GREENVILLE
COLLEGE

2016 Benefits Guide




The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the Plans as described in this material and official Plan documents, the language of the documents shall govern.

TABLE OF CONTENT

Contact Information

Contact Information		
Vendors	**Member Services**	**Website / Email**
Medical: *BlueCross BlueShield of Illinois* Policy Number: 206740	800.828.3116	bcbsil.com
Dental: *Mutual of Omaha* Policy Number: G000AMPA	877.999.2330	mutualofomaha.com/dental
Vision: *EyeMed* Policy Number:	513.765.6493	www.eyemed.com
Life/AD&D & Voluntary Life/LTD: *Mutual of Omaha* Policy Number: GLUG-AMPA, GVTL-AMPA, GLTD-AMPA	Life Claims: 800.775.8805 Disability Claims: 800.877.5176	mutualofomaha.com
Flexible Spending Accounts: *Discovery Benefits*	866.451.3399	discoverybenefits.com
HSA: *HSA Bank*	800.357.6246	hsabank.com
Employee Assistance Program: *Mutual of Omaha*	800.316.2796	mutualofomaha.com/eap
403(b) Retirement Plan: *TIAA-CREF* *CBIZ Retirement Plan Services (Consulting and Advisory Services)*	Automated Service 800.842.2252 Counseling Center 800.842.2776 877.323.3867	www.tiaa-cref.org www.tiaa-cref.org/greenville participantsupport@cbiz.com
Benefits Team	**Phone**	**Email**
Greenville College *Natali Rinderer* *Jo Branscome*	 618.664.7014 618.664.7010	 natali.rinderer@greenville.edu jo.branscome@greenville.edu
CBIZ Benefits & Insurance Services: *Eric File - Senior Account Executive* *Asha Kuhn - Senior Account Manager*	314.692.2249 or 800.844.4510	efile@cbiz.com akuhn@cbiz.com

Reasons to Call	Who to Call
Claims Questions	Carrier / CBIZ
Identification Cards / Numbers	Carrier / CBIZ
Pre-Certification	Carrier
Provider Directories	Carrier Websites
If Drug Prescription is Denied	Provider / Doctor
Payroll Issues / Status Changes / Miscellaneous Issues	Greenville College HR

Greenville College Benefits

As a benefit eligible employee, you are offered a benefit package which includes medical, dental, vision, long-term disability, life and accidental death and dismemberment, worldwide travel assistance, identity theft assistance insurance and a TIAA-CREF 403(b) retirement plan. Additionally, you have the ability to purchase voluntary benefits where you can add additional life and accidental death and dismemberment insurance for yourself, spouse, and/or children. Voluntary Life/AD&D is an election you should consider during your initial enrollment period. If you do not elect this coverage, you will be required to provide evidence of insurability if you want to enroll at a later time.

Greenville College offers you the choice of three medical plans. Two of the medical plans are PPO plans, one of which offers a copayment schedule. There is also an option to enroll in a Qualified High Deductible Health Plan (QHDHP). This plan does not have a copayment schedule and offers the lowest premium of the three benefit options. Should you elect the QHDHP, you then have the option to open a Health Savings Account (HSA) to save pre-tax money for medical expenses. Please pay particular attention to the benefits offered under each plan as there can be significant differences. Consider how you and your family utilize medical care to determine which plan is best for you.

Open enrollment is the time to determine if you would like to participate in either of the two types of Flexible Spending Accounts (FSA) that Greenville College offers and how much pre-tax dollars you want to contribute. The available accounts are: Medical Reimbursement Account, and Dependent Care Reimbursement Account. Please note that if you elect to enroll in the QHDHP and you establish a Health Savings Account you will not be eligible to participate in the Medical Reimbursement Account.

During your initial enrollment period you have the opportunity to participate in each of the benefit plans. Generally, you may only enroll in the plan, or make changes to your benefits, during the re-enrollment period or when you are first hired. The benefits for benefit eligible employees are effective the first day of the month following the date of hire. However, you can make changes/enroll during the plan year if you experience a qualifying event.

Examples of Qualifying Events:

- Your dependents or you lose health coverage because of loss of eligibility or loss of employer contributions
- You get married, divorced, or legally separated (with court order)
- You have a baby or adopt a child
- You or your spouse take an unpaid leave of absence
- You or your spouse dies
- Gain or loss of Medicaid entitlement
- You become eligible for Medicare

Please review all the benefit information. If you have any questions, contact Natali Rinderer in Human Resources.

WHAT'S INSIDE

This brochure provides a summary of your benefit options and is designed to help you make your choices and enroll for your coverage. If you have any questions after enrolling, please call the benefit plan providers directly or log on to their websites for more details.

MEDICAL INSURANCE OPTIONS

BCBS of Illinois - Triple Option Plan Designs

Features	$500 Deductible Plan		$1,500 Deductible Copay Plan		Qualified High Deductible Health Plan (QHDHP)*	
	In Network	**Out of Network**	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Individual Deductible:	$500	$850	$1,500	$3,000	$3,000	$6,000
Family Deductible:	3X=$1,500	3X=$2,550	3X=$4,500	3X=$9,000	2X=$6,000	2X=$12,000
Co-Insurance:	80%	60%	80%	60%	80%	60%
Out of Pocket Maximum: (Includes Deductible, Coinsurance and Copays)						
Individual:	$2,500	$3,850	$3,500	$7,000	$5,000	$10,000
Family:	$7,500	$11,550	$10,500	$21,000	$10,000	$20,000
Office Visits - PCP/Specialist:	Ded. & Coins.	Ded. & Coins.	$25/$50	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Preventive Care:	100%	100% ages 16+, 60% ages 1-15	100%	100% ages 16+, 60% ages 1-15	100%	100% ages 16+, 60% ages 1-15
Supplemental Accident:	First $300 paid at 100% for accident		N/A		N/A	
Outpatient Diagnostic and Surgical Services:	Coins.	Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Inpatient Services:	Ded. & Coins.	$300 Ded. & Coins.	Ded. & Coins.	$300 Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Outpatient Services:	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Urgent Care:	Ded. & Coins.	Ded. & Coins.	$100 Copay	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Emergency Room:	Ded. & Coins.	Same as in network benefit	$250 Copay + 20% Coinsurance (copay waived if admitted)		Ded. & Coins.	Same as in network benefit
Prescription Drug Coverage:	Ded. & Coins.	Ded. & Coins.	$10/30/50	$10/30/50 + 25%	Ded. & Coins.	Ded. & Coins.
Mail Order	Ded. & Coins.	Ded. & Coins.	2 x 90 Day Supply	2 x 90 Day Supply	Ded. & Coins.	Ded. & Coins.

*All three plans are designed with an ***embedded*** deductible. This means your plan contains two components, an individual deductible and a family deductible. Having two components to the deductible allows for each member of your family the opportunity to have the insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible. For example, if you, your spouse and child are on the QHDHP family plan and your child incurs $3,000 in medical bills, his/her deductible is met and any subsequent qualified in network medical bills for your child for that calendar year will be covered, even though the family deductible of $6,000 has not been met yet.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a type of health care plan that involves a tax advantaged savings plan paired with a qualified high deductible health plan. There are two components to an HSA plan: the *qualified high deductible health plan* (required) and the *health savings account* (optional but encouraged).

The *qualified high deductible health plan (QHDHP)* will be designed within the specific regulations established by the IRS. It will consist of the underlying insurance benefits and will include deductibles, co-insurance amounts and costs for various benefits including how prescription drugs are covered. It is important to note that the deductible must be completely satisfied before the plan pays any benefits.

The *health savings account (HSA)* is optional but is recommended that participants fund this account. Individuals who place money in this account will enjoy the following tax advantages:

- Funds that go into the HSA are payroll deducted before taxes are taken so the employee's taxable income is reduced. Generally, you can deposit enough money each year to fund your deductible. Individuals who are age 55 or older are also allowed to contribute extra money into their account.
- Any earnings or investment income in the HSA is not taxed. This bank account can grow tax free.
- Any funds used for qualified health care expenses are not taxed. Additionally, once an individual becomes Medicare eligible, those funds can be used for other items without being taxed.

The HSA is established in your name. It is your bank account and can be taken with you if you change employers. Any money deposited into the account is your money. HSA accounts do <u>not</u> include the "use it or lose it" provision you would see with a flex spending account. Keep in mind that you can only spend money that is actually in your account. If your health care expenses are more than your HSA balance, you will have to pay the remaining cost in another manner such as cash, personal check, credit card, etc. Later, once you have accumulated the funds in your account, you can request reimbursement of what you've spent.

You can use your HSA funds for your spouse and dependents – even if they are not covered by your Qualified High Deductible Health Plan. You can use HSA funds to pay for qualified expenses of your spouse and tax eligible dependents for IRS-approved items such as...

- Doctor's office visits
- Hospitalization, urgent care, emergency room, etc.
- Dental services
- Eye exams, eyeglasses, contact lenses and solution, and laser surgery
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over the counter medications
- Physical therapy, speech therapy, and chiropractic expenses

Facts about the HSA:

What is an HSA?

A savings account set up by either you or your company where you can either direct pre-tax payroll deductions or deposit money to be used by you to pay for current or future medical expenses for you and/or your dependents. Once money goes into the account, it's yours forever – the HSA is in your name, just like a personal banking account.

Why would I want an HSA?

Because you fund the HSA with pre-tax money, you are using tax-free funds for healthcare expenses you would normally pay for out-of-pocket using after-tax dollars. Your HSA contributions do NOT count toward your taxable income for federal taxes.

What rules must I follow?

- You must be covered under a Q*ualified High Deductible Health Plan (QHDHP)* in order to establish an HSA.
- You cannot establish an HSA if you also have a medical *flexible* spending account (FSA).
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent under someone else's tax return.

What is the difference between a Qualified High Deductible Health Plan and a traditional PPO Plan?

In a QHDHP, all services received, with the exception of preventive office visits, are applied to the deductible first. This would include office visits that are not preventive, emergency room visits, and prescription drugs. You will, however, still benefit from the discounts associated with using an in-network physician or facility.

What else do I need to know?

- Contributions are based on a calendar year. For 2016, contribution limits are $3,350 for Single and $6,750 for Family coverage. You cannot put more than this amount in the account; you can put less. Individuals who are age 55 or older can also contribute an additional $1,000 in catch up contributions per year.
- The contributions from your paycheck are tax-free, grow tax-free, and come out tax-free as long as you utilize the funds for approved services (medical, dental, vision and over-the-counter medically necessary items).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and is subject to a 20% excise tax penalty (like in an IRA account).
- Once you turn 65, become disabled, or upon account holder's death, the account can be used for other purposes without paying the 20% penalty.
- The savings account can be established with a variety of banking institutions, so you can take advantage of payroll deductions on a pre-tax basis.
- Greenville College has partnered with HSA Bank and covers the monthly account maintenance fee for all active employees on the QHDHP.

This type of health plan may be right for you if…...

- You do not use a lot of medical services.
- You do not have a lot of prescription medications.
- You would like money in a savings account to pay for "Qualified Expenses" permitted under Federal Law. This includes most medical care, dental and vision services.
- You'd like a tax-advantaged savings account.
- You would like more control over your healthcare dollars.
- You would rather pay less in payroll deductions and you can afford the higher deductible.
- Please note: the deductible applies to all services with the exception of wellness.

More information about approved items, plus additional details about the HSA, is available on the IRS Website at www.irs.gov.

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on the ineligible amount.

Please Note: if you elect to enroll in the QHDHP and you establish an HSA you will not be eligible to participate in the FSA.

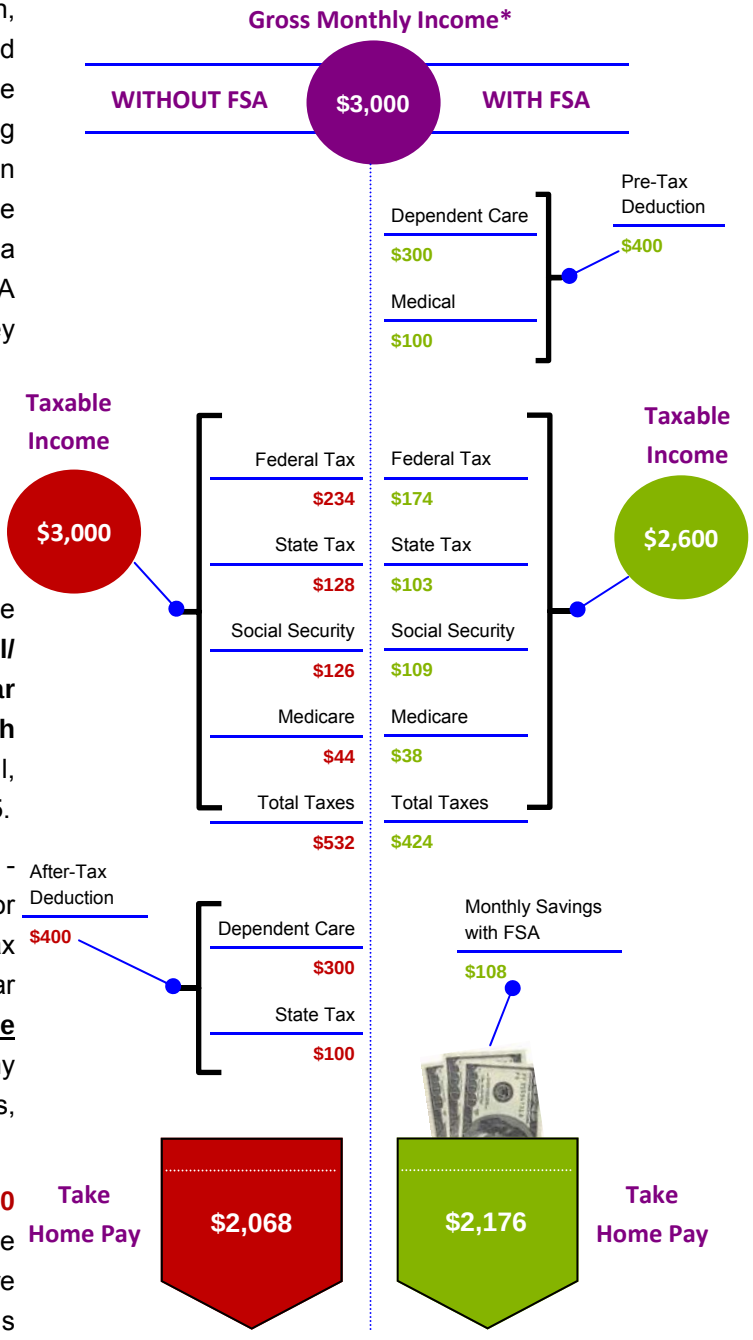
FLEXIBLE SPENDING ACCOUNTS (FSA)

Greenville College provides you the opportunity to be reimbursed for out-of-pocket medical, dental, vision, prescription, specific over the counter supplies and dependent care expenses with pre-tax dollars through the Flexible Spending Account. The Flexible Spending Account is administered by Discovery Benefits. In compliance with the Patient Protection and Affordable Care Act, over the counter medications will require a doctor's prescription to be reimbursed through the FSA Medical Reimbursement Account. If you allocate money to a certain benefit during the plan year (1/1/16-12/31/16), you must use all the money for that benefit by March 15, 2017 (example: expenses have to be incurred but not necessarily paid for). You have 30 days past the plan year to turn expenses in for reimbursement. Any excess amount remaining for a particular benefit at plan year-end will be retained by the plan. You will lose any unused funds. **You must enroll/ re-enroll in the plan to participate for the plan year January 1, 2016 – December 31, 2016 through Paylocity Web Benefits.** If you do not enroll/re-enroll, your participation in the FSA will end December 31, 2015.

Medical Reimbursement Account (**$2,550 Maximum**) - This account allows employees the opportunity to pay for medical expenses not covered by insurance with pre-tax dollars. This means the amount you elect for the year comes out of your paycheck in equal deductions **before** the federal government takes their taxes out. Many employees use this account for deductible amounts, copayments, eyeglasses, etc.

Dependent Care Reimbursement Account (**$5,000 Maximum**) - This account allows employees the opportunity to pay for qualified child/dependent care expenses with pre-tax dollars. In most cases, there is substantially more tax savings with this plan than there is with the "tax credit" that you get when doing your tax return. It is best to discuss your options with your tax advisor if you have any concerns.

How will a flexible spending arrangement save you money?



* This is an example and for illustration purposes only. Taxes are not exact and will vary.

How the Health Care FSA Works:

- Estimate health care expenses that are not covered by your health plan at all or a portion you have to pay when using your benefits (i.e. copays, deductibles, coinsurance).
- Decide the amount you will spend and enroll in the Plan.
- The annual amount you elect will be deducted semi-monthly from your pay on a pre-tax basis.
- The annual amount you select is available for reimbursement for qualified expenses.
- Reimbursement processing — reimbursement requests are processed daily, delivering timely reimbursement.
- Direct Deposit—ensures timely reimbursements to your designated bank accounts, removing the delay of mail delivery.
- Forms, including the reimbursement form for the FSA plan, can be found at discoverybenefits.com.
- The Discovery Benefits Debit Card can be used to pay for eligible services and products.
- Documents and receipts are required.
- Greenville College covers the monthly account maintenance fee while enrolled in the FSA.

Please note: if you elect to enroll in the QHDHP and you establish a Health Savings Account you will not be eligible to participate in the Flexible Spending Account.

GREENVILLE COLLEGE 403(b) PLAN

The College offers a 403(b) retirement plan through TIAA-CREF (Teachers Income and Annuity Association – College Retirement Equities Fund). The 403(b) retirement plan allows you to contribute tax deferred money (elective deferral) into a retirement annuity contract. All employees are eligible to make elective deferrals except non-resident aliens and student workers. We encourage you to participate in the retirement plan. The retirement plan offers a Retirement Choice (RC) contract.

Under the discretionary match program (excludes adjuncts), Greenville College may match a percentage of your elective deferral if you have completed 6 months and 1,000 hours of service each year. The discretionary match is determined each year. For 2016, the discretionary match is 1 1/2 times the employee elective deferral up to a maximum of 6%.

How to enroll online:

TIAA-CREF makes it easy for you to enroll in the Greenville College 403(b) Plan. Online enrollment is the fastest and easiest way to enroll. Before you enroll, have the following information available:

- Your Social Security Number.
- Your beneficiary's Social Security Number, birth date and address, if possible.
- Your investment allocations. For information about your investment options, please go to tiaa-cref.org/greenville to review the menu. For personalized investment advice, please contact CBIZ Retirement Plan Services at 1-877-323-3867 or participantsupport@cbiz.com.

To enroll online:

Go to tiaa-cref.org/greenville, and click *Enroll Now*. Next, click the plan name under the *Enroll Online* section. You will come to the *Welcome* page. Once on this page:

- **If you are a first-time user:** Click *Register with TIAA-CREF* to set up your User ID and password
- **If you are a returning user:** Enter your established TIAA-CREF User ID and click Log In
  - ◊ Follow the on-screen directions to complete your enrollment application. *Note: At the allocation screen, click on any investment choice to view its fact sheet.*
  - ◊ Print a confirmation page from the *Thank You* screen.

If you need assistance with enrolling online, call TIAA-CREF at 800 842-2888 Monday through Friday, 8 a.m. to 10 p.m., or Saturday, 9 a.m. to 6 p.m. (ET).

Important

Employees are eligible to make their own contributions provided they have completed the necessary Salary Reduction Agreement, which is available from your Human Resources office.

TIAA-CREF Retirement Plan Investment Menu

Guaranteed	Fixed--Income/ Money Market	Multi--Asset	Real Estate	Equities
TIAA Traditional (Guaranteed Annuity)*	PIMCO Total Return Fund Admin (PTRAX)	Vanguard Target Retirement Income Fund Inv (VTINX)	TIAA- CREF Real Estate (Variable Annuity)	American Funds EuroPacific Growth Fund R5 (RERFX)
TIAA Stable Value (Guaranteed Annuity)**	Vanguard Total Bond Market Index Fund Sig (VBTSX)	Vanguard Target Retirement 2010 Fund Inv (VTENX)		American Funds AMCAP Fund R5 (RAFFX)
		Vanguard Target Retirement 2015 Fund Inv (VTXVX)		CREF Social Choice (Variable Annuity)
		Vanguard Target Retirement 2020 Fund Inv (VTWNX)		Vanguard 500 Index Fund Sig (VIFSX)
		Vanguard Target Retirement 2025 Fund Inv Clas (VTTVX)		Vanguard Mid Cap Index Fund Sig (VMISX)
		Vanguard Target Retirement 2030 Fund Inv (VTHRX)		Vanguard Small Cap Index Fund Sig (VSISX)
		Vanguard Target Retirement 2035 Fund Inv (VTTHX)		Vanguard Total International Stock Index Fund Sig (VTSGX)
		Vanguard Target Retirement 2040 Fund Inv (VFORX)		Vanguard Windsor II Adm (VWNAX)
		Vanguard Target Retirement 2045 Fund Inv (VTIVX)		
		Vanguard Target Retirement 2050 Fund Inv (VFIFX)		
		Vanguard Target Retirement 2055 Fund Inv (VFFVX)		
		Vanguard Target Retirement 2060 Fund Inv (VTTSX)		

*Any guarantees under annuities issued by TIAA are subject to TIAA's claims-paying ability.

**TIAA Stable Value is offered through a group annuity contract issued by TIAA. During the accumulation phase, the annuity's guarantees are backed by a pooled separate account of TIAA that is insulated from any potential claims of TIAA's creditors or General Account policyholders. TIAA Stable Value is a guaranteed annuity contract issued by Teachers Insurance and Annuity Association (TIAA), New York, NY 10017.

[1] These new fees are in addition to account expenses described in the prospectuses for the funds available under your plan. If your plan balance is less than $25, a fee will not be charged to your account. Please visit www.tiaa-cref.org on or after September 15, 2013 for prospectuses and performance information.

Your Health Benefits

Blue Care Connection (BCC)

BCC gives you access to a dedicated care team to assist you and your family with improving your health, from wellness to managing chronic conditions. Navigating the health care system can be complex. BCC is designed to help simplify this so you can make the best decisions for you and your family. This service is offered at no charge to BlueCross BlueShield members. To reach a Benefits Value Advisor or a member of your BCC care team, call the Customer Service number on the back of your BCBSIL ID card.

Full Spectrum of Health Care Support

MyPrime.com

MyPrime.com provides easy-to-use tools to help you make informed health care decisions. Log in features include a Message Center, Prescription History, Manage My Account, Find Medicine, Find Pharmacy and Get Forms.

Blue Access for Members (BAM)

Blue Access for Members secures access to your personal health plan information. Get information about your health benefits, anytime, anywhere. With BAM you can check the status or history of a claim, locate network doctors and hospitals and request a new ID card.

Tobacco Cessation and Weight Management Programs

Through BCC, BCBSIL offers two voluntary programs to help you reach your wellness goals at no additional charge.

- **Tobacco Cessation Program**: provides personal telephone coaching, self-directed online courses and tobacco cessation resources to help you become tobacco and nicotine free. Greenville College encourages the abstinence from the use of tobacco products (please refer to the College Standards).
- **Weight Management Program**: offers guidance and support to help you change your behavior and shed the extra pounds through personal telephone motivational coaching, self-directed online courses and weight management resources.

Call Customer Service at the phone number listed on the back of your member ID card.

Well onTarget

Well onTarget offers personalized tools and resources to help all members no matter where you may be on the path to health and wellness. Well onTarget is designed to give you the tools and support you need to make healthy choices. All while rewarding you for your hard work.

- Self directed courses
- Health and wellness library
- Tools and trackers
- Wellness coaching
- Health assessment
- Life points program for redemption in an online shopping mall
- Fitness programs

You can sign up for the Fitness program by calling (888) 762-2583 Monday through Friday, 8 am - 9pm.

Your Care Options and When to Use Them

PRIMARY CARE

For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history, and has access to your medical records. You may also pay the least amount out-of-pocket when you receive care in your doctor's office.

CONVENIENCE CARE

Sometimes, you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations, you may want to consider a Convenience Care Center that can be an alternative to seeing your doctor.

Convenience Care Centers are conveniently located often in malls or some retail stores, such as CVS Caremark, Walgreens, Walmart and Target, and offer services without the need to schedule an appointment. Services at a Convenience Care Center may be provided at a lower out-of-pocket cost than an urgent care center visit and are subject to primary care physician office visit copays and/or deductible/coinsurance.

Convenience Care Center

Typical conditions that may be treated at a Convenience Care Center include:

- Common infections (e.g.: bronchitis, bladder infections, ear infections, pink eye, strep throat)
- Minor skin conditions (e.g.: athlete's foot, cold sores; minor sunburn, poison ivy)
- Flu shots
- Pregnancy tests

This is a sample list and not all-inclusive. For a full listing of services please visit each center's Website.

Services at a Convenience Care Center are generally available to patients 18 months of age or older. Services that are available may vary per center. We do, however, recommend that you seek routine medical care from your primary care physician whenever possible.

To find an in-network Convenience Care Center near you, visit bcbsil.com.

URGENT CARE

Sometimes you may need medical care fast, but a trip to the emergency room may not be necessary. Of course, during office hours you may be able to go to your doctor for any urgently needed service; however, if you require urgent care outside your doctor's regular office hours or you are unable to be seen by your doctor immediately, you may consider going to an urgent care center. At an urgent care center, you can generally be treated for many minor medical problems faster than at an emergency room. We do however, recommend that you seek routine medical care from your primary care physician whenever possible.

URGENT CARE

Typical conditions that may be treated at a Urgent Care Center include:

- Sprains
- Strains
- Mild asthma attacks
- Minor infections
- Vaccinations
- Small cuts
- Sore throats
- Rashes
- Preventive Screenings
- Back Pain or Strains

This is a sample list and not all-inclusive. For a full listing of services please visit each center's Website.

Services that are available for Urgent Care may vary per center. If you choose to use an urgent care center, please make sure it is in-network by calling the toll-free number on the back of your medical ID card or visiting the carrier's website at bcbsil.com.

LAB SERVICES

If you require lab work consider having these services performed at **Quest or LabCorp.** Quest is the preferred lab in the state of Illinois, but LabCorp is also in the PPO network.

EMERGENCY ROOM

If you think you or your loved one may be experiencing an emergency medical condition, you should go to the nearest emergency room or call 911. Emergency services are always considered at the in-network benefit level.

An emergency medical condition is any condition (including severe pain) which you believe that without immediate medical care may result in:

- Serious jeopardy to your or your loved one's health, including the health of a pregnant woman or her unborn child
- Serious impairment to your or your loved one's bodily functions
- Serious dysfunction of any of your or your loved one's bodily organ or part

EMERGENCY ROOM

Some examples of emergency conditions may include the following:

- Heavy bleeding
- Chest pain
- Major burns
- Severe head injuries
- Large open wounds
- Sudden change in vision
- Spinal injuries
- Difficulty breathing
- Sudden weakness or trouble walking

This list only provides examples and is not intended as an exclusive list. If you believe you or your loved one is experiencing an emergency medical condition, you should go to the nearest emergency room or call 911, even if your symptoms are not described here.

If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at your doctor's office, a Convenience Care Center or urgent care facility.

*If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once the condition has been stabilized.

Get the Most from Your Benefits

Greenville College offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

To get the most from your benefits during the year, try these tips:

- Ask your doctor for the generic equivalent of the brand-name drug prescribed
- Visit in-network providers for your care

Get the most out of your insurance by using in-network providers.

PRESCRIPTION BENEFITS

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed by United Healthcare and approved before they're covered. This process, called ***prior authorization***, helps ensure drugs are used as recommended by The FDA. Prior authorization focuses mainly on drugs that may have:

- Risk of serious side effects or dangerous drug interactions
- High potential for incorrect use or abuse
- **Better alternatives that may cost you less**
- Restrictions for use with very specific conditions

Prior authorization may require you to take an additional step when you are prescribed certain medications, but the long-term gain is lower out-of-pocket prescription costs for you and reduced claims expense for Greenville College and potentially lower future renewal increases.

Some prescription drugs are covered only if the physician obtains prior authorization from BCBSIL. In addition, coverage for some drugs is provided in limited quantities and duration.

This is only a brief summary of benefits. The Certificate, issued when coverage is approved for the group, contains program details, and will, in all cases, have control over any information in this summary. The certificate is available upon request.

PREVENTIVE CARE

Certain preventive services will be covered without charging a deductible, copayment, or coinsurance when these services are provided by a **network provider**. The types of preventive services covered are defined by federal law and can vary based on your age, gender, and health status. There may be services you had in the past that will now be covered as preventive at no cost to you. The preventive services included in this provision are described at www.healthcare.gov.

WOMEN'S PREVENTIVE CARE COVERAGE

Your health plan will provide first dollar coverage for certain women's preventive coverage without any cost sharing requirements (co payment, coinsurance or deductible), when delivered by in-network providers.

Please note the Greenville College Plan, administered by BCBSIL, does not cover the following contraceptives:

Plan B, Ella, IUD and similar know abortifacient drugs, devices and procedures.

Dental Insurance

Mutual of Omaha Dental

Benefit Plan	Services	PPO In-Network	Out-of-Network Providers
Deductible	▪ Applied to Basic , Major and Orthodontia	$50 individual $150 family	$50 individual $150 family
Annual Maximum	▪ Applied to Preventive, Basic and Major services	$1,000	$1,000
Diagnostic / Preventive Services (Type A)	▪ Oral examinations ▪ Bitewing x-rays ▪ Periapical or Occlusal x-rays ▪ Full mouth or Panoramic x-rays ▪ Fluoride treatments ▪ Cleaning ▪ Brush Biopsy / Cancer Screen	100%	100%
Basic Services (Type B)	▪ Sealants ▪ Fillings ▪ Extractions ▪ Oral Surgery ▪ Endodontics ▪ Periodontics	90%	80%
Major Services (Type C)	▪ Dentures ▪ Crowns ▪ Bridgework ▪ Inlays ▪ Onlays	60%	50%
Orthodontia	▪ Covers child orthodontia to age 19 ▪ Harmful Habit Appliance	50% up to $1,000 Lifetime maximum (No deductible)	50% up to $1,000 Lifetime maximum (No deductible)

The dental plan is a PPO plan which offers coverage in and out of network. It is to your advantage to utilize a network dentist to take advantage of contracted fees. If you go out of network, you will be responsible for any amount exceeding Mutual of Omaha's negotiated fees plus any deductible/coinsurance associated with your procedure. Mutual of Omaha utilizes the DenteMax network, which is substantial, but please check with your provider to make sure they are contracted with Mutual of Omaha.

If you are not currently enrolled or if you choose not to enroll during your initial eligibility period you will be subject to a 6 month waiting period on major services and a 12 month waiting period on Orthodontia services if you choose to enroll in the future.

Mutual of Omaha Dental Website

Access webisite by going to mutualofomaha.com/dental

- View benefits information
- Check claims status and history
- Find forms
- Search for a dentist or refer a dentist to the network.

Getting Started

- Log on to mutualofomaha.com/dental
- Click on "My dental benefits"
- Click the "Register" button – enter your name, member ID number (located on your member ID card) and follow the instructions to select your user name and password

Vision Insurance

EyeMed Vision

Benefit/Service	In-Network	Out-of-Network Benefit
	$10 Co-pay	$40 reimbursement
Frequency of Service:		
Examination	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Lenses:	$25 Co-pay then:	Reimbursement:
Single	100%	$30
Bifocal	100%	$50
Trifocal	100%	$70
Lenticular	100%	$70
Standard Progressive Lens	$90 copay	$50
Premium Progressive Lens	Refer to Plan Summary	$50
Frames	Covered 100% up to $150 Retail; 20% off balance over $150	$105
Contacts (materials only):		Reimbursement
Necessary	Paid in Full	$210
Conventional/Disposable	$150 Allowance, 15% off Balance over $150	$150

Our Vision benefit is provided by EyeMed. EyeMed has a large network including independent and retail chain providers including Crown Vision, Clarkson EyeCare, Lens Crafters, Pearle Vision, Target Optical, Sears Optical, J.C. Penney Optical and many more. If you utilize an out-of-network provider, your benefit is based on a reimbursement schedule. Also, if you are considering Lasik surgery, there is a 15% off retail or 5% off promotional pricing for Lasik or PRK through U.S. Laser Network. You can review a full list of providers at www.eyemed.com.

Members can use both their contact lens and their frame allowance—there is not an “in lieu” of restriction. Members also receive a 40% discount off a complete pair of eyeglasses purchased and a 15% discount off conventional contact lenses once the funded benefit has been met.

Employee Assistance Program (EAP)

Mutual of Omaha supports our employees through the employee assistance program (EAP). EAP professionals are available 24/7 to employees, immediate and dependent family members. This program is offered at ***no cost*** to employees and is voluntary and confidential. Assistance is available for matters including stress, parenting, financial issues, mental heath, balancing work and home, and relationships. Contact an EAP professional at (800) 316-2796 or find more information at mutualofomaha.com/eap.

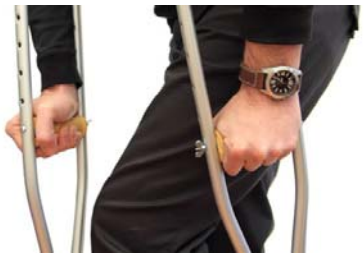
Worldwide Travel Assistance and Identity Theft Assistance

Mutual of Omaha offers a Worldwide Travel Assistance and Identity Theft Assistance program to employees ***free of charge.*** Employees have peace of mind with 24/7 assistance for travel emergencies. Identity Theft Assistance offers prevention and recovery information to help employees protect themselves from identity theft. Case managers are available at 800-856-9947, reference ID Number 9900MOO2.

Basic Life and Accidental Death and Dismemberment

If you are a benefit-eligible employee, Greenville College will provide this benefit at no cost to you through Mutual of Omaha. This protection provides you with $30,000 in life insurance and AD&D coverage. It is very important to provide accurate and valid dependent/beneficiary information, such as social security numbers and dates of birth. Doing so will ensure that, in the event of a claim, your applicable benefit will be distributed to the person or persons you intended as prompt as possible.

Long-Term Disability



Greenville College offers this benefit to all eligible employees at no cost! Disability Insurance replaces a portion of your income if you are unable to work due to a disability resulting from an accident or illness. This coverage is provided through Mutual of Omaha.

Long-Term Disability coverage begins after 90 days of disability (elimination period) and pays you a monthly benefit equal to 60% of your monthly base earnings, to a maximum of $5,000 per month. This benefit may be paid to age 65 or until you no longer meet the definition of disability. You are considered disabled if you have a loss of duties in regards to your regular occupation due to injury or illness. After 24 months, benefits continue if you cannot perform any gainful occupation for which you would be reasonably fitted considering education, training, and experience. You must be under the care of a doctor.

Voluntary Life and Accidental Death and Dismemberment

Your Voluntary Life/AD&D is administered through Mutual of Omaha. Employees can purchase in $10,000 increments up to five times your annual earnings.

Spousal coverage is available in $5,000 increments not to exceed 100% of the employee amount.

Coverage for children is available up to age 21 or 25 if a full-time student. Coverage is available from $2,000 to $10,000 in $1,000 increments. The amount elected cannot exceed 100% of the employee's benefit amount.

Guarantee issue amounts:

Employee	$100,000
Spouse	$50,000
Children	$10,000

Please Note: If you and/or your dependents choose not to enroll in the Voluntary Life/AD&D plan during your initial enrollment period, you and/or your dependents will be required to complete an Evidence of Insurability form and be approved by Mutual of Omaha before you are able to obtain coverage in the future.

You will be able to increase your Voluntary Life coverage election annually by up to $20,000 up to the guarantee issue maximum election without submitting an Evidence of Insurability form. This applies to the employee only.

Rates will vary by age, please see the rate chart. Your rate is based on your age as of the effective date of the plan. Rates are adjusted once each year on the plan anniversary of employees advancing to the next age tier.

The spouse rate is based on the employee's age. Employees must purchase coverage for themselves in order for the spouse and/or children to obtain coverage.

Voluntary Life & AD&D Rate Table	
Age Band	**Employee/Spouse Rate Per $1,000 Coverage (Life/AD&D combined)**
<24	$0.10
25-29	$0.11
30-34	$0.12
35-39	$0.17
40-44	$0.24
45-49	$0.38
50-54	$0.61
55-59	$0.93
60-64	$1.42
65-69	$2.52
70-74	$4.48
75-79	$7.36
80+	$14.87
Child Life / AD&D	$0.25

Rate Calculation Example for an employee age 32 applying for $50,000 in coverage:

$50,000 * $0.12 = $6,000 / 1,000 = $6.00 per month

Contributions (All premium costs for eligible benefits are deducted on a pre-tax basis)

Medical—$500 Deductible Plan

Coverage	$500 Plan Total Monthly Cost	GC Monthly Cost	Eligible Employee Monthly Premium	Employee Per Pay
Employee Only	$595.00	$310.00	$285.00	$142.50
Employee/Spouse	$1,250.00	$665.00	$585.00	$292.50
Employee/Children	$1,150.00	$630.00	$520.00	$260.00
Employee/Family	$1,750.00	$890.00	$860.00	$430.00

Medical—$1,500 Deductible Co-Pay Plan

Coverage	$1,500 Co-Pay Plan Total Monthly Cost	GC Monthly Cost	Eligible Employee Monthly Premium	Employee Per Pay
Employee Only	$535.00	$310.00	$225.00	$112.50
Employee/Spouse	$1,130.00	$665.00	$465.00	$232.50
Employee/Children	$1,010.00	$630.00	$380.00	$190.00
Employee/Family	$1,525.00	$890.00	$635.00	$317.50

Medical—QHDHP

Coverage	QHDHP Total Monthly Cost	GC Monthly Cost	Eligible Employee Monthly Premium	Employee Per Pay
Employee Only	$400.00	$310.00	$90.00	$45.00
Employee/Spouse	$870.00	$665.00	$205.00	$102.50
Employee/Children	$810.00	$630.00	$180.00	$90.00
Employee/Family	$1,240.00	$890.00	$350.00	$175.00

Dental

Coverage	Employee Per Month	Employee Per Pay Period
Employee Only	$29.37	$14.69
Employee/Spouse	$64.80	$32.40
Employee/Children	$93.89	$46.95
Employee/Family	$138.73	$69.37

Vision

Coverage	Employee Per Month	Employee Per Pay Period
Employee Only	$6.94	$3.47
Employee/Spouse	$13.19	$6.60
Employee/Children	$13.88	$6.94
Employee/Family	$20.41	$10.21

Online Enrollment

All benefit eligible employees, whether you participate in the benefit plans or not, are required to complete the enrollment process online through Paylocity Web Benefits. Follow the instructions below to access Paylocity Web Benefits and reference the online new hire and annual enrollment guide available on Paylocity Web Benefits.

TO GET STARTED

Step 1
- **Log in to Paylocity at https://login.paylocity.com with company id N1151.**

Step 2
- **At the top left of the page, select Applications and then Web Benefits.**

Step 3
- **Enroll or waive medical and dental election choices and dependent coverage.**
- **If you elect the Qualified High Deductible Health Plan (QHDHP), go to step 4.**

Step 4
- **Enroll or waive your participation in the Health Savings Account (HSA) for the 2016 plan year. This election is only available with the QHDHP.**
- **If you do not have an account with HSA Bank, you will need to complete your HSA Enrollment Application at https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=370681530. You will receive a welcome kit within 7-10 business days after your**

Step 5
- **Enroll or waive the Flexible Spending Account (FSA) Health Reimbursement plan with Discovery Benefits for the 2016 plan year. The FSA Health Reimbursement is only available with the $500 Deductible Plan or the $1,500 Deductible (Copay Plan). If you do not complete the enrollment process within the open enrollment timeframe 11/11/2015 - 11/19/2015, your participation in the FSA will end on December 31, 2015.**

Step 6
- **Enroll or waive the FSA Dependent Care election. This election is for qualified dependent day care/care giver expenses. FSA participants can set up and review the direct deposit for their**

Step 7
- **Elect or waive participation in the voluntary life insurance offerings. This benefit is available**

Step 8
- **Update your Beneficiary Information for the group life, voluntary life, and accident plans.**

Step 9
- **Review and confirm your enrollment.**

The online portal will be active and ready for you to enroll from:

11/11/2015 through 11/19/2015

IMPORTANT NOTICES

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans. If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. If coverage is lost, you must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll any new dependent within 30 days of the event. To request special enrollment or obtain more information, contact Human Resources.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan 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. The benefits must be provided and are subject to the health plan's regular copays, deductibles, and coinsurance. You may contact our health carrier at the phone number on the back of your ID card for additional benefit information.

NOTICE OF MATERIAL CHANGE (also Material Reduction in benefits)

Greenville College has amended The Greenville College Health Benefits Plan. This benefit guide contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage, which is available to you once it has been updated by the carriers. If you need a copy, please submit your request to Human Resources.

NOTICE OF PRIVACY PRACTICES

Greenville College is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices.

IMPORTANT INFORMATION REGARDING 1095 FORMS

As an employer with 50 or more eligible employees we are required to provide 1095-C forms to all employees who were eligible for coverage under our group health plan in 2015. If you were eligible for coverage under our group plan you will receive a personalized 1095-C form in January 2016. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by the IRS and the employee in determining the eligibility of the employee for the premium tax credit. You'll need a 1095 form to complete your annual Federal tax return.

This form requires the Social Security number and date of birth of all employees and dependents.

MARKETPLACE OPTIONS

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by Greenville College.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance which meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit which lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1 through January 31.

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

You may qualify to save money and lower your monthly premium. Savings depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer which offers minimum essential coverage and meets affordability standards, you will not be eligible for a tax credit through the Marketplace. If you purchase health coverage through the Marketplace, you may lose any employer contribution offered for the employer-offered coverage. Employer and employee contributions for employer-offered coverage are often excluded from Federal income tax. Payment for Marketplace coverage is made on an after-tax basis.

More Information

New employees will receive a notice of Marketplace Coverage Options advising the standards of offered coverage. Please visit HealthCare.gov for more Marketplace information.

MEDICAID CHIP NOTICE

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 on the DOL website provided 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)**.

Following is a link to the latest form and states where you may be eligible for assistance paying your employer health premiums: http://www.dol.gov/ebsa/pdf/chipmodelnotice.pdf

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-3272

Menu Option 4, Ext 61565

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services

www.cms.hhs.gov

1-877-267-2323

MEDICARE PART D CREDITABLE COVERAGE.

This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. If you are eligible for Medicare, the following information can help you decide whether or not you want to join a Medicare drug plan. You should consider comparing your current coverage through our medical plan with the costs of plans offering Medicare prescription drug coverage in your area. Two important things you need to know about your current coverage and Medicare prescription drug coverage:

Medicare prescription drug coverage is available if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan. All Medicare drug plans provide at least a standard level of coverage set by Medicare. More coverage may be offered at a higher premium.

> BlueCross BlueShield has determined that the prescription drug coverage offered by Greenville College is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pay and is therefore considered Creditable Coverage. Because this coverage is Creditable Coverage, you can keep it and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you lose your current creditable prescription drug coverage through no fault of your own, you will be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your current coverage will not be affected. This plan will coordinate with Part D coverage. If you drop your current coverage, be aware that you and your dependents will not be able to get this coverage back until open enrollment unless you experience a qualifying event.

If you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

A notice will be provided to you prior to the October 15 Medicare open enrollment period. If you want more information about Medicare plans that offer prescription drug coverage, you will find it in the Medicare & You handbook or you can visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users: 1-800-486-2048. If you have limited income and resources, visit Social Security on their website at www.socialsecurity.gov, or call them at 1-800-772-1213. TTY users: 1-800-325-0778.

Keep all Creditable Coverage notices. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of the 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).

GLOSSARY OF TERMS

Coinsurance – Your share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. The plan pays any remaining percentage of the cost until the out of pocket maximum is met. Coinsurance percentages will be different between in network and non-network services.

Copays – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care, or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible – The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services as required under the Affordable Care Act.

Emergency Room – Services you receive from a hospital for any serious condition requiring immediate care.

Lifetime Benefit Maximum – All plans are required to have an unlimited lifetime maximum.

Medically Necessary – Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

Network Provider - A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services

Out of Pocket Maximum – The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance, and co-pays are included in the out of pocket maximum.

Preauthorization – A process by your health insurer or plan to determine if any service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval, or precertification.

Prescription Drugs – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail Order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Preventive Services – All services coded as Preventive must be covered 100% without a deductible, coinsurance, or copayments.

UCR (Usual, Customary and Reasonable) – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care – Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.