Services	Plan pays 100%	Plan pays 60% after deductible
Chiropractic Care	Plan pays 80% after deductible (up to 20 visits per year)	Plan pays 60% after deductible (in-network limitations apply)
Lab and X-ray	Complex imaging: plan pays 70% after deductible; all other: plan pays 80% after deductible	Complex imaging: plan pays 50% after deductible; all other: plan pays 60% after deductible
Inpatient Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room	Plan pays 80% after deductible	Plan pays 80% after deductible

Prescription Drugs

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

	Aetna Medical HMO Plan	Kaiser HMO Medical Plan	Aetna Medical PPO Plan	
	In-Network	In-Network	In-Network	Out-Of-Network
Prescription Drug Deductible	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Limit	Prescriptions subject to medical out-of-pocket maximum	Prescriptions subject to medical out-of-pocket maximum	Prescriptions subject to medical out-of-pocket maximum	N/A
Pharmacy				
Generic	$10 copay then plan pays 100%	$10 copay then plan pays 100%	$10 copay then plan pays 100%	Not covered
Preferred Brand	$30 copay then plan pays 100%	$25 copay then plan pays 100%	$40 copay then plan pays 100%	Not covered
Non-preferred Brand	$50 copay then plan pays 100%	$25 copay then plan pays 100%	$60 copay then plan pays 100%	Not covered
Supply Limit	30 days	30 days	30 days	N/A
Mail Order				
Generic	$20 copay then plan pays 100%	$20 copay then plan pays 100%	$20 copay then plan pays 100%	Not covered
Preferred Brand	$60 copay then plan pays 100%	$50 copay then plan pays 100%	$80 copay then plan pays 100%	Not covered
Non-preferred Brand	$100 copay then plan pays 100%	$50 copay then plan pays 100%	$120 copay then plan pays 100%	Not covered
Supply Limit	90 days	100 days	90 days	N/A

Prescription Drugs, continued

Here are the prescription drug plans that are offered with our Aetna Medical HDHP plan.

	Aetna Medical HDHP Plan	
	In-Network	**Out-Of-Network**
Prescription Drug Deductible	Prescriptions subject to medical plan deductible	N/A
Annual Out-of-Pocket Limit	Prescriptions subject to medical out-of-pocket maximum	N/A
Pharmacy		
Generic	$10 copay then plan pays 100% after deductible	Not covered
Preferred Brand	$40 copay then plan pays 100% after deductible	Not covered
Non-preferred Brand	$60 copay then plan pays 100% after deductible	Not covered
Supply Limit	30 days	N/A
Mail Order		
Generic	$20 copay then plan pays 100% after deductible	Not covered
Preferred Brand	$80 copay then plan pays 100% after deductible	Not covered
Non-preferred Brand	$120 copay then plan pays 100% after deductible	Not covered
Supply Limit	90 days	N/A

Finding a Provider

Register and log in or use your Aetna ID card to make sure you find a doctor or hospital in your network, which will help keep your costs down. You may also search as a guest.

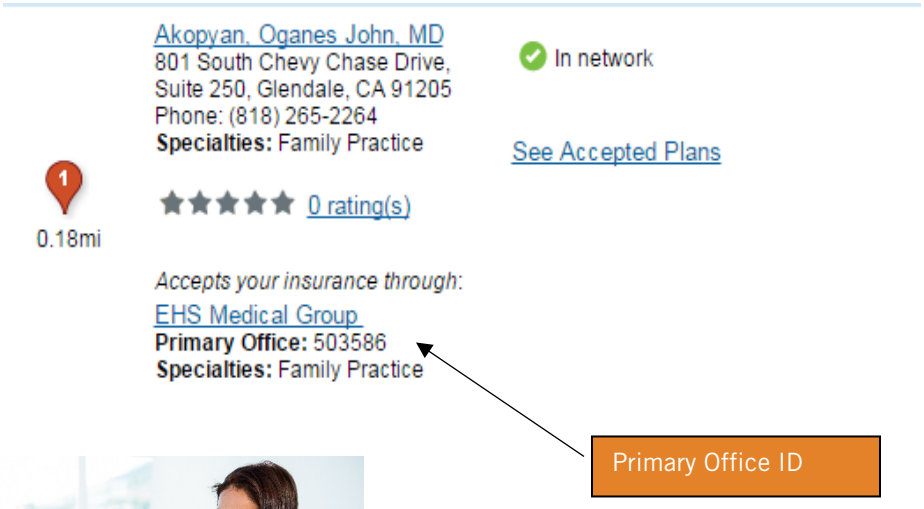
1. Go to www.aetna.com
2. Select "Find a doctor" from the menu
3. Search as a Guest
4. How do you get your insurance? Select: Through My Employer
5. What kind of care are you searching for? Choose Medical
6. Enter your zip code
7. Select a Plan/Network:

MEDICAL HMO: Aetna Standard Plans-HMO

MEDICAL PPO: Aetna Open Access Plans-Managed Choice POS (Open Access)

MEDICAL HDHP: Aetna Open Access Plans-Managed Choice POS (Open Access)

8. Refine your search by answering the questions on the screen
9. For HMO providers, click on the provider's name in the search results screen to find their provider ID number and more.



Dental

Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

	Delta Dental DHMO	Delta Dental DPPO	
	In-Network	**In-Network**	**Out-Of-Network**
Calendar Year Deductible	$0 per individual $0 per family	$50 per individual $150 per family	$50 per individual (combined with in-network) $150 per family (combined with in-network)
Annual Plan Maximum	Unlimited	$1,500 per individual	$1,500 per individual (combined with in-network)
Waiting Period	None	None	None
Diagnostic and Preventive	$0-$25 (varies by service; see contract for fee schedule) copay then plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services			
Fillings	$0-$95 copay then plan pays 100% (varies by service; see contract for fee schedule)	Plan pays 80% after deductible	Plan pays 70% after deductible
Root Canals	$0-$150 copay then plan pays 100% (varies by service; see contract for fee schedule)	Plan pays 80% after deductible	Plan pays 70% after deductible
Periodontics	$0-$250 copay then plan pays 100% (varies by service; see contract for fee schedule)	Plan pays 80% after deductible	Plan pays 70% after deductible
Major Services	$0-$420 copay then plan pays 100% (varies by service; see contract for fee schedule)	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontic Services			
Orthodontia	$1,600 or $1,800 copay then plan pays 100% (see contract for fee schedule)	Plan pays 50%	Plan pays 50%
Lifetime Maximum	Unlimited	$1,500	$1,500 (combined with in-network)
Dependent Children	Covered	Covered to age 19	Covered to age 19
Full-time Students	Covered	Not covered	Not covered

Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

	VSP Vision Plan	
	In-Network	**Out-Of-Network**
Examination		
Benefit	$20 copay then plan pays 100%	Reimbursed up to $45
Frequency	1 x every 12 months from last date of service	In-network limitations apply
Materials	$20 copay then plan pays 100%	See schedule below
Eyeglass Lenses		
Single Vision Lens	Plan pays 100% of basic lens (material copay applies)	Reimbursed up to $30
Bifocal Lens	Plan pays 100% of basic lens (material copay applies)	Reimbursed up to $50
Trifocal Lens	Plan pays 100% of basic lens (material copay applies)	Reimbursed up to $65
Frequency	1 x every 12 months from last date of service	In-network limitations apply
Frames		
Benefit	Reimbursed up to $130, plus a plan pays 20% discount from the remaining balance	Reimbursed up to $70
Frequency	1 x every 24 months from last date of service	In-network limitations apply
Contacts (Elective)		
Benefit	Reimbursed up to $130 (copay waived; instead of eyeglasses)	Reimbursed up to $105 (in-network limitations apply)
Frequency	1 x every 12 months from last date of service	In-network limitations apply

Life Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security.

BASIC LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by Sun Life Financial Group.

Basic Life Amount	1 x covered annual salary up to a maximum of $350,000
Basic AD&D Amount	1 x covered annual salary up to a maximum of $350,000

VOLUNTARY LIFE and AD&D

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by Sun Life Financial Group.

Employee Voluntary Life Amount	Increments of $10,000 up to Lesser of $500,000 or 5 x covered annual earnings
Spouse Voluntary Life Amount	Increments of $5,000 (AD&D: plan pays 40% of employee amount if with children; plan pays 50% of employee amount if without children) up to Lesser of $250,000 or 50% of employee amount
Child(ren) Voluntary Life Amount	Increments of $2,000 (AD&D: plan pays 10% of employee amount if with spouse; plan pays 15% of employee amount if without spouse) up to $10,000.

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Evidence of Insurability: Depending on the amount of coverage you select, you may need to submit an Evidence of Insurability form, which involves providing the insurance company with additional information about your health.

Taxes: Due to IRS regulations, a life insurance benefit of $50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Coverage is provided by Sun Life Financial Group.

Weekly Benefit Amount	Plan pays 60% of covered weekly earnings
Maximum Weekly Benefit	$3,450
Benefits Begin After:	
Accident	8 days of disability
Sickness	8 days of disability
Maximum Payment Period*	13th week of disability

*Maximum payment period is based on the first day you are disabled, not when benefits begin.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by Sun Life Financial Group.

Monthly Benefit Amount	Plan pays 60% of covered monthly earnings
Maximum Monthly Benefit	$15,000
Benefits Begin After:	
Accident	90 days of disability
Sickness	90 days of disability
Maximum Payment Period*	SSNRA

*The age at which the disability begins may affect the duration of the benefits.

Flexible Spending Account (FSA)

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. The catch is that you have to use the money in your account by March 31st. You must re-enroll in this program each year. Navia administers this program.

IMPORTANT CONSIDERATIONS

- Expenses must be incurred between **4/1/2017** and **3/31/2018** and submitted for reimbursement no later than **06/30/2018**.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- **Dependent Care FSA:** Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- Up to $500 Rollover in the Health care FSA
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the Woodbury University benefits plans.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Use **Navia Debit Master Card** to pay for eligible services and products. Payments are automatically withdrawn from your reimbursement account, so there are no out-of-pocket costs.
- **Keep your receipts.** In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.
- **Track claims** by visiting https://www.naviabenefits.com/participants/
- **Contact Customer service (866) 535-9227**
- Download the **Mobile App.**

HEALTHCARE FSA (HFSA)

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to **$2,600** this year.

DEPENDENT CARE FSA

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to **$5,000** per household for eligible dependent care expenses for the year.

Important: If you plan to contribute to an HSA, neither you nor your spouse may contribute to a Healthcare FSA.

Guidance Resources - Employee Assistance

We are here to help

Personal issues, planning for life events or simply managing everyday challenges can affect your work, health and family. Guidance services provide you with the support, resources and information you need to handle personal and work-life issues.

- Company sponsored
- Confidential
- Provided at no charge to you
- Available to you and your dependents 24/7

Confidential Counseling

Someone to talk to:

The counseling service helps you address stress, relationship and other personal issues you and your family may face. Staffed by Guidance Consultants, this service connects you to highly trained master's- and doctoral-level clinicians who will listen to your concerns and quickly refer you to telephone counseling and other local resources for:

- Stress, anxiety and depression
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

Call or Click anytime to access your services:

Call 1-800-460-4374

www.guidanceresources.com

Then log in with the program name:
Company Web ID: EAPEssential

Other Benefits

- Financial information and resources
- Legal support and resources
- Work-life solutions
- Guidance Resources Online
- Child/Elder care provider finder

Need Benefits Help?

Benefit Advocate

Alliant Employee Benefits
1301 Dove St., Suite 200
Newport Beach, CA 92660

Phone Number
844-478-3330
Fax: 949-809-1454
8:30 am - 5 pm (M-Fri)
Pacific Time

Email
Woodburybenefits@alliant.com

Woodbury University has teamed up with Alliant Employee Benefits to provide you with a personal Benefit Advocate to help you and your covered dependents any time you have a benefits-related question or problem.

Your Benefit Advocate is an experienced benefit professional who is committed to assisting you with employee benefit programs such as:

- Medical/Rx, Dental, Vision
- Health Savings Account (HSA)
- Employee Assistance Program
- Flexible Spending Accounts
- Life and Disability Benefits

They can help with the following issues:

- General benefit questions
- Verifying eligibility and coverage
- Finding a network provider
- Resolving health care claim or billing issues
- Coverage changes due to life events (marriage, new child, divorce, etc.)

Need Claims Assistance?

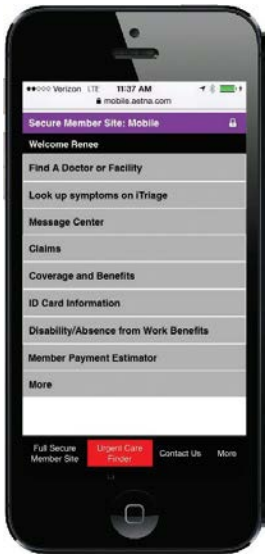
A HIPAA Authorization Form will be required in order for your Benefit Advocate to assist you with claims related issues. Through this form, you grant your Benefit Advocate permission to work with your insurer and/or your healthcare provider(s) to resolve your claims issues. The form, which will be provided by your Benefit Advocate, is revocable at any time and permission may be granted on a limited time basis to only those individuals listed on the form. If you have questions about this process, please contact your Benefit Advocate.

Mobile Resources

Now you can take Aetna on the go! You can find a doctor, get to an urgent care center fast with maps and directions, locate a hospital or emergency room, access your ID card on your phone, and search claims information.

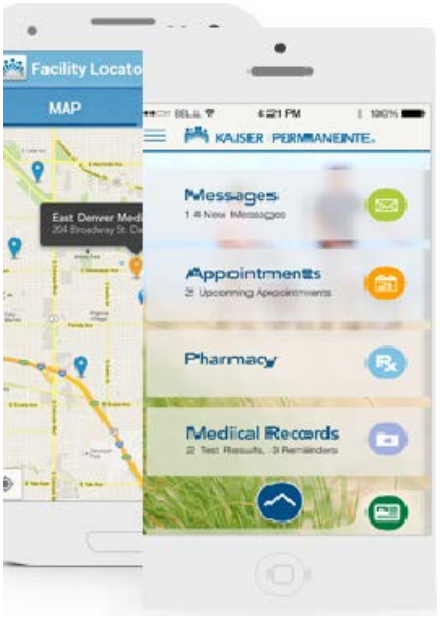
Download the free app titled Aetna or Kasier on the app Store or Google play. or scan the QR code below. You must be registered on Aetna's or Kaiser's secure member site, prior to mobile access.

Aetna



ITunes App & Google Play

Kaiser



ITunes App

Google Play

Alliant EMPLOYEE BENEFITS

Meet Ben-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips — your smartphone. Ben-IQ is available for Android and iPhone.

GETTING STARTED WITH BEN-IQ

1. Download and launch the app.
2. Enter your assigned Employer Key: Woodbury
3. Read and agree to the Terms and Conditions.

ITunes App

Google Play

Take a tour of Ben-IQ and review plan summaries, and important contacts like our nurse line and EAP. Store and organize ID cards using your phone's camera, and much more! Be sure to share Ben-IQ with your covered family members too.

Teladoc

What is Teladoc? Teladoc provides a national network of U.S. board-certified doctors available 24/7/365 to resolve many of your medical issues. It's quality care when you need it at a price you can afford.

Talk to a doctor anytime for $40 or less

Less than an urgent care or ER visit, Teladoc's never more than a doctor visit.

Teladoc.com/Aetna

1-855-Teladoc (835-2362)

Facebook.com/Teladoc

Teladoc.com/mobile

2017-18 Full Time Employee Medical Contributions - Per Paycheck

Aetna	HMO Medical
Employee Only	$0.00
Employee + Spouse / DP	$235.55
Employee + Child(ren)	$212.18
Employee + Family	$466.56
	PPO Medical
Employee Only	$179.91
Employee + Spouse / DP	$620.80
Employee + Child(ren)	$558.72
Employee + Family	$1,046.29
	HDHP Medical
Employee Only	$0.00
Employee + Spouse / DP	$234.18
Employee + Child(ren)	$210.77
Employee + Family	$524.12

Kaiser	HMO Medical
Employee Only	$0.00
Employee + Spouse / DP	$222.99
Employee + Child(ren)	$202.72
Employee + Family	$425.87

2017-18 Part Time / Adjunct Employee Medical Contributions - Per Paycheck

Aetna	HMO Medical
Employee Only	$191.78
Employee + Spouse / DP	$483.57
Employee + Child(ren)	$425.21
Employee + Family	$775.36
	PPO Medical
Employee Only	$398.24
Employee + Spouse / DP	$896.47
Employee + Child(ren)	$796.82
Employee + Family	$1,394.70
	HDHP Medical
Employee Only	$209.77
Employee + Spouse / DP	$519.54
Employee + Child(ren)	$457.58
Employee + Family	$829.30

Kaiser	HMO Medical
Employee Only	$172.47
Employee + Spouse / DP	$499.43
Employee + Child(ren)	$444.94
Employee + Family	$717.41

2017-18 Full Time Employee Dental & Vision Contributions - Per Paycheck

Delta Dental	HMO
Employee Only	$0.00
Employee + Spouse	$7.57
Employee + Child(ren)	$8.79
Employee + Family	$14.71
Delta Dental	**PPO**
Employee Only	$21.08
Employee + Spouse	$55.48
Employee + Child(ren)	$68.98
Employee + Family	$106.82
VSP	**Vision**
Employee Only	$3.87
Employee + Spouse	$6.64
Employee + Child(ren)	$6.78
Employee + Family	$10.97

Key Terms

MEDICAL/GENERAL TERMS

Allowable Charge - The most that an in-network provider can charge you for an office visit or service.

Balance Billing - Non-network providers are allowed to charge you more than the plan's allowable charge. This is called Balance Billing.

Coinsurance - The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for paying the remaining 30% of the cost.

Copay - The fee you pay to a provider at the time of service.

Deductible - The amount you have to pay out-of-pocket for expenses before the insurance company will cover any benefit costs for the year (except for preventive care and other services where the deductible is waived).

Explanation of Benefits (EOB) - The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

Family Deductible - The maximum dollar amount any one family will pay out in individual deductibles in a year.

Individual Deductible - The dollar amount a member must pay each year before the plan will pay benefits for covered services.

In-Network - Services received from providers (doctors, hospitals, etc.) who are a part of your health plan's network. In-network services generally cost you less than out-of-network services.

Out-of-Network - Services received from providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost you more than in-network services. With some plans, such as HMOs and EPOs, out-of-network services are not covered.

Out-of-Pocket - Healthcare costs you pay using your own money, whether from your bank account, credit card, Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).

Out-of-Pocket Maximum – The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

Preventive Care – A routine exam, usually yearly, that may include a physical exam, immunizations and tests for certain health conditions.

PRESCRIPTION DRUG TERMS

Brand Name Drug - A drug sold under its trademarked name. A generic version of the drug may be available.

Generic Drug – A drug that has the same active ingredients as a brand name drug, but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name, Acetaminophen.

Dispense as Written (DAW) - A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

Maintenance Medications - Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

Non-Preferred Brand Drug - A brand name drug for which alternatives are available from either the plan's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.

Preferred Brand Drug - A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

Specialty Pharmacy - Provides special drugs for complex conditions such as multiple sclerosis, cancer and HIV/AIDS.

Step Therapy - The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

DENTAL TERMS

Basic Services - Generally include coverage for fillings and oral surgery.

Diagnostic and Preventive Services - Generally include routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Endodontics - Commonly known as root canal therapy.

Implants - An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

Major Services - Generally include restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Orthodontia - Some dental plans offer Orthodontia services for children (and sometimes adults too) to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics - Diagnosis and treatment of gum disease.

Pre-Treatment Estimate - An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

Important Plan Notices and Documents

Notices must be provided to plan participants on an annual basis. Notices available in this Guide include:

- **Medicare Part D Notice**
  Describes options to access prescription drug coverage for Medicare eligible individuals.
- **Women's Health and Cancer Rights Act**
  Describes benefits available to those that will or have undergone a mastectomy.
- **Newborns' and Mothers' Health Protection Act**
  Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- **HIPAA Notice of Special Enrollment Rights**
  Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- **Notice of Choice of Providers**
  Notifies you about the plan's requirement that you name a Primary Care Physician (PCP).
- **Children's Health Insurance Program Reauthorization Act (CHIPRA)**
  Describes availability of premium assistance for Medicaid eligible dependents.

Summary of Benefits and Coverage (SBCs)

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are found on ULTIPRO Workforce or by contacting Human Resources.

- Aetna HMO
- Aetna PPO
- Aetna HDHP
- Kaiser HMO

Summary Plan Descriptions (SPDs)

A Summary Plan Description, or SPD, is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources.

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Woodbury University Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Required Federal Notices

NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

The Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we periodically remind you of your right to receive a copy of the HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting the insurance carriers directly.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Woodbury University health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Woodbury University health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request medical plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Woodbury University medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan's Member Services for more information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

Availability of Summary Information

As an employee, the health benefits provided by Woodbury University represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Woodbury University offers a variety of benefit plans to eligible employees. The federal health care reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC) for any medical and pharmacy plans available. The SBC is intended to provide important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. The SBC is intended to serve as an easy-to-read, informative summary of benefits available under a plan. SBCs and any revisions or amendments of the plans offered by Woodbury University are found on Ultipro or by contacting Human Resources.

Notice of Choice of Providers

Aetna and Kaiser HMO plan requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the insurance carriers directly.

You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the insurance carrier directly.

Medicare Part D Notice

Important Notice from Woodbury University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Woodbury University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

If you do decide to join a Medicare drug plan and drop your Woodbury University prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Woodbury University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the office listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Woodbury University changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	April 1, 2017
Name of Entity:	Woodbury University
Contact:	Naira Zakarian
Address:	7500 N. Glenoaks Blvd Burbank, CA 91504

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 January 31, 2016. Contact your State for more information.

ALABAMA – Medicaid

Website: http://myalhipp.com/

Phone: 1-855-692-5447

ALASKA – Medicaid

Website:

http://health.hss.state.ak.us/dpa/programs/medicaid/

Phone (Outside of Anchorage): 1-888-318-8890

Phone (Anchorage): 907-269-6529

COLORADO – Medicaid

Medicaid Website: http://www.colorado.gov/hcpf

Medicaid Customer Contact Center: 1-800-221-3943

FLORIDA – Medicaid

Website: http://flmedicaidtplrecovery.com/hipp/

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: http://dch.georgia.gov/medicaid

- Click on Health Insurance Premium Payment (HIPP)

Phone: 404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: http://www.hip.in.gov

Phone: 1-877-438-4479

All other Medicaid

Website: http://www.indianamedicaid.com

Phone 1-800-403-0864

IOWA – Medicaid

Website: http://www.dhs.state.ia.us/hipp/

Phone: 1-888-346-9562

KANSAS – Medicaid

Website: http://www.kdheks.gov/hcf/

Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: http://chfs.ky.gov/dms/default.htm

Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331

Phone: 1-888-695-2447

MAINE – Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html

Phone: 1-800-442-6003

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: http://www.mass.gov/MassHealth

Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: http://mn.gov/dhs/ma/

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm

Phone: 573-751-2005

MONTANA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website:
http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx

Phone: 1-855-632-7633

NEW HAMPSHIRE – Medicaid

Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf

Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: http://www.ncdhhs.gov/dma

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org

Phone: 1-888-365-3742

OREGON – Medicaid

Website: http://www.oregonhealthykids.gov

http://www.hijossaludablesoregon.gov

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: http://www.dhs.pa.gov/hipp

Phone: 1-800-692-7462

NEVADA – Medicaid

Medicaid Website: http://dwss.nv.gov/

Medicaid Phone: 1-800-992-0900

SOUTH CAROLINA – Medicaid

Website: http://www.scdhhs.gov

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: http://gethipptexas.com/

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website:

Medicaid: http://health.utah.gov/medicaid

CHIP: http://health.utah.gov/chip

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: http://www.greenmountaincare.org/

Phone: 1-800-250-8427

RHODE ISLAND – Medicaid

Website: http://www.eohhs.ri.gov/

Phone: 401-462-5300

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx

Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP

Website:

https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: https://wyequalitycare.acs-inc.com/

Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/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 10/31/2016)

Notes

WOODBURY
UNIVERSITY
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Additional Contacts

Provider	Plan	Group#	Phone Number	Website/E-mail
Alliant Benefits Advocate	Questions	N/A	(844) 478-3330	woodburybenefits@alliant.com
Aetna	HMO	805410-10	(800) 445-5299	www.aetna.com
Aetna	PPO	805410-11	(877) 204-9186	www.aetna.com
Aetna	HDHP	805410-12	(877) 204-9186	www.aetna.com
Kaiser	HMO	231868	(800) 464-4000	www.kp.org
Delta Dental	Dental/DHMO	71384	(800) 422-4234	www.deltadentalins.com
Delta Dental	Dental/DPPO	71384	(800) 765-6003	www.deltadentalins.com
VSP	Vision	30039087	(800) 877-7195	www.vsp.com
SunLife	Life	248073	(800) 247-6875	www.mysunlifebenefits.com
SunLife	STD/LTD	248073	(800) 247-6875	www.sunlife.com/us
Navia	FSA	N/A	(866) 535-9227	www.naviabenefits.com
SunLife	EAP	N/A	(800) 460-4374	www.guidanceresources.com
Teladoc	Aetna	N/A	(855) 835-2362	www.teladoc.com/Aetna

Human Resources- Naira Zakarian (818) 252-5110

Employee Benefits Brochure designed and developed by

Alliant

In conjunction with Woodbury University April 2017 Rev 5-15-17