KNOX COLLEGE

EMPLOYEE BENEFITS GUIDE

Unleash your best self: Unlock our Wellness Benefits!

2025 All Employees

Human Resources Benefits Contacts

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Questions, Problems or Concerns

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. If you require assistance, have your ID number or Social Security Number available and follow these steps:

- **For claims assistance call the applicable insurance carrier.** Have your ID number, date of service, and provider name available.
- **If you require further assistance contact Knox College helpline.** Knox College has partnered with AssuredPartners as our benefits administrator for expert assistance with benefit related questions, plan procedures, life events and claim issues.
- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.

Important Contact Information

Carrier	Web / Email	Phone
Medical Insurance BCBS of IL	www.bcbsil.com	1-800-346-7072
Dental Insurance BCBS of IL	www.bcbsil.com	1-800-346-7072
Vision Insurance VSP	www.vsp.com	1-800-877-7195
Life/AD&D Insurance Lincoln Financial Group	LincolnFinancial.com	1-800-423-2765
Disability Insurance Lincoln Financial Group	LincolnFinancial.com	1-800-423-2765
Flexible Spending Account PNC	www.pnc.com	1-844-356-9993
Health Savings Account PNC	www.pnc.com	1-844-356-9993
Employee Assistance Program (EAP) Precedence Inc.	www.precedenceum.com	1-800-383-7900
Knox College Benefits Helpline	Knoxbenefits@assuredpartners.com	1-877-781-6777

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Welcome

We understand that your life extends beyond the workplace. That's why we offer a variety of benefits to help you be an advocate of your health and well-being. Our goal is to provide choices for you and your family to be appropriately covered through all stages of life.

How to Enroll

- **Current Employees:** Open Enrollment, which usually occurs mid-November, is your once-a-year opportunity to adjust benefit coverages and update any dependents and beneficiaries.
- **New Hires:** Once eligible, you must complete your enrollment within 30 days. Some benefits have "guarantee issue" at your first opportunity only, so please carefully consider this before you decline any coverage.

Enroll through ADP benefits module.

How to Make Changes

Unless you experience a qualifying life event, you cannot make changes to your benefits until the next open enrollment period. An election change must be made within 14 days of the qualifying event. Life Event\Change requests are now made through the benefits module. ADP Examples include:

- Marriage, divorce, legal separation, or death of a spouse
- Birth, adoption, or death of a child
- Change in child's dependent status
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see page 33 for more details.

What's Inside

PLEASE NOTE: This booklet provides a summary of the benefits available, but is not your Summary Plan Description (SPD). Knox College reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

Eligibility

Employee Eligibility

All full-time employees working 30 or more hours per week. As a new employee, you have 14 days from your initial start date to enroll in benefits.

- **All Coverages:** These coverages will take effect on the first day of employment as an eligible employee.

*** IMPORTANT:** These benefits may require employees to be actively at work at the time benefits become effective. Please review policy documents, or contact HR, for additional information.

Dependent Eligibility

If you are enrolled in coverage, you may also have the option to enroll your dependents in coverage.

Definition of "Eligible Dependents"

Medical, Dental, and Vision Coverage dependents include:

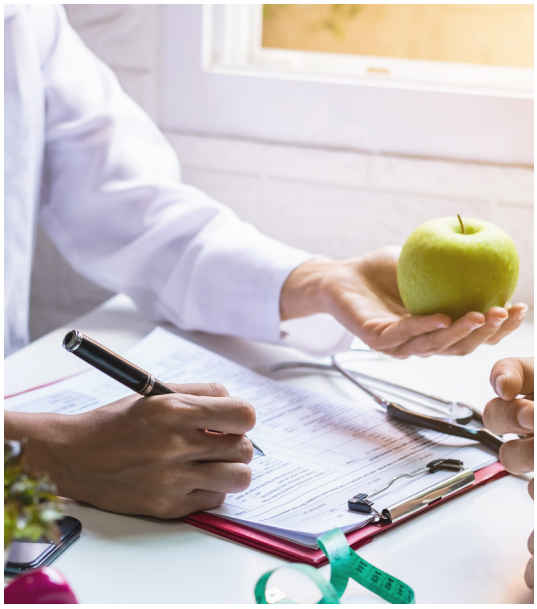
- **Your legally married spouse.** Such spouse must have met all requirements of a valid marriage contract of the State in which the marriage of such parties was performed. For the purposes of this definition, "spouse" means a common law spouse or domestic partner.
- **Your dependent children under age 26.** This includes natural, step, foster, adopted, or other children under your legal guardianship.
- **Children who are mentally or physically disabled and totally dependent on the employee for support, past the age of 26 or older.** To be eligible for continued coverage past the age of 26, certification of the disability is required within 31 days of attainment of age 26. A certification form is available from the employer or from the claims administrator and may be required periodically. You must notify the claims administrator and/or the employer if the dependent's marital or tax exemption status changes and they are no longer eligible for continued coverage.
- **For additional eligibility details,** please refer to the policy contract or summary plan documents.
- Domestic Partners

Other Coverages: See page 11 for definitions of an "eligible dependent" under the Voluntary Life/AD&D Policy. Please note that benefit-eligible employees cannot be enrolled as a "spouse", and dependent children cannot be covered more than once. Please refer to the policy certificate or HR for more information.

Pre-Tax Benefits: Section 125

Knox College's benefit plans utilize Section 125. This enables you to elect to pay premiums for health, dental, vision and flexible spending account coverage on a pre-tax basis. When you use pretax dollars, you will reduce your taxable income and have fewer taxes taken out of your paycheck. Under Section 125, you can actually have more spendable income than if the same deductions were taken on an after tax basis.

Pre-tax Note: When you pay for your dependent's benefits on a pre-tax basis you are certifying that the dependent meets the IRS' definition of a dependent. [IRC §§ 152, 21 (b)(1) and 105(b)]. Children/spouses that do not satisfy the IRS' definition will result in a tax liability to you, such as changing that dependent's election to a post-tax election, or receiving imputed income on your W-2 for the dependent's coverage that should not have been taken on a pre-tax basis.



Know Where to Go for Care

Keeping your health care costs in check could be as simple as making the right choice when you need medical care. When you have an illness or suffer an injury, you understandably want to feel better fast, but making the wrong choice about where to receive care can cost you.

The average outpatient emergency room (ER) visit costs $1,917, according to the Health Care Cost Institute. This means that if you head to the ER when you don't really need emergency care, your wallet is going to feel the pain.

Where Should I Go?

Sometimes, it can be difficult to know where to draw the line when it comes to choosing if you should go to the ER, urgent care, or your primary doctor. Here are a few guidelines to help you know where to go next time you're sick or injured.

Emergency Room ($$$$)

A visit to the ER is the most expensive type of outpatient care and should only occur if there is a true emergency, or a life-threatening illness or injury. Examples of conditions that should be addressed in the ER include, but aren't limited to:

- Chest pain
- Shortness of breath
- Uncontrollable bleeding
- Poisoning

Urgent Care ($$$)

Urgent care centers handle non-emergency conditions that require immediate attention—those for which delaying treatment could cause serious problems or discomfort. Urgent care visits are less expensive than ER visits but are typically more expensive than a visit to your primary care doctor. These conditions can usually be treated in urgent care centers:

- Sprains
- Ear infections
- High fevers

Doctor's Office ($$)

For most non-emergency illnesses or injuries, the best choice for medical care may be a visit to your primary care physician. Your regular doctor knows you best, has your medical history, and has the expertise to diagnose and treat most conditions. In addition, going to the doctor's office is usually the most cost-effective option.

Healthcare Tips

Get the Most Out of Your Care

Knowing the difference between an in-network and out-of-network provider can save you a lot of money.

- **In-Network Provider**: A provider who is contracted with your health insurance company to provide services to plan members at pre-negotiated rates.
- **Out-of-Network Provider:** A provider who is not contracted with your health insurance company.

Calling the physician directly and double-checking with your insurance company is the best way to ensure that the provider is in-network. If you are receiving surgery, make sure to ask if the service is completely in-network. Often times, things such as anesthesia are not covered even though the primary physician is in-network.

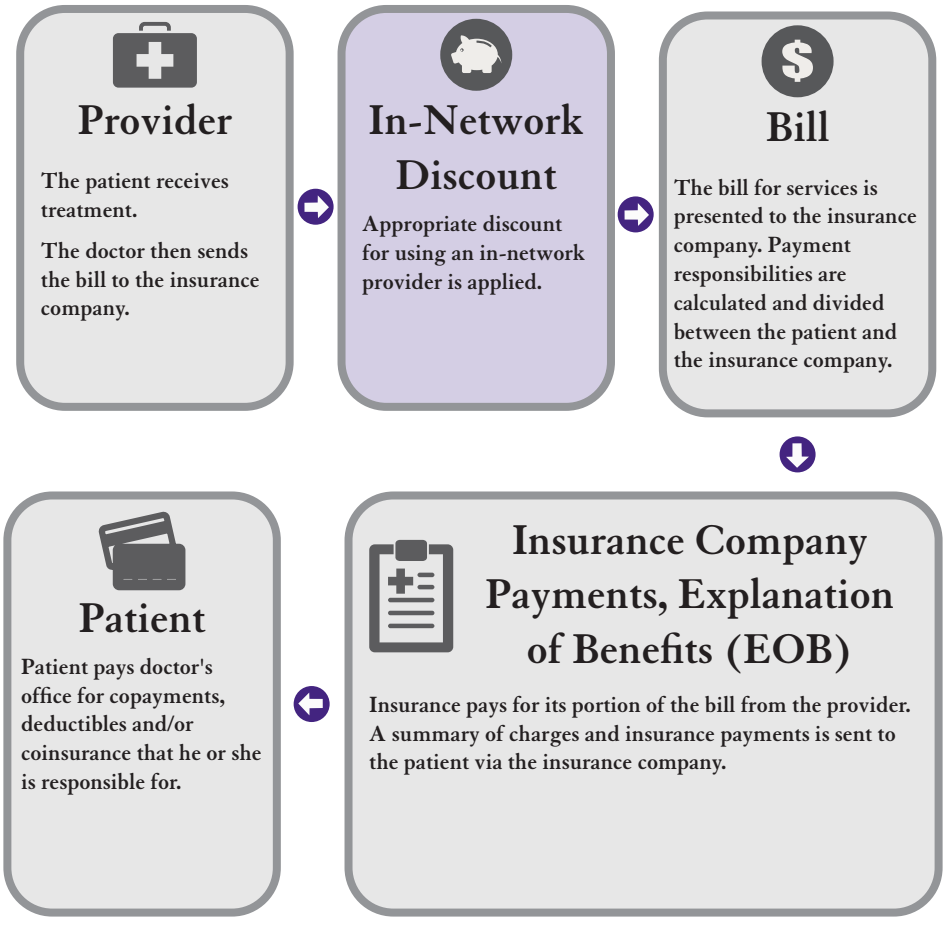
Billing & Claim Differences

Because in-network and out-of-network providers are treated differently by your insurance company, you will be billed differently depending on the type of provider you use for your care.

Take advantage of preventive care.

Preventive care is a type of health care whose purpose is to shift the focus of health care from treating sickness to maintaining wellness and good health. This includes a variety of health care services, such as a physical examination, screenings, laboratory tests, and immunizations.

Preventive care also helps lower the long term cost of managing disease because it helps catch problems in the early stages when most diseases are more readily treatable. The cost of early treatment or diet or lifestyle changes is less than the cost of treating and managing a full blown chronic disease or serious illness.



Medical

BlueCross BlueShield of Illinois

BCBS of ILLINOIS

This coverage allows you to visit any doctor or facility you choose—however, you will get the best coverage when you choose an in-network provider.

Locate an in-network provider near you at www.bcbsil.com or call 1-800-346-7072.

	Preferred Provider Organization – PPO	
	In-Network	**Out-of-Network**
Medical		
Annual Deductible		
Individual	$750	$1,500
Family	$1,500	$3,000
Coinsurance (Plan Pays/You Pay)	80%/20%	60%/40%
Annual Out-of-Pocket Maximum		
Individual	$3,000	$6,000
Family	$6,500	$13,000
Services	**In-Network**	**Out-of-Network**
Preventive Care	Covered 100%, Deductible Waived	40% Coinsurance after Deductible
Primary Care Office Visit	$35 Copay	
Specialist Office Visit	$50 Copay	
MDLive/Virtual Care	No Cost	
MDLive/Mental Health	No Cost	
Urgent Care	$35 Copay	
Emergency Room	$250 Copay	
Hospitalization	20% after Deductible	40% after Deductible
Prescription Drugs	**In-Network**	**Out-of-Network**
Generic	$10 Copay	$10 Copay*
Preferred Brand	$25 Copay	$25 Copay*
Non-Preferred Brand	$40 Copay	$40 Copay*
Specialty	$40 Copay	$40 Copay*

**For Out-of-Network drug providers, you are responsible for 25% of the eligible amount after the copay.*

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

Employee Contributions

Full-time eligible Employee Contributions/per month(12) as of January 1st

Plan Cost Per Month	$51,511 AND UNDER	$51,512- $86,569	$86,570 AND OVER
Employee Only	$206	$228	$244
Employee + Child(ren)	$340	$407	$421
Employee + Spouse	$396	$436	$470
Family	$594	$645	$684

Medical *continued...*

BlueCross BlueShield of Illinois

BCBS of ILLINOIS

This coverage allows you to visit any doctor or facility you choose—however, you will get the best coverage when you choose an in-network provider.

Locate an in-network provider near you at www.bcbsil.com or call 1-800-346-7072.

	High Deductible Health Plan- HDHP	
	In-Network	**Out-of-Network**
Medical		
Annual Deductible		
Individual	$1,650	$3,300
Family	$3,300	$6,600
Coinsurance (Plan Pays/You Pay)	80%/20%	60%/40%
Annual Out-of-Pocket Maximum		
Individual	$3,300	$6,600
Family	$7,600	$15,200
Services	**In-Network**	**Out-of-Network**
Preventive Care	Covered 100%, Deductible Waived	40% Coinsurance after Deductible
Primary Care Office Visit	20% Coinsurance after Deductible	
Specialist Office Visit		
Virtual Care Visit		
Urgent Care		
Emergency Room	20% Coinsurance after Deductible	
Hospitalization	20% after Deductible	40% after Deductible
Prescription Drugs	**In-Network**	**Out-of-Network**
Generic	$10 Copay after Deductible	$10 Copay* after Deductible
Preferred Brand	$25 Copay after Deductible	$25 Copay* after Deductible
Non-Preferred Brand	$40 Copay after Deductible	$40 Copay* after Deductible
Specialty	$40 Copay after Deductible	$40 Copay* after Deductible

**For Out-of-Network drug providers, you are responsible for 25% of the eligible amount after the copay.*

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

Employee Contributions

Full-time eligible Employee Contributions/per month(12) as of January 1st

Plan Cost Per Month	**$51,511 AND UNDER**	**$51,512-$86,569**	**$86,570 and Over**
Employee Only	$141	$156	$164
Employee + Child(ren)	$233	$268	$276
Employee + Spouse	$259	$289	$310
Family	$396	$431	$458

Adult Wellness Guidelines

BlueCross BlueShield of Illinois

Adult Health – for ages 19 and over

Preventive care is very important for adults. By making some good, basic health choices, women and men can boost their health and well-being. Some of these positive choices include:

- Eat a healthy diet
- Get regular exercise
- Don't use tobacco
- Limit alcohol use
- Strive for a healthy weight

Screenings	
Weight	Every visit or at least annually
Body Mass Index (BMI)	Every visit or at least annually
Blood Pressure (BP)	Every visit or at least annually
Cholesterol	Adults 40 to 75 years of age should be screened; or adults 20 to 39 years old who have risk for coronary heart disease. Talk with your health care provider* about the starting and frequency of screening that is best for you.
Colon Cancer Screening	Adults age 45-75 for colorectal cancer using: Guaiac Fecal Occult Blood Test (gFOBT) annually or; Fecal Immunochemical Testing (FIT) annually or; Fecal Immunochemical Testing (FIT)-DNA every 1-3 years or; Flexible sigmoidoscopy every 5 years or; Flexible sigmoidoscopy every 10 years with FIT annually or; Colonoscopy every 10 years or; CT Colonography every 5 years.** The risks and benefits of different screening methods vary. For details about pharmacy benefit coverage, call the number on the back of your Member ID card.
Diabetes Screening	Those with high blood pressure should be screened. Those who are overweight or have cardiovascular risk factors should be screened. All others should be screened starting at age 45.**
Hepatitis C (HCV) Screening	Once for adults age 19-79. Most adults need to be screened only once. Persons with continued risk for HCV infection (eg, PWID) should be screened periodically; and persons at high risk for infection
HIV Screening	Adults ages 19 to 65, older adults at increased risk and all pregnant women should be screened. Those 26-45 years of age, should discuss their options with their health care provider.

* A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.
** Recommendations may vary. Discuss the start and frequency of screenings with your health care provider, especially if you are at increased risk.

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Adult Wellness Guidelines *continued...*

Adult Health

Men and women are encouraged to get care as needed, make smart choices and make regular screenings a priority. Following a healthy lifestyle and getting recommended preventive care services is a game plan for better overall health.

Discussing recommended preventative care services, screenings and immunizations with your health care provider is a step in the right direction to win at wellness.

Immunizations (Vaccines)	
Tetanus Diphtheria Pertussis (Td/Tdap)	Get Tdap vaccine once, then a Td booster every 10 years
Influenza (Flu)	Yearly
Human Papillomavirus (HPV)	All Adults age 19-26, 2 or 3 doses depending on age at time of initial vaccination if not already given.** Those 27-45 should discuss options with their health care provider.
Herpes Zoster (Shingles)	Two doses of RZV starting at age 50, or one dose of ZVL at age 60 or over. Discuss your options with your health care provider.*
Hepatitis B (Hep B)	2, 3, or 4 doses depending on vaccine or condition beginning at age 19-59. Discuss your options with your health care provider.*
Varicella (Chicken Pox)	2 doses beginning at age 50
Pneumococcal (Pneumonia)	Ages 65 and over, one dose of PCV 15 followed by PPSV 23 OR one dose of PCV 20. Discuss your options with your health care provider.*
Measles, Mumps, Rubella (MMR)	1 or 2 doses for adults born in 1957 or later who have no evidence of immunity
COVID-19 Vaccine	The CDC recommends adults get the COVID-19 vaccine. Talk to your health care provider or pharmacist about the COVID-19 vaccine and when you should get it.
Women's Recommendations	
Mammogram	At least every 2 years for women ages 50 to 74 Ages 40 to 49 should discuss the risks and benefits of screening with their health care provider
Cervical Cancer Screening	Women ages 21 to 65: Pap test every 3 years Another option for ages 30 to 65: Pap test with HPV test every 5 years Women who have had a hysterectomy or are over age 65 may not need a Pap test*
Osteoporosis Screening	Women who are at an increased risk for osteoporosis should be screened at ages 65 and older. Bone measurement testing is recommended for postmenopausal women younger than 65 years who are at increased risk of osteoporosis as determined by a formal clinical risk assessment tool.
Intensive Behavioral Counseling	All sexually active individuals (12 years old and above) who are at increased risk for sexually transmitted infections (STIs).
Men's Recommendations	
Prostate Cancer Screening	Discuss the benefits and risks of screening with your health care provider.**
Abdominal Aortic Aneurysm	Have an ultrasound once between ages 65 to 75 if you have ever smoked.
Intensive Behavioral Counseling	All sexually active individuals (12 years old and above) who are at increased risk for sexually transmitted infections (STIs).

The recommendations provided in the table are based on information from organizations such as the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American Cancer Society and the United States Preventive Services Task Force. The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individualized advice on the recommendations provided.

Learn more. Additional sources of health information include:

- ahrq.gov/patients-consumers/prevention/index.html
- cancer.org/cancer/risk-prevention/diet-physical-activity.html
- cdc.gov/vaccines/

You probably don't hesitate to ask your health care provider about nutrition and exercise, losing weight and stopping smoking. Other topics for discussion may include:

- Dental health
- Problems with drugs or alcohol
- Sexual behavior and sexually transmitted diseases
- Feelings of depression
- Domestic violence
- Accident/injury prevention
- Preventing falls, especially for ages 65 and over

* Recommendations may vary. Discuss screening options with your health care provider, especially if you are at increased risk.

** Coverage for preventive care services at no cost share may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.

Dental

BlueCross BlueShield of Illinois

BCBS of ILLINOIS

Locate an in-network provider near you at www.bcbsil.com or call 1-800-346-7072.

	Dental In-Network
Annual Deductible	$100 per individual $300 per family
Annual Benefit Maximum	$1,000
Lifetime Orthodontia Maximum reimbursement (in) Maximum Allowed (out) U&C	$1,500
Plan Pays	
Preventive Care (Deductible waived)	100% covered
Basic (Restorative, Endo/Perio, Surgery, Implants)	80%
Major (Crowns, Inlays/Onlays, Prosthodontics)	50%
Orthodontia	50%

Vision Coverage

vsp vision care

Vision Service Plan (VSP)

Locate an in-network provider near you at www.vsp.com or call 1-800-877-7195.

Vision	In-Network	Out-of-Network
Exam	$10 copay	Up to $45
Lenses	100% Covered	
Single		Up to $30
Lined Bifocal		Up to $50
Lined Trifocal		Up to $65
Lenticular		Up to $100
*Once every calendar year		
Frames *Once every other calendar year	$150 frame allowance	Up to $70
Contact Lenses[1]		
Necessary	Covered in Full	Up to $210
Elective	Up to $130	Up to $105

[1] *In lieu of frames and/or lenses*

Plan Cost Per Month	Dental	Vision
Employee Only	$12	$2
Employee + Child(ren)	$15	$3
Employee + Spouse	$18	$4
Family	$27	$6

Please review the full plan documents for details including out-of-network coverage. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

Flexible Spending Account

PNC

PNC Bank

FSAs can save you money on eligible expenses because you don't have to pay taxes on the amount contributed to the account. However, using an FSA does require careful planning to reap the financial benefits.

Visit www.irs.gov and search for IRS Publications 502 (Medical and Dental) and 503 (Dependent Care) to learn more about eligible expenses.

Health FSA

Pay for eligible medical, dental, vision, and prescription expenses, such as:

- Deductibles
- Coinsurance
- Copays
- Other health-related expenses

Annual contribution limit	$3,300
Rollover	$660

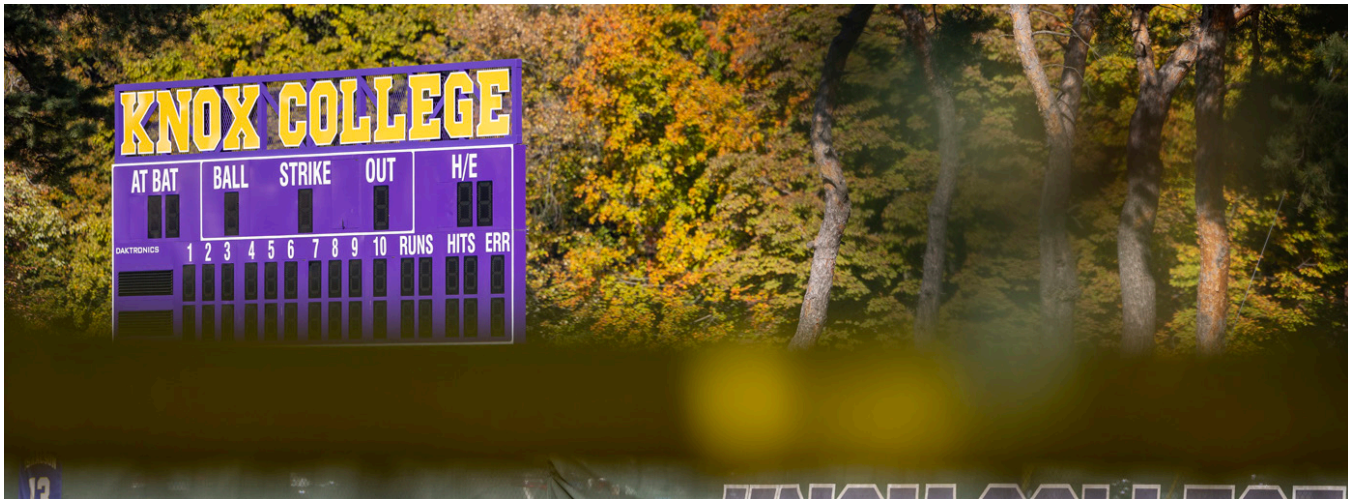
Your eligibility for an FSA may be misrepresented if you and/or your spouse currently utilize an HSA. Check with the plan administrator or Human Resources to learn more.

Dependent Care FSA

Set aside tax-free money to care for children under age 13 or an elderly, dependent parent who is unable to care for themselves. Cover care expenses while you work, such as:

- Preschool
- Summer day camp
- Before and after school programs
- Elder care

Annual contribution limit	Married (Filing separately)	$2,500
	Single/Married (Filing jointly) $	$5,000



Health Savings Account

PNC Bank

Available to employees enrolled in the HDHP medical plan.

If you are enrolled in an HSA-qualified plan, you may be eligible to open a tax-free health savings account. The money in your HSA is carried over from year to year so you can budget for current and future expenses. Plus, you own the account so it's yours to keep even if you change jobs or retire.

HSA

Pay for eligible medical, dental, vision, and prescription expenses, such as:

- Deductibles
- Coinsurance
- Other health-related expenses

Annual Contribution Limit	Individual	$4,300
	Family	$8,550
	Catch-up contribution (Age 55 or older)	$1,000
Annual Employer Contributions*	Individual	$300
	Family	$600
Rollover		Full Amount

* This amount applies to the IRS annual contribution limit.

Your eligibility for an HSA may be misrepresented if you and/or your spouse currently utilize an FSA. Check with the plan administrator or Human Resources to learn more.

Attention! Please contact Knox College HR, if currently enrolled in both HSA and Medicare Part A, for IRS compliance adherence.

Visit www.irs.gov and search for IRS Publications 502 (Medical and Dental) and 503 (Dependent Care) to learn more about eligible expenses.

HSA Case Study

Justin is a healthy 28-year-old single man who contributes $1,000 each year to his HSA. His plan's annual deductible is $1,650 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. This example only includes HSA contribution amounts and does not reflect any investment earnings.

Year 1		→	**Year 2**	
HSA Balance	$1,000		**HSA Balance**	$1,850
Total Expenses:			**Total Expenses:**	
Prescription drugs: $150			• Office visit: $100 • Prescription drugs: $200 • Preventive care services: $0 (covered by insurance)	
	- $150			- $300
HSA Rollover to Year 2	$850		**HSA Rollover to Year 3**	$1,550
Since Justin did not spend all his HSA dollars in year 1, the remaining funds roll over.			Once again Justin did not spend all his HSA dollars, so they roll over to the next year.	

Life and AD&D Insurance

Knox College provides this valuable benefit at no cost to you.

All Full-Time Employees

Life and AD&D Insurance

Safeguard the most important people in your life.

Consider what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like helping to cover everyday expenses, pay off debt, and protect savings. Accidental death and dismemberment (AD&D) insurance provides additional benefits if you die or suffer a covered loss in an accident, such as losing a limb or your eyesight.

At a glance:

- A cash benefit of 2.5 times Annual Earnings rounded to the next higher $1,000 (up to $100,000) to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident
- A cash benefit of $2,000 to you in the event of your spouse's death
- A cash benefit of $2,000 to you in the event of your child(ren)'s death if your child is at least 1 day but under 26 years old
- AD&D Plus: If you suffer an AD&D-covered loss in an accident, you may also receive benefits for the following in addition to your core AD&D benefits: coma, plegia, education, childcare, spouse training. Additional conditions are outlined in your policy.
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services.
- *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home.

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates. See the enclosed voluntary life insurance information for details.

Additional details

Continuation of coverage for ceasing active work: You may be able to continue your coverage if you leave your job for reasons including and not limited to Family and Medical Leave, lay-off, leave of absence or leave of absence due to disability.

Waiver of premium: This provision relieves you from paying premiums during a period of disability that has lasted for a specified length of time.

Accelerated death benefit: Enables you to receive a portion of your policy death benefit while you are living. To qualify, a medical professional must diagnose you with a terminal illness with a life expectancy of fewer than 12 months.

Conversion: You may be able to convert your group term life coverage to an individual life insurance policy if your coverage decreases or you lose coverage due to leaving your job or for other reasons outlined in the plan contract.

Benefit reduction: Your employee Life/AD&D coverage amount will reduce by 35% when you reach age 70 and an additional 15% of the original amount when you reach age 75. Benefits end when you retire.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Long Term Disability

Knox College
provides this valuable benefit at no cost to you.

All Full-Time Employees

Long-term Disability Insurance

Keep getting a check when you're hurt or sick.

You always have bills to pay, even when you can't get to work due to injury, illness, or surgery. Long-term disability insurance helps you make ends meet during this difficult time.

AT A GLANCE:

- A cash benefit of 60% of your monthly salary (up to $10,000) starting 180 days after you are out of work and continuing up to age 65 or Social Security Normal retirement Age (SSNRA)
- Includes *EmployeeConnect*SM EAP services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance.
- Program Services include:
  - Unlimited, 24/7 access to information and referrals
  - In-person help for short-term issues; up to five sessions with a counselor per person, per issue, per year.
  - One free consultation with a network attorney (with subsequent meetings at a reduced fee)
  - One free consultation with a financial counselor
  - Online tools, tutorials, videos and much more

ADDITIONAL DETAILS

Pre-existing Condition: If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Coverage Period for Your Occupation: 24 months. After this initial period, you may be eligible to continue receiving benefits if your disability prohibits you from performing any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits may be extended through the end of your maximum coverage period (benefit duration).

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Voluntary Life and AD&D Insurance

Lincoln Financial Group®

Voluntary Life and AD&D Insurance

The Lincoln Term Life and AD&D Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Knox College
Benefits At-A-Glance

All Full-Time Employees

Employee Life and AD&D	
Coverage Options	Increments of $10,000
Maximum coverage amount	This amount may not exceed the lesser of 5 times Annual Earnings (rounded up to the nearest $10,000. This amount may not exceed $300,000
Minimum coverage amount	$10,000
Guaranteed Life coverage amount	$200,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen
Your coverage amount will reduce by 35% when you reach age 70 and an additional 15% of the original amount when you reach age 75.	
Spouse Life The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Employee Benefit.	
Coverage Options	Increments of $5,000
Maximum coverage amount	This amount may not exceed the lesser of 2.5 times Annual Earnings (rounded up to the nearest $5,000) or $150,000
Minimum coverage amount	$5,000
Guaranteed Life coverage amount	$30,000
Coverage amounts are reduced by 35% when an employee reaches age 70; and additional 15% of the original amount and an employee reaches age 75.	
Dependent Child(ren) Life	
At least 1 day but under 26 years, or 26 years if a full-time student	Increments of $2,000 to a maximum of $10,000

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Voluntary Life and AD&D *continued...*

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to $200,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by two levels without providing evidence of insurability up to the Guaranteed Life coverage amount. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to $300,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to $30,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by two levels without providing evidence of insurability up to the Guaranteed Life coverage amount. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to $150,000 for your spouse. Evidence of Insurability may be required.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself**.**

Guaranteed Life Insurance Coverage Options: $10,000

Voluntary Life and AD&D *continued...*

Additional Plan Benefits Included with Life Coverage

Waiver of Premium	Included
Portability	Included
Accelerated Death Benefit	Included
Conversion	Included

Benefit Exclusions

Like any insurance, this term life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Inflicting or attempting to inflict injury to one's self
- Participating in a riot or as a result of war or act of war
- Serving as a member of the military, including the Reserves and National Guard
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed
- Flying in a non-commercial airplane or aircraft, such as a balloon or glider
- Driving while intoxicated

In addition, the AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: 1199119.

Voluntary Life and AD&D *continued...*

Monthly Voluntary Life Insurance Premium
Calculate Your Premium.

Group Life and AD&D Rates for You

Employee Age Range	Life & AD&D Premium Rate
0 – 19	$0.064
20 -24	$0.064
25 - 29	$0.073
30 - 34	$0.094
35 - 39	$0.104
40 - 44	$0.114
45 - 49	$0.165
50 - 54	$0.246
55 - 59	$0.449
60 - 64	$0..682
65 - 69	$1.301
70 - 74	$2.102
75 – 79	$2.102
80 – 84	$2.102
85 +	$2.102

Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 19	$0.036
20 - 24	$0.043
25 - 29	$0.047
30 - 34	$0.054
35 - 39	$0.068
40 - 44	$0.091
45 - 49	$0.135
50 - 54	$0.213
55 - 59	$0.346
60 - 64	$0.622
65 - 69	$1.043
70 - 74	$1.843
75 – 79	$3.172
80 – 84	$5.639
85 +	$23.199

Group Life Rates for your Dependent Child(ren)

Child(ren) Life Premium Rate, per $1,000
$0.071

One affordable monthly premium covers all of your eligible dependent children.

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

Calculate Your Cost

Use the appropriate rate provided in the tables above to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase $100,000 in employee term life and ad&d insurance coverage.

Calculation Example		Example	You	Spouse
Step 1	Using the table above, enter the rate that corresponds with your age	$0.104		
Step 2	Enter the desired coverage amount in dollars.	$100,000		
Step 3	Enter the desired coverage amount in increments of $1,000. *To calculate, divide the coverage amount by $1,000.*	100		
Step 4	Calculate the monthly cost. *Multiply Step 1 by Step 3.*	$10.40		

Note: Rates are subject to change and can vary over time.

Please see prior page for product information.
Life Insurance Premium Calculation

EmployeeConnect

Lincoln Financial Group®

Employee Assistance Program

The resources you need to meet life's challenges

EmployeeConnect℠ offers professional, confidential services to help you and your loved ones improve your quality of life.

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*℠, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings

Unlimited 24/7 assistance

You and your family can access the following services anytime — online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

Online resources

EmployeeConnect℠ offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNow℠ mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more

EmployeeConnect℠

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
Lincoln Life Assurance Company of Boston

LTD-EAPEE-FLI001_Z02

How to Enroll? Use the ADP Benefit Portal! Visit www.workforcenow.adp.com

EmployeeConnect *continued...*

We partner with your employer to offer this service at no additional cost to you!

*EmployeeConnect*SM counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

You'll receive customized information for each work-life service you use.

Take advantage of *EmployeeConnect*SM

For more information about the program, visit GuidanceResources.com, download the GuidanceNow℠ mobile app or call 888-628-4824.

GuidanceResources.com login credentials:

Username: LFGSupport Password: LFGSupport1

LincolnFinancial.com

LCN-2836182-112019
MAP 2/20 **Z02**
Order code: LTD-EAPEE-FLI001

Lincoln Financial Group®

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com
  username: LFGSupport password: LFGSupport1
- Download the GuidanceNow℠ mobile app
- Call 888-628-4824

Lincoln Financial Group® | ComPsych® GuidanceResources® Worldwide

LifeKeys Services

Lincoln Financial Group®

Life Insurance

Because life doesn't always go as planned.

No matter how well you plan, unexpected challenges will arise. When they do, help and support are nearby—thanks to *LifeKeys*® services from Lincoln Financial Group.

LifeKeys® services include:

Save money on shopping and entertainment

You have access to GuidanceResources® Online that includes 24/7 access to the Working Advantage discount network. You can save up to 60% on a variety of products and services, such as electronics, health and fitness, Broadway shows and much more. Also available in the GuidanceNow mobile app.

Help with important life matters

You'll find supportive tools and advice on a wide range of topics — including legal, financial, family and career on GuidanceResources® Online. It's one way to stay "in the know" on matters that impact your personal and professional life.

Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.

Online will preparation

Creating a will allows you to make vital decisions ahead of time — such as naming a guardian for your children or designating who will receive your property and assets after you pass away. Without a will, state officials will distribute your estate. EstateGuidance® offers you a quick and easy way to create and execute a will so you can rest easy knowing you've planned ahead for your family.

Guidance and support for your beneficiaries

LifeKeys' comprehensive program offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters and help coping with the occasional challenges of day-to-day life.

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York
Lincoln Life Assurance Company of Boston

LifeKeys Services *continued...*

When you're enrolled in life or AD&D insurance, you have access to a wide range of services to help you and your loved ones through life's most important matters.

For your beneficiaries: help, guidance and support at a difficult time

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. *LifeKeys*® services can be a welcome resource for your beneficiaries.

These services are available for up to one year after a loss. Your beneficiaries will have access to six in-person sessions for grief counseling, legal, or financial information and unlimited phone counseling.

Grief counseling—advice, information and referrals on:

- Grief and loss
- Stress, anxiety and depression
- Memorial planning information
- Concerns about children and teens

Legal support—quick access to legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents your beneficiaries need

Financial services—online resources or advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

Help with everyday life—comprehensive information on:

- Planning a memorial service
- Finding child care or elder care
- Financing your home
- Moving and relocation
- Making major purchases

It's easy to access LifeKeys® services. Just visit GuidanceResources.com, download the GuidanceNow mobile app, or call 1-855-891-3684. (First-time user: Enter Web ID LifeKeys)

LincolnFinancial.com

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Affiliates are separately responsible for their own financial and contractual obligations.

LCN-2547049-051719
MAP 1/20 **Z02**
Order code: LFE-LKEYE-FLI001

Lincoln Financial Group®

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Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, Lincoln Life & Annuity Company of New York, Syracuse, NY, and Lincoln Life Assurance Company of Boston, Dover, NH. The Lincoln National Life Insurance Company does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.

FuneralPrep

Lincoln Financial Group®

Lincoln FuneralPrep: Help when you need it most

With many details to manage and decisions to make, the funeral planning process can be overwhelming. To help you every step of the way, we've partnered with Funeral Decisions Co. to provide comprehensive planning services: Lincoln FuneralPrep.

What is Lincoln FuneralPrep?

An online portal that provides a breadth of resources, Lincoln FuneralPrep can help with at-need planning or pre-planning—24 hours a day.

At-need planning

When grieving the loss of a loved one, you're dealing with far more than a life insurance claim. Each year many workers will be affected by a loss and many will face the overwhelming task of making funeral arrangements. FuneralPrep helps you reduce the stress and uncertainty of making rapid decisions during an emotional time.

Pre-planning

Planning ahead is one of the best things you can do for your family. Even a simple plan can make a big difference. In addition to providing pre-planning resources, FuneralPrep can direct you to funeral planning professionals who can provide expert guidance and advice.

LFE-FNPRP-FLI001_Z02

FuneralPrep *continued...*

How to access FuneralPrep

You can access FuneralPrep in two ways.

1 Visit the self-service online portal: Lincolnfuneralprep.com

The online portal at **lincolnfuneralprep.com/gplife**, includes a wealth of online funeral planning resources and services, including the ability to:

Search for funeral homes
Access an interactive list of funeral homes and cemeteries around the country. You can easily find suitable providers by filtering by location, service, and budget.

Access market information
Get a sense of your options by reviewing price ranges and service options in your selected geographic location.

View guides and checklists
Organize your priorities, consider your options, and make informed decisions based on your preferences with our handy online guides and checklists.

2 Connect with a funeral planning consultant

Work with a funeral planning expert who is prepared to guide you through the pre-planning process and:

Help compare options
Get help comparing pre-planning options, even if you don't have a specific funeral home in mind.

Provide personalized service
Work with our experts to ensure your plans reflect your wishes and meet your objectives.

Offer objective guidance
Get guidance on planning options and various funding strategies.

During difficult times, we're here for you and your loved ones. To learn more about Lincoln FuneralPrep, visit **lincolnfuneralprep.com/gplife**.

Lincoln Financial Group®

WellnessPATH

Lincoln Financial Group®

Lincoln *WellnessPATH*®

Your path to financial wellness

Wellness isn't just about physical health; emotional and financial components also play a role. Whether you want to save more or need to pay off debt, getting your finances in order can have an impact on your overall well-being. That's where Lincoln can help.

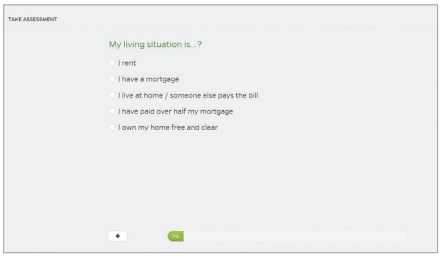
Introducing Lincoln *WellnessPATH*

Lincoln *WellnessPATH* provides tools and personalized steps to manage your financial life. From creating a budget to building an emergency fund to paying down debt, our easy-to-use online tool helps you turn information into action so you can focus on both short- and long-term goals, such as providing protection for your loved ones.

How does it work?

It's easy to get started. The first time you use the tool, you'll take a short quiz to help you set goals so you can immediately take action.

Answer a few simple questions (such as, "Do you rent or have a mortgage?") and receive a financial wellness score that analyzes your saving, spending, debt and protection.

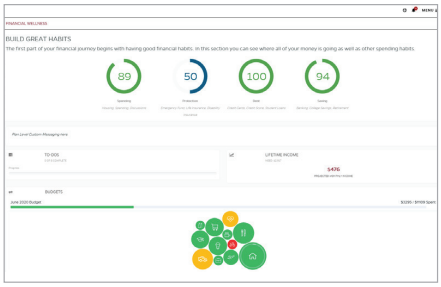


Information at a glance

On the dashboard, quickly see if you're on target to meet your goals. If you have areas that need improvement, Lincoln *WellnessPATH* provides actionable steps:

- Easy wins you can achieve right now
- To-do lists to help you in the short term
- Personalized goals for the long term

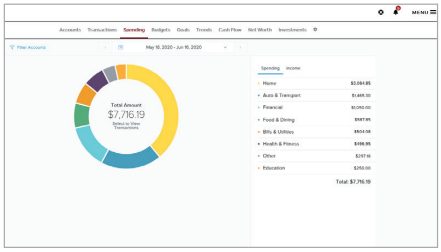
Once you reach a milestone, you're prompted to set new goals to keep improving financial wellness.



WellnessPATH *continued...*

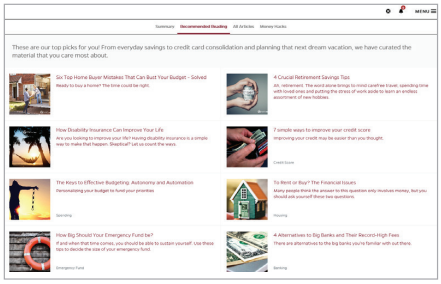
Link your accounts

My Money keeps track of all your finances in one convenient location. By securely linking your financial accounts, you can easily monitor your progress across cash flow, spending and saving.



Customized education

The library suggests quick tips and articles based on your quiz answers.



Getting started is easy.
Contact your Human Resources representative to start using Lincoln *WellnessPATH*® today!

LCN-3154262-070820
MAP 7/20 **Z01**
Order code: EED-ABTWP-FLI001

Employee Assistance Program

Precedence Inc.

Available to all employees, their spouses, and legal dependents.

Life. Just when you think you've got it figured out, along comes a challenge. This safe and confidential program is here for you and can help you and your family find solutions and peace of mind.

Confidential Support

- Alcohol or substance abuse
- Childcare
- Eldercare
- Financial problems
- Gambling addiction
- Grief and loss
- Job pressures
- Mental health
- Legal concerns
- Relationships

Receive up to 5 FREE counseling sessions each year!

If you need additional support, the EAP team will try to refer you to resources that are affordable or covered by your medical insurance.

Connect with a counselor: 800-383-7900

Thomas Family Practice

THOMAS FAMILY INSURANCE
YOUR MEDICARE EXPERT

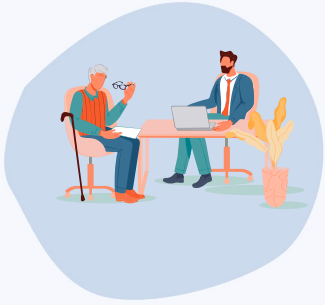
ARE YOU OR A LOVED ONE APPROACHING MEDICARE ELIGIBILITY, OR CURRENTLY ON MEDICARE?

Do not navigate the Medicare maze alone! Partner with Thomas Family Insurance to ensure you get the right healthcare coverage for your unique needs.

WHY CHOOSE THOMAS FAMILY INSURANCE ?

- WE HAVE BEEN HELPING PEOPLE WITH MEDICARE CHOICES SINCE 2009.
- IN DEPTH KNOWLEDGE
- PLAN COMPARISON
- SUPPORT DURING AND AFTER ENROLLMENT.

Why settle for ordinary Medicare Coverage when you can have extraordinary support from an experienced Medicare broker? Let us guide you through the process, ensuring you make the most of your Medicare benefits.



Please scan the QR code or go to the link. We will collect information about you. (Medicines, doctors, hospitals, etc). It also completes the required form so a licensed agent can reach out and go over your options.
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CALL NOW FOR A CONSULTATION!

THERE IS NO COST, NO PRESSURE TO MAKE A CHANGE. WE WILL COMPARE ALL YOUR OPTIONS. COMPARING YOUR GROUP PLAN TO MEDICARE OPTIONS COULD SAVE YOU THOUSANDS!

Do not miss out on the opportunity to optimize your Medicare coverage and secure peace of mind for your healthcare needs.

Contact us for a FREE, no obligation consultation.

Rick Thomas
Thomas Family Insurance
rick@thomfam.com

TAKE THE FIRST STEP TOWARD A HEALTHIER AND WORRY-FREE FUTURE. CALL US NOW!

217-771-1722 OFFICE
217-740-4166 CELL

Glossary of Terms

This glossary has many commonly used terms, but it isn't a full list. These are not contract terms. Those can be found in your insurance policy or certificate.

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

Appeal: A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing: When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you.

Co-insurance: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount. (Jane pays 20%, her plan pays 80%.)

Complications of Pregnancy: Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency cesarean section aren't complications of pregnancy.

Co-payment: A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible: The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services. (Jane pays 100%, her plan pays 0%.)

Durable Medical Equipment (DME): Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition: An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Room Care: Emergency services received in an emergency room.

Emergency Services: Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services: Health care services that your health insurance or plan doesn't pay for or cover.

Grievance: A complaint that you communicate to your health insurer or plan.

Habilitation Services: Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance: A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care: Health care services a person receives at home.

Hospice Services: Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care: Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance: The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment: A fixed amount (for example, $15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

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

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider: A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Out-of-Network Co-insurance: The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-Network Co-payment: A fixed amount (for example, $30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network copayments.

Out-of-Pocket Limit: The most you pay during policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit. (Jane pays 0%, her plan pays 100%.)

Physician Services: Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan: A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider: A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium: The amount that must be paid for your health insurance or plan. You and or your employer usually pay it yearly.

Prescription Drug Coverage: Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs: Drugs and medications that by law require a prescription.

Primary Care Physician: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery: Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services: Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care: Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable): The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

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

Annual Notices

States with Individual Mandate

Taxpayers in CA, DC, MA, NJ, RI, and VT (this list is neither complete nor exhaustive) are reminded that your state imposes an individual mandate penalty (tax) should you, your spouse, and children choose to not have (and keep) medical/rx coverage for each tax year. Please consult your tax advisor for how a non-election for health coverage may affect your tax situation.

Health Insurance Portability and Accountability Act (HIPAA)

For purposes of the health benefits offered under the Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered under the Plan will comply with the applicable health information privacy requirements of federal Regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's Notice of Health Information Privacy Practices or Privacy Notice. Plan participants in Knox College-sponsored health and welfare benefit plan are reminded that Knox College's Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

Newborns' and Mothers' Health Protection Act

Group health plans and health 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Notice Regarding Special Enrollment

If you are waiving enrollment in the Medical plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Medical plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special Enrollment Rights CHIPRA – Children's Health Insurance Plan

You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).
- You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, Knox College asks Employees not to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Qualified Medical Child Support Order

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

Annual Notices *continued...*

Notice of Required Coverage Following Mastectomies

In compliance with the Women's Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas. The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits

Women's Preventive Health Benefits

The following women's health services are considered preventive. These services generally will be covered at no cost share, when provided in network:

- Well-woman visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Human papilloma virus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breast-feeding support, supplies and counseling
- Generic formulary contraceptives are covered without member cost-share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, Federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives conflict, the Plan document will control.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website:http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+:
https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Website:
www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website:
https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

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
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website:
http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website:
http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone:
1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) *continued...*

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

ARE YOU, OR A FAMILY MEMBER, MEDICARE ELIGIBLE (OR ABOUT TO BECOME MEDICARE ELIGIBLE)? IF SO, PLEASE READ AND KEEP FOR YOUR RECORDS!

Notice of Creditable Coverage

We have determined that the prescription drug coverage provided under the Knox College Health & Welfare Plan is expected to pay out, on average, the same or more than what the standard Medicare prescription drug coverage will pay. This is known as "creditable coverage" as defined by the Medicare Modernization Act (MMA).

Why This is Important

When someone first becomes eligible to enroll in a government-sponsored Medicare "Part D" prescription drug plan, enrollment is considered timely if completed by the end of his or her "Initial Enrollment Period" which ends 3 months after the month in which he or she turned age 65.

Unfortunately, if you choose not to enroll in Medicare Part D during your Initial Enrollment Period, *when you finally do enroll* **you may be subject to a late enrollment penalty** added to your monthly Medicare Part D premium. Specifically, the extra cost, if any, increases *based on the number of full, uncovered months* during which you went without either Medicare Part D or else without "creditable" prescription drug coverage from another source (such as ours).

It is important for those eligible for both Medicare and our group health plan to look ahead and weigh the costs and benefits of the various options on a regular, if not annual, basis. Based on individual facts and circumstances some choose to elect Medicare only, some choose to elect coverage under the group health plan only, while some choose to enroll in both coverages. When both are elected, please note that benefits coordinate according to the Medicare Secondary Payer Rules. That is, one plan or the other would *reduce payment* in order to prevent you from being reimbursed the full amount from both sources. Your age, the reason for your Medicare eligibility and other factors determine which plan is primary (pays first, generally without reductions) versus secondary (pays second, generally with reductions).

Eligible individuals can enroll in a Medicare Part D prescription drug plan during Medicare's "Annual Coordinated Election Period" (a.k.a. "Open Enrollment Period") running from Oct. 15 through Dec. 7 of each year, as well during what is known as a "Medicare Special Enrollment Period" (which is triggered by certain qualifying events, such as the loss of employer/union-sponsored group health coverage). **Those who miss these opportunities are generally unable to enroll in a Medicare Part D plan until another enrollment period becomes available**. Finally, please be cautioned that even if you elect our coverage you could be subject to a payment of higher Part D premiums if you subsequently experience a break in coverage of 63 continuous days or longer before enrolling in the Medicare Part D plan. Carefully coordinating your transition between plans is therefore essential.

If you are unsure as to whether or when you will become eligible for Medicare, or if you have questions about how to get help to pay for it, please call the Social Security Administration at (800) 772-1213 or visit socialsecurity.gov. Specific questions about our prescription drug coverage should be directed to the customer service number on your ID card, if enrolled, or to Shannon Lewis at 1-309-341-7162 or HR@knox.edu.

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Your Benefits Helpline: 1-877-781-6777 Knoxbenefits@assuredpartners.com