



INFORMATION AND RESOURCES FOR HOWARD UNIVERSITY EMPLOYEES

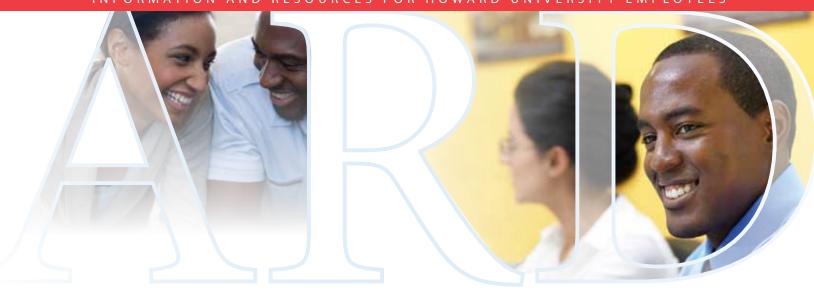


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PLEASE NOTE: The information in this publication is only a summary of the benefit plans and other employee programs offered to employees of Howard University. In the event of any discrepancies between the information in the guide and official plan documents the plan documents supersede.

Overview

HOWARD UNIVERSITY PROVIDES YOU WITH A
COMPREHENSIVE BENEFITS PACKAGE DESIGNED
TO MEET YOUR NEEDS AND THE NEEDS OF
YOUR FAMILY. HOWARD PROVIDES A RANGE OF
DIVERSE OPTIONS, INCLUDING MEDICAL, DENTAL
AND VISION COVERAGE, LIFE INSURANCE,
DISABILITY BENEFITS AND A RETIREMENT
SAVINGS PLAN.

WE ALSO OFFER ADDITIONAL BENEFITS,
INCLUDING COMMUTER BENEFITS, AN EMPLOYEE
ASSISTANCE PROGRAM, LONG-TERM CARE
BENEFITS, A GROUP LEGAL PROGRAM AND A
HOST OF OTHER PROGRAMS DISCOUNTED FOR
YOU JUST FOR BEING EMPLOYEES OF HOWARD
UNIVERSITY.

TAKE TIME TO REVIEW THIS BENEFITS GUIDE AND FIND OUT MORE ABOUT THE MANY OPTIONS AVAILABLE TO YOU!

The annual benefits Open Enrollment period: April 2, 2012 – April 30, 2012

What's New for the 2012-2013 Plan Year (Everyone Must Enroll)

CHANGES TO MEDICAL PLAN OPTIONS

You have two options for medical coverage: the CIGNA Open Access 90/70 plan and the CIGNA Open Access In-Network plan. Be sure to review the medical comparison chart in this guide to help you select the coverage option that is best for you and your family. Remember, you must enroll during the annual benefits Open Enrollment period (or during your first 30 days of employment) if you want benefits coverage for the upcoming plan year. Any previous benefits coverage does not roll over to the new plan year.

CHANGES TO MEDICAL PLAN COPAYS

If you were previously covered through a Howardsponsored medical plan, you will see an increase in your copays for certain services, such as doctor's office visits. As the cost of providing healthcare continues to increase nationwide, Howard must adjust its cost-sharing structure from time to time so that we can continue to provide you with comprehensive coverage. Howard is continuing to pay the majority of your costs for coverage.

FREE IN-NETWORK PREVENTIVE CARE!

Preventive care is 100% covered – you do not have to meet a deductible or make a copayment before you receive services when you use providers in the HUH or CIGNA network. Preventive care is an important and valuable benefit. It doesn't just save you money: It could save your life, too. Preventive care includes services such as routine check-ups, certain cancer screenings and immunizations. Preventive care can:

- · Prevent certain conditions before health issues occur
- · Detect possible health concerns early
- · Monitor health issues to help you manage them

GROUP LEGAL PLAN

You will continue to have access to attorney services through a new plan provider: Legal Resources. The Legal Resources network has more than 11,000 lawyers nationwide, and includes 53 law firms in the metropolitan DC-area.

STEP THERAPY PROGRAM

Through the step therapy program, anyone filling a prescription will be required to take certain steps, such as trying a generic equivalent before a brand-name drug to help manage costs. Anyone who is enrolled in a Howard-sponsored medical plan automatically receives prescription drug benefits, too. Prescription drugs are one of the fastest-growing and most expensive areas of healthcare. As Howard works to manage our healthcare dollars, we are introducing a new step therapy program as part of the prescription drug benefits we offer.

VOLUNTARY LIFE INSURANCE

Howard provides you with basic life and AD&D insurance benefits. If you need additional coverage, you can now purchase optional life insurance coverage. Participation in this plan is voluntary; you may purchase through New York Life this additional coverage for yourself, your spouse and/ or your children.

RETIREMENT MANAGER COMING SOON

A new online system – Retirement Manager – will be available soon to help you manage your Howard University retirement savings through the 403(b), Roth 403(b) and 457(b) plan options.

Eligibility and Enrollment



HOWARD UNIVERSITY

Eligibility and Enrollment

YOUR BENEFITS ARE AN IMPORTANT PART OF YOUR EMPLOYMENT AND COMPENSATION WITH HOWARD. THEY PROVIDE FINANCIAL PROTECTION FOR YOU AND ANY ELIGIBLE DEPENDENTS YOU COVER. HOWARD CONTINUES TO PROVIDE A COMPREHENSIVE BENEFITS PROGRAM THAT GIVES YOU THE COVERAGE YOU NEED, WHEN YOU NEED IT. TAKE SOME TIME TO REVIEW THE BENEFIT PROGRAMS THAT HOWARD OFFERS TO CHOOSE THE PLANS THAT ARE RIGHT FOR YOU.



AVAILABLE BENEFITS

Base (Core) Benefits

- · Medical coverage
- · Dental coverage
- Prescription drug coverage
- · Vision coverage
- Basic life insurance and Accidental death and dismemberment (AD&D) coverage
- · Disability coverage
- · Retirement benefits
- Flexible spending accounts (FSAs)
- Employee Assistance Program (EAP)
- · Tuition remission benefits

Voluntary Benefits

- SmarTrip commuter benefits
- · Long-term care benefits
- Group legal program
- Additional life insurance and AD&D coverage
- · Pet insurance coverage
- AFLAC program (including optional shortterm disability)
- Universal Whole Life Insurance coverage
- Howard University
 Federal Credit Union

ELIGIBILITY

You are eligible for benefits if you are an active, full-time faculty or staff member of Howard University. Full-time employees include those who are regularly scheduled to work 30 hours or more per week (prorated benefits are available for certain union members who work at least 20 hours per week).

If you elect coverage, your dependents are also eligible for medical, dental, vision and life insurance coverage. Eligible dependents include:

Your legal spouse, including your same-sex spouse.
 If you choose to cover a same-sex spouse, you will pay the same cost and receive the same coverage as you would for a spouse. Please note, however, that covering a same-sex spouse result in additional tax liability (imputed income). If your relationship ends, you will need to notify the Office of Human Resources, Benefits and Pension Administration at 202-806-1280 (University) or 202-865-6897 and 202-806-3631 (HUH).

- Your legal child(ren). Child includes your natural, adopted or foster child(ren), stepchild(ren), your same-sex spouse's child(ren) or any child for whom you have legal custody. Eligible children include:
 - Your children up to age 26
 - Your mentally or physically disabled children of any age if they rely on you for support and became disabled before age 19

WHEN COVERAGE BEGINS

If your employment begins on the first day of the month, your coverage for most benefits begins on that day. If your employment begins on the second day of the month or later, your benefits coverage begins on the first day of the following month.

If you are benefits-eligible, you must enroll online during your first 30 days of employment with Howard.

If you do not enroll during your first 30 days of employment, you will not have coverage for any benefits other than employer-provided basic life and AD&D insurance, short-term disability and the EAP. You will not have medical, dental or vision coverage, and you may not enroll for this coverage until the next benefits Open Enrollment period, which is typically held annually in April.

During the benefits Open Enrollment period each year, benefits-eligible employees have an opportunity to review and re-enroll in your benefit elections and make changes for the upcoming plan year.

You may enroll in the 403(b) plan at any time during the year.

WHEN COVERAGE ENDS

Your benefits coverage will end on the last day of the month in which:

- Your regular work schedule is reduced to fewer than 30 hours per week (20 hours for specific unions);
- Your employment with Howard ends due to resignation, termination or death; or
- You stop paying your share of the coverage.

Your dependent(s) coverage ends:

- · When your coverage ends, or
- The last day of the month the dependent is no longer eligible:
 - For Dependent Child(ren) (up to age 26): End of the month in which they turn 26.

DEPENDENT VERIFICATION OF ELIGIBILITY

When you first enroll or if you change coverage midyear due to a qualified IRS family status change, you may be required to provide documentation substantiating the eligibility of your dependent(s) within 30 days of the change or enrollment.

If documentation is not received within 30 days, a letter will be mailed to you requesting the documentation within a given deadline. Please note the following documentation requirements:

- Spouse Document(s): marriage certificate or joint tax return (current or previous year only).
- Same-sex spouse Document(s): Marriage certificate, a copy of you and your spouse's driver's license or state issued identification card showing common address and one of the following — joint bank account statement, joint utility bill or joint mortgage/lease/ rental agreement.
- Child Document(s): birth certificate or a court document awarding custody or requiring coverage.
- Dependent child over age 26 Document(s): birth certificate and a Social Security Disability Award or letter from a physician and the parent's tax return claiming the child (current or previous year only).

Reminder: You must provide the documents listed above to the Office of Human Resources, Benefits and Pension Administration located at 2244 10th Street, NW, Suite #422, Washington DC 20059. If documentation is not received in a timely manner, the election/change requested will not be processed and the affected dependents will not be covered under Howard's health plans.

Legible copies of required documents are acceptable.

ENROLLMENT

Read this guide to decide which benefits will best meet your needs and the needs of your family, then enroll online. Enrolling is easy and available 24 hours a day during the annual benefits Open Enrollment period (or during your first 30 days of employment if you are a new hire).

You Must Enroll for Benefits

Enrollment in benefits is mandatory if you want coverage through Howard.

If you are a current employee, you must enroll for benefits coverage during the annual benefits Open Enrollment period. **Your benefit elections will not roll over from year to year.** For 2012 – 2013 benefits, the Open Enrollment period is April 2, 2012 through April 30, 2012. If you do not enroll for coverage during this period, your current coverage will be cancelled as of July 1, 2012. The plan year runs from July 1, 2012 to June 30, 2013.

If you are a new hire, you must enroll for coverage during your first 30 days of employment if you want benefits coverage through Howard. If you do not enroll during your first 30 days of employment, you will not be able to enroll until the next annual benefits Open Enrollment period, which typically occurs in the spring.

Confirmation Statements

Be sure to review your confirmation statement carefully to ensure accuracy. After the annual enrollment period ends (or after your first 30 days of employment), you cannot enroll for coverage or make changes to your coverage until the next annual Open Enrollment period unless you experience a qualified family status change (See the section on Changing Your Coverage Mid-year).

Current Employees

During the annual Open Enrollment period, current employees may attend benefits meetings to ask questions and learn more information about available options, or contact the Office of Human Resources, Benefits and Pension Administration.

University: 202-806-1280

Hospital: 202-865-3631 or 202-865-6897

New Hires

New hires may enroll online anytime during your first 30 days of employment. Be sure to attend an orientation session or contact the Office of Human Resources, Benefits and Pension Administration.

• University: 202-806-1280

· Hospital: 202-865-3631 or 202-865-6897

If you have questions, we have answers

Benefits professionals are here to answer your questions. Contact the Office of Human Resources, Benefits and Pension Administration at 202-806-1280 (University) or 202-865-6897 and 202-865-3631 (HUH).

HOW TO ENROLL ONLINE – UNIVERSITY FACULTY AND STAFF

Enroll online through the PeopleSoft Employee Self Service system at http://peoplesoft.howard.edu.

- 1. On the Self Service page, click Benefits, then click Benefits Enrollment.
- Choose Select to view available options (if you are a new hire) or view your current elections and view new options (if you are enrolling during the annual Open Enrollment period). New hires may select coverage options here.
- Current employees may change your elections by clicking Edit beside a particular plan and follow the prompts to view and/or change your current coverage. You may also enroll, add or drop dependents.
- After selecting new coverage or editing your current coverage in each plan, your new elections, covered dependents and payroll deductions will be displayed.
- You will be prompted at the bottom of the page to Continue if coverage is correct or Edit if you have made an error.
- 6. Print a copy of the enrollment summary after you have edited and finalized your elections.
- Click Continue at the bottom of the Enrollment Summary page and then Submit after reading the Authorize Elections Statement. Print the confirmation page for your records.

Note: You have not enrolled until you click Submit.

HOW TO ENROLL ONLINE – UNIVERSITY HOSPITAL EMPLOYEES

Enroll online through the EmployeEase enrollment system at **www.employease.com**.

- Click on Customer Login. Enter your login information:
 - a. User name: Your employee ID number (found on your Lawson pay advice)
 - b. Company identifier: hu1
 - c. Password: Your employee ID + huh (as all one word). For example: 123456huh.
- 2. Review your current options.
- 3. Select or make changes to coverage for the current plan year.
- After selecting new coverage or editing your current coverage in each plan, your new elections, covered dependents and payroll deductions will be displayed.
- 5. When done, click Submit to Administrator.
- 6. Print a copy of the enrollment summary after you have edited and finalized your elections.

Note: You have not enrolled until you click Submit to Administrator.

Need Computer Access to Enroll?

During your enrollment period, you can access the enrollment system for your workgroup 24 hours a day, seven days a week, via the internet. If you do not have access to your own personal computer either at home or at work, computers will be available, Monday – Friday from 9 a.m. to 4 p.m. during the Open Enrollment period in the Office of Human Resources, Benefits and Pension Administration.

- University 2244 10th Street NW, Suite #422, Washington D.C.
- Hospital 2041 Georgia Avenue, NW, Room 2038, Washington D.C.



CHANGING YOUR COVERAGE MID-YEAR

The IRS provides strict regulations about changes to pre-tax elections during the plan year. If you experience a qualified IRS family status change mid-year, you are permitted to make a change provided the change request occurs within 30 days of the event.

If the change request is not completed within 30 days of the event, you will not be able to change your health elections until the following year's benefits Open Enrollment period, typically held in April of each year. Below is a list of some of the more commonly known qualified family status changes:

- Marriage, divorce, legal separation or annulment
- · Birth or adoption of a child
- Placement of a foster child or assumption of legal guardianship of a child
- Change in employment status for your spouse (including same-sex spouse) or dependent that affects benefit eligibility, including termination or commencement of employment, or change in worksite
- You or your spouse (including same-sex spouse) returns from unpaid leave of absence

- You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid
- The death of your spouse (including same-sex spouse) or dependent
- Court ordered coverage of your child by you or your spouse (including same-sex spouse), allowing you to add or drop the child's coverage
- Change in place of residence that affects eligibility for you, your spouse (including same-sex spouse) or dependent
- Change in your employment that affects benefits eligibility (working at least 20 hours per week)
- · Loss of eligibility for a dependent

The change you request must be consistent with the qualifying event. Some mid-year changes require documentation also be provided within 30 days of the event. Please contact the Office of Human Resources, Benefits and Pension Administration if you have questions:

• University: 202-806-1280

• Hospital: 202-865-3631 and 202-865-6897

Healthcare Benefits



HOWARD UNIVERSITY

Medical Benefits

FROM ROUTINE DOCTOR'S OFFICE VISITS TO HOSPITAL SERVICES, HOWARD'S HEALTHCARE PLANS PROVIDE YOU WITH COMPREHENSIVE COVERAGE SO THAT YOU CAN ALWAYS GET THE CARE YOU NEED. WHEN YOU ENROLL IN A HOWARD-SPONSORED MEDICAL PLAN, YOU AUTOMATICALLY RECEIVE BENEFITS FOR PRESCRIPTION DRUGS AND VISION CARE, TOO.

Howard has two medical plan options available through CIGNA:

- Open Access Plus 90/70 plan (formerly the PPO plan)
- Open Access Plus In-Network plan (formerly the HMO plan)

No matter which plan you choose, if you obtain services within the Howard University Hospital network from a Howard University Hospital physician, 100% of most expenses (excluding out-of-pocket expenses such as copayments) will be paid in full.

If you elect the Open Access Plus 90/70 plan, you can use a provider in the Howard University Hospital network, the CIGNA network or a provider outside of these networks. You are likely to pay more for out-of-network services. With the Open Access Plus In-network plan, if you do not use a Howard University Hospital provider, you must see a provider in the CIGNA network; there is no out-of-network coverage except for medical emergencies with the Open Access Plus In-network plan.



MEDICAL PLAN QUESTIONS: Go online to www.mycigna.com at anytime for information about your plan, or call CIGNA at 1-800-233-4076

COMPARING YOUR PLAN OPTIONS

Both the CIGNA Open Access Plus 90/70 plan and the CIGNA Open Access Plus In-Network plan provide you with comprehensive medical coverage. There are some coverage differences to note:

Deductible

Depending on the plan you select and the provider you use, you may be required to meet a deductible. The deductible is the cost you must pay out-of-pocket before plan benefits

TAKE ADVANTAGE OF FREE PREVENTIVE CARE

Certain routine healthcare services are important when it comes to detecting potential health problems and preventing conditions from becoming serious. Both Howard medical plans provide free preventive care when you visit providers in the HUH or CIGNA network. Take advantage of this valuable benefit!

Examples of covered preventive care include:

- · Annual adult physicals
- · Well-baby care
- · Age and gender-appropriate cancer screenings
- Immunizations

begin. With the CIGNA Open Access Plus 90/70 plan, you are not required to meet a deductible first if you see providers in the Howard University Hospital (HUH) provider network. However, if you see providers in the CIGNA network, you are required to pay a \$100 per person per year deductible (\$200 family maximum) and if you see providers out of either the HUH or CIGNA network, you are required to pay a \$250 per person per year deductible (\$500 family maximum) before the plan begins paying benefits. Deductibles do not cross apply. That means that anything you pay toward your in-network deductible does not apply to your out-of-network deductible if you seek care out of the HUH or CIGNA provider network, and vice versa. There is no deductible to meet with the CIGNA Open Access Plus In-Network plan; however, you must use providers in the HUH or CIGNA network – there is no coverage for out-of-network providers unless it is a true medical emergency. Note: Premiums and copayments do not apply toward meeting your deductible.

Coinsurance

Even with medical benefits coverage, the CIGNA Open Access Plus 90/70 plan requires you to pay part of the cost for services when you see certain providers. This amount is a percentage of the total cost, and is known as your coinsurance. With the CIGNA Open Access Plus 90/70 plan, you do not pay any coinsurance when you see providers in the HUH network. When you go to CIGNA providers, you pay 10% of the cost of your visit and the plan pays the remaining 90%. When you visit out-of-network providers, you pay 30% of the total cost and the plan pays the remaining 70%. Your coinsurance is a separate amount from your premiums, deductible and any copayments for services that may apply. With the CIGNA Open Access Plus In-Network plan, the plan pays 100% of your costs for services – there is no separate coinsurance – after you pay any required copayments.

Copayments

A copayment, or copay, is a flat amount that you pay at the time you receive certain services, such as a doctor's office visit with the CIGNA Open Access Plus In-Network plan. Unless otherwise waived, the copay must be paid each time you receive certain services.

Out-of-pocket maximum

If you use services frequently, you medical expenses can really add up. The plan determines an amount annually. known as the out-of-pocket maximum, which is the most you would pay for benefit services out-of-pocket each year. For the CIGNA Open Access Plus 90/70 plan, the annual out-of-pocket maximum for 2012 - 2013 is \$1,000 per person (\$2,000 family maximum) for CIGNA providers and \$2,000 per person (\$4,000 family maximum) for outof-network providers. With the CIGNA Open Access Plus In-Network plan, the annual out-of-pocket maximum for 2012 – 2013 is \$650 per person (\$1,500 family maximum) for CIGNA providers. There is no annual out-of-pocket maximum with either plan for HUH provider services. Once you reach the annual out-of-pocket maximum, all services are covered at 100%. Premiums do not count toward your annual out-of-pocket maximum. The out-of-pocket maximum is an annual maximum; the costs you spend during one medical plan year do not roll over and count toward the out-of-pocket max in the next plan year.

Premiums

Your premiums are the cost you pay for medical coverage through your payroll deductions. Your premiums do not count toward your deductible, coinsurance or annual out-of-pocket max. Premiums for the CIGNA Open Access Plus 90/70 plan are higher than the premiums you pay for

the CIGNA Open Access Plus In-Network plan. Also, the deductible and out-of-pocket costs are more with the CIGNA Open Access Plus 90/70 plan than the CIGNA Open Access Plus In-Network plan.

2012 DISCLOSURE STATEMENTS

Protecting Your Privacy

Howard recognizes the importance of your privacy. Your health information is kept private and confidential in accordance with the Health Insurance Portability and Accountability Act (HIPAA). In general, your information is provided only for treatment, payment, administrative purposes, and as required by law. Contact the Office of Human Resources, Benefits and Pension Administration or the U.S. Department of Health and Human Services if you believe your rights to privacy have been violated.

Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act includes protections that Howard's medical plans meet or exceed. Health plans generally, under federal law, may not restrict benefits for any hospital length of stay in connection with childbirth for the mother of the 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

CHOOSING THE PLAN THAT IS RIGHT FOR YOU

Both Howard medical plan options provide you with quality coverage for your healthcare needs. It is up to you to review your coverage options and determine what is best for your situation. Here are some questions you may consider:

- What matters most to me keeping more of my paycheck or paying less when I receive services?
- How often do I anticipate needing medical services during the upcoming year?
- Am I considering a planned surgery or service that may cause me to reach my out-of-pocket maximum?
- Should I cover a spouse or other dependents under my plan, or do my dependents have access to other coverage options that our family should consider?
- Do I need access to doctors who are not in the HUH or CIGNA networks?

attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 or 96 hours, as applicable. In any case, plans may not require plan authorization for providers to prescribe a length of stay up to 48 or 96 hours, as applicable.

Third Party Subrogation

If you have a medical expense that another party is responsible for paying, your health insurance provider has the right to pursue recovery of the medical costs incurred as a result of the medical expense. For example, if you are involved in a car accident that is not your fault, your health insurance provider may try to recover the medical costs of the accident. If payments are received from multiple sources, such as your health insurance

plan and auto insurance, those payments will be more than 100% of the cost of the medical claims incurred for reimbursement.

Women's Health and Cancer Rights Protection Act

The Women's Health and Cancer Rights Protection Act includes protections for individuals who elect breast reconstruction in connection with a mastectomy. The plans meet or exceed these protections, covering all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the breast to produce a symmetrical appearance, prostheses and treatment of physical complications of the mastectomy, including lymphedema.

HOWARD UNIVERSITY HEALTHCARE PLAN – FULLY-INSURED OR SELF- INSURED?

If you purchased health insurance on an individual basis, you would pay a monthly premium to the insurance company and the insurance company would assume all risks associated with your claims. Howard University could make the same arrangement with our healthcare insurance carrier, but we have chosen to be self-insured. As a self-insured plan, Howard University assumes the risk for every dollar of healthcare expenses that you and your family incur. We are not alone in this choice. In the United States, about one-third of workers receive health benefits from self-insured plans. Currently, 85% of employers with over 5,000 employees have self-insured plans. Howard University is among the count.

Howard University has elected to self-insure our plan because it provides savings versus a fully-insured plan. Under a self-insured plan, we do not have to worry about the built in margin from an insurance company so that they can make a profit. Our insurance company acts as a third-party administrator, assuming no financial risk and works for us to negotiate rates with in-network providers and process claims only.

Savings are also gained since self-insured plans are not subject to federal regulations while fully-insured plans are regulated by the state in which they operate. State mandates can be costly. Also, as a self-insured plan, we do not pay state mandated taxes on healthcare premiums. These taxes can be as much as 2-3% of each premium dollar. Let's look at how these savings can affect your premiums and coverage as they have for participants nationwide:

- The average annual premiums for single coverage and family coverage show that workers save an average of \$500 more for coverage,
- The average family coverage premiums have grown faster over the past decade for fully-insured plans than for self-insured plans. From 2009 to 2010, average fully-insured premiums increased by \$808 while average selfinsured premiums increased by \$248.
- Employees paid a larger share of their family coverage premiums when their plans were fully-insured, 36-38% versus 28-30% for self-insured plans

Another benefit of having a self-insured plan is that Howard University can customize the plan to meet the specific healthcare needs of you and your family, instead of purchasing a "one-size fits all" insurance policy. Self-insurance is a win-win situation: savings for Howard and savings for you.

CIGNA OPEN ACCESS PLUS IN-NETWORK PLAN

FORMERLY THE HMO PLAN

	нин	CIGNA
FEATURES		
Annual Deductible •Per individual •Family maximum	None None	None None
Annual Out-of-Pocket Maximum (excludes plan deductible) • Per individual	\$650	\$650
•Family maximum	\$1,500	\$1,500
BENEFITS AND SERVICES	YOU PAY:	YOU PAY:
Preventive care (unlimited maximum per calendar year)	\$0 copay	\$0 copay
Doctor's office visit •Primary care physician (PCP) •Specialist	\$20 copay \$25 copay	\$25 copay \$30 copay
Hospital visit Inpatient services Outpatient services	\$0 \$20 copay	\$250 copay \$25 copay
Laboratory and radiology services	\$20 copay	\$25 copay
Emergency and urgent care services (copay waived if admitted) • Doctor's office – PCP/Specialist • Emergency room • Outpatient professional services • Urgent care facility • Ambulance	\$20/\$25 copay \$75 copay \$0 \$35 copay \$0	\$25/\$30 copay \$75 copay \$0 \$35 copay \$0
Maternity care	\$20 copay; initial visit only	\$25 copay; initial visit only. \$250 copay for delivery admission
Home healthcare (16 hour maximum per day)	\$0	\$0
Tubal ligation/vasectomy •Inpatient services •Outpatient services •Doctor's office	\$0 \$20 copay \$20 copay	\$250 copay \$25 copay \$25 copay
Obesity/bariatric surgery (\$30,000 lifetime maximum) •Inpatient services •Outpatient services •Doctor's office	\$0 \$25 copay \$25 copay	\$250 copay \$30 copay \$30 copay
Mental health treatment •Inpatient services •Outpatient services •Doctor's office	\$0 \$25 copay \$25 copay	\$250 copay \$30 copay \$30 copay
Substance abuse treatment Inpatient services Outpatient services Doctor's office	\$0 \$25 copay \$25 copay	\$250 copay \$30 copay \$30 copay

Note: Services out of the HUH or CIGNA network are not covered unless true emergencies.

CIGNA OPEN ACCESS PLUS 90/70 PLAN

FORMERLY THE PPO PLAN

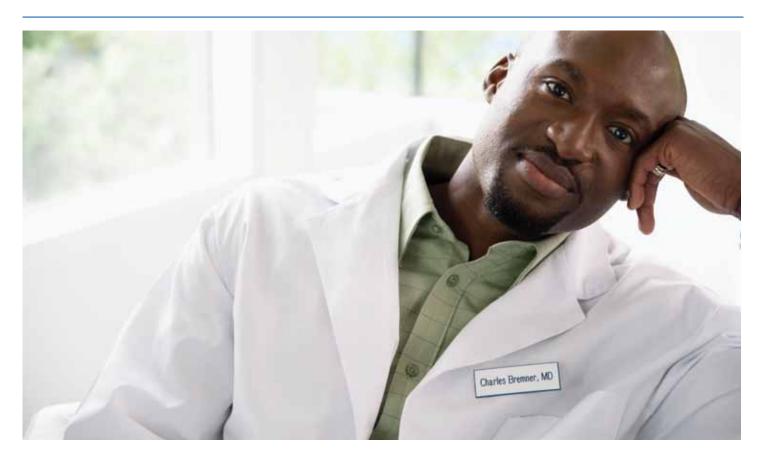
	FORWERLY THE PPO PLAN	
HUH	CIGNA	Out-of-Network
	5.5	
None	\$100	\$250
None	\$200	\$500
None	\$200	φουυ
None	\$1,000	\$2,000
None	\$2,000	\$4,000
	. ,	
YOU PAY:	YOU PAY:	YOU PAY:
\$0 copay	\$0 copay	30% after deductible
φο σοραγ	φο σορα <i>γ</i>	ou // and adaddiblo
\$20 copay	\$25 copay	30% after deductible
\$25 copay	\$30 copay	30% after deductible
. , ,	, ,	
**	#050	# 500
\$0	\$250 copay	\$500 copay
\$0	10% after deductible	30% after deductible
\$0	10% after deductible	30% after deductible
**	. 6 / 6 4.1.6. 46 4.6.1.6.	oc, o ano. academo.c
\$25/\$30 copay	\$25/\$35 copay	Covered at in-network rates
\$75 copay	\$75 copay	unless it is not a true emergency. For
\$0	\$0	non-emergencies: 30% after deductible
\$35 copay	\$35 copay	non emergenered ee/a and academic
\$0	\$0	
\$0	10% after deductible	30% after deductible
\$0	10% after deductible	30% after deductible
ΦΟ	10% after deductible	30% after deductible
		30% after deductible ^P
\$0	10% after deductible	
\$25 copay	\$30 copay	
\$25 copay	\$30 copay	
φ20 συμαγ	φου συμαγ	
\$0	10% after deductible	30% after deductible ^P
\$25 copay	\$30 copay	30% after deductible ^P
\$25 copay	\$30 copay	30% after deductible ^P
φ20 σοραγ	φου συραγ	55 /6 ditor doddotible
\$0	10% after deductible	30% after deductible ^P
\$25 copay	\$30 copay	30% after deductible ^P
\$25 copay	\$30 copay	30% after deductible ^P
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	400/ 6/	000/ (/ 1
\$0	10% after deductible	30% after deductible ^P
\$25 copay	\$30 copay	30% after deductible ^P
\$25 copay	\$30 copay	30% after deductible ^P
,		

PPrecertification required

Note: In-network deductibles cannot be applied to out-of-network services and vice versa; you must meet separate in- and out-of-network deductibles where applicable. Out-of-network services are billed based on "reasonable and customary" (R&C) rates rather than negotiated rates.

Prescription Drug Benefits

YOU AUTOMATICALLY GET PRESCRIPTION DRUG BENEFITS WHEN YOU ENROLL IN A HOWARD MEDICAL PLAN.



Prescriptions are divided into the following categories:

- · Generics
- Preferred brand-name drugs (drugs on the CIGNA preferred list, which is known as the "formulary")
- Non-preferred brand-name drugs (drugs not on the CIGNA formulary)

You can get up to a 34-day supply of your prescriptions at your retail pharmacy. If you regularly take the same medication (blood pressure pills, birth control, cholesterollowering drugs, etc.) for certain conditions, you can order up to a 90-day supply through the mail-order program for the same cost as a 60-day supply at a retail pharmacy.

To view the current list of covered drugs, log on to www.mycigna.com.

RETAIL	YOU PAY:
(UP TO A 34-DAY SUPPLY)	
Generic Drug	\$5 copay
Preferred Brand-Name Drug	\$25 copay
Non-preferred Brand-Name Drug	20% of cost (up to
	\$150 maximum)
MAIL-ORDER	YOU PAY:
MAIL-ORDER (UP TO A 90-DAY SUPPLY)	YOU PAY:
	YOU PAY: \$12 copay
(UP TO A 90-DAY SUPPLY)	



PRESCRIPTION BENEFITS QUESTIONS:

Go online to www.mycigna.com at anytime for plan information, or call CIGNA at 1-800-233-4076.

A NEW STEP THERAPY PROGRAM WILL BE IN PLACE

This program is designed to encourage cost-saving by promoting generic drug use and providing consumer education. The program primarily applies to participants who take ongoing medications for conditions such as high blood pressure. Prior authorization is required before missing any "steps" in the program.

HOW IT WORKS

If you take an ongoing medication for certain conditions, you will be required to fill your prescription according to a three-step process:

Step 1 – When you fill your prescription, you will automatically receive the generic equivalent of the medication if it is available.

Step 2 – If no generic equivalent is available or if you have tried the generic and it does not work for you, your prescription will automatically be filled with a brand-name medication from CIGNA's preferred drug list (formulary)

Step 3 – If prescribed by your doctor and approved by CIGNA in advance, your prescription will be filled using a non-preferred, brand-name medication.

WHO IT AFFECTS

There are currently 14 drug classes in the step therapy program. They include medications that treat:

- High blood pressure (ACEI / ARB)
- High cholesterol (statins)
- Stomach acid (PPI)
- Hyperactivity disorder (ADHD)
- · Bone loss
- Depression (SSRI / SNRI)
- Sleep (hypnotics)
- Allergy (nasal steroids)
- Non-narcotic pain relievers (NSAID)
- Overactive bladder (OAB)
- · Narcotic pain relievers
- Mental health (Atypical Psych)
- Asthma
- Skin treatments (TI)

These 14 drug classes account for about 28% of prescriptions filled. If you are currently taking a

medication that falls into one of these drug classes, your prescriptions will be filled in accordance with the step therapy program when the new plan year begins on July 1, 2012.

EXCEPTIONS

Your doctor can request prior authorization to allow your prescription to be filled using a non-preferred, brand-name at any time. You are not required to go through steps 1 and 2 of the step therapy program if you receive approval in advance to fill your prescription using a step 3 medication. Your doctor will need to complete a CIGNA Healthcare Prior Authorization form, which is available on www.cigna.com to request the prior authorization.

Also, if you already have an authorization in place for a specific brand-name drug, that authorization will continue into the new plan year. You are not required to get a new authorization or to participate in all the steps of the step therapy program.

NEXT STEPS

If your medication is included in the affected drug classes, you will be receiving information directly from CIGNA about the step therapy program. You should discuss your medications with your doctor to determine your options and needs. If your doctor determines you need a brand-name medicine that is not on the preferred drug list, you should contact CIGNA to request prior authorization. If you request a non-preferred brand-name drug at the pharmacy without prior approval, the pharmacist will not be able to fill it or you will be required to pay the full cost of coverage without benefits assistance.

You can log on at any time to www.mycigna.com to see the list of affected medications.

Dental Benefits

SMILE! THE CIGNA DENTAL PLAN PROVIDES DENTAL COVERAGE FOR A RANGE OF ORAL HEALTH SERVICES INCLUDING ORTHODONTIA AND DENTAL IMPLANTS.

	HUH	CIGNA	Out-of-Network
FEATURES			
Annual deductible •Per individual •Family maximum	\$50 \$100	\$50 \$100	\$50 \$100
Maximum annual benefit (preventive, basic, major services)	\$2,000	\$2,000	\$2,000
Lifetime maximum benefit (orthodontia)	\$2,000	\$2,000	\$2,000
BENEFITS AND SERVICES	YOU PAY:	YOU PAY:	YOU PAY:
Class I: Preventive and diagnostic care	\$0	\$0	20%, no deductible
Class II: Basic restorative care	\$0 after deductible	10% after deductible	20% after deductible
Class III: Major restorative care and dental implants	20% after deductible	50% after deductible	50% after deductible
Class IV: Orthodontia	20% after deductible	50% after deductible	50% after deductible
Class VI: Periodontics	10% after deductible	20% after deductible	30% after deductible
Class VII: Oral surgery	\$0 after deductible	20% after deductible	30% after deductible
Class VIII: Endodontics	10% after deductible	20% after deductible	30% after deductible



DENTAL PLAN QUESTIONS: Go online to www.mycigna.com at any time for information about your plan, or call CIGNA at 1-800-233-4076.

THINGS TO KNOW

HOW MUCH DOES A DENTAL VISIT COST?

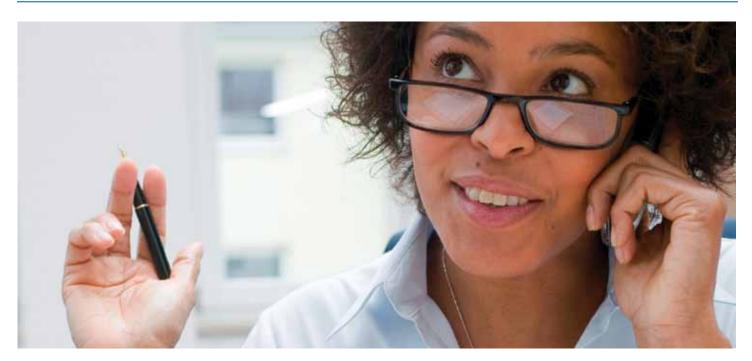
If you see a dentist outside of the Howard or CIGNA network, your cost is based on "reasonable and customary" (R&C) rates. To determine the R&C rates, CIGNA looks at what other dentists in the area charge for the same service, and other factors.

WHAT TYPE OF SERVICE DO YOU NEED?

- Class I: Preventive and diagnostic care oral exams, cleanings, x-rays, fluoride application, sealants, space maintainers, emergency care to treat pain
- Class II: Basic restorative care fillings, anesthetics, relines, rebases, adjustments
- · Class III: Major restorative care bridges, crowns, inlays, onlays, dentures, implants
- · Class VI: Periodontics gum treatments
- Class VII: Oral surgery simple extractions
- · Class VIII: Endodontics root canal

Vision Benefits

LOOKING GOOD! WHEN YOU ENROLL FOR MEDICAL COVERAGE THROUGH A HOWARD-SPONSORED PLAN, YOU AUTOMATICALLY RECEIVE VISION BENEFITS THROUGH CIGNA.



The vision plan helps pay for routine periodic eye exams, eyeglasses and contacts, and related supplies. When you see CIGNA providers, you receive discounted services and the plan pays a percentage of your cost. For out-of-network providers, you must file a claim for any applicable reimbursements.



VISION BENEFIT QUESTIONS: Go online to www.mycigna.com at anytime for information about your plan, or call CIGNA at 1-800-233-4076.

IN-NETWORK

OUT-OF-NETWORK REIMBURSEMENTS

FEATURES	YOU PAY:	YOU RECEIVE:
Eye exam and dilation (once every 12 months)	\$0 after \$10 copay	Up to \$40
Frames (once every 24 months)	\$0 after \$25 copay (select group)	Up to \$65
Eyeglass lenses		
(once every 12 months) Single vision	\$0 after \$25 copay	Up to \$40
Bifocal Trifocal	\$0 after \$25 copay \$0 after \$25 copay	Up to \$60 Up to \$80
Contact lenses (in lieu of eyeglasses)	\$0 after \$25 copay (select lenses)	\$105 to \$210

Flexible Spending Accounts

FLEXIBLE SPENDING ACCOUNTS (FSAs) ALLOW YOU TO SET ASIDE MONEY – TAX-FREE – THEN USE THAT TAX-FREE MONEY WHEN YOU HAVE CERTAIN EVERYDAY EXPENSES, SUCH AS CHILDCARE AND HEALTHCARE-RELATED COSTS. HOWARD OFFERS YOU TWO TYPES OF FSAs: HEALTHCARE FSA AND DEPENDENT CARE FSA.

FSA 1, 2, 3: HOW FSAs WORK

- First, you decide how much money you want to put into your Healthcare and/or Dependent Care FSA. Howard lets you set aside up to \$2,500 annually in your Healthcare FSA and up to \$5,000 annually in your Dependent Care FSA.
- 2. Next, make your contribution each pay period. Funds automatically are taken from your paycheck and placed into your FSA(s). This money is saved from your paycheck before you can spend it on anything else so you don't have to pay taxes on it. And you don't get taxed when you use those funds either!
- 3. Finally, pay your eligible expenses with the money you've saved. It's that simple.

USING YOUR HEALTHCARE FSA

You can use your Healthcare FSA for medical, dental, prescription drug and vision care expenses not covered in full by your plan. For example, you can use money you set aside in your FSA to pay your deductibles or copayments. If you get a bill from your doctor for lab fees or other services that your insurance didn't pay, you can also use your Healthcare FSA for those fees.

Additionally, you can use your Healthcare FSA for expenses such as:

- Prescriptions
- · Hearing aids
- Chiropractor costs
- · Braces
- Contact lenses
- Dentures
- Eyeglasses
- Fillings
- Laser eye surgery
- · Tooth extractions

You cannot use your Healthcare FSA to pay your premiums, which are automatically deducted from your paycheck each pay period. You also cannot use your

FSA for expenses such as gym memberships, cosmetic surgery, hair treatments or diet food. You may not use Healthcare FSA funds to pay for over-the-counter medicines such as cough syrup or aspirin unless those medicines are prescribed by a doctor.

THE FSA DEBIT CARD

CIGNA administers the FSA program. When you enroll in a Healthcare FSA through Howard, CIGNA will automatically send you a debit card by mail. Use your Healthcare FSA debit card to pay your eligible medical, dental and vision care expenses – just as you would a traditional bank debit card or credit card.

The Healthcare FSA allows you to access your FSA balance immediately – you do not have to pay eligible expenses first and wait for reimbursement. However, in accordance with IRS guidelines, you still must keep and submit receipts to validate that your expenses were eligible for reimbursement through your Healthcare FSA.

If you do not provide the required documentation, your Healthcare FSA debit card will be deactivated until you are able to substantiate it as an eligible expense under the IRS definitions. Register receipts, which do not outline the service or supply, generally are not considered valid documentation. Ask your provider to give you an itemized, detailed receipt for services.

Note: If you were previously enrolled in the Healthcare FSA and received a debit card, you will not receive a new card. New Healthcare FSA participants will receive debit cards as you enroll; please activate your card as soon as you receive it.

USING YOUR DEPENDENT CARE FSA

If you have dependents, you may have to pay a caregiver to look after them while you work or attend school. The Dependent Care FSA allows you to set aside tax free money and use it to pay daycare expenses. Eligible dependents can be children under age 13 or adults that are elderly or disabled and rely on you for support. Examples of eligible dependent care expenses include:

- · Child or adult daycare center fees
- · Before-school or after-school care
- In-home care costs
- · Summer day camp

You cannot use your Dependent Care FSA to pay for enrichment programs such as karate or ballet lessons. And you may not use this account for general babysitting that occurs after your regular work schedule.

THE TAX ADVANTAGE

Because your FSA contributions are deducted on a before-tax basis, you pay less in taxes. Most people see savings of at least 25%. For example, Joyce's annual salary is \$24,000. She pays \$3,000 per year for day care and expects out-of-pocket medical costs of \$2,500 for copays and other unreimbursed care. The chart below shows how Joyce can save significantly, keeping more in her pocket and paying less in taxes.

SALARY	\$24,000
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	NO FSAs	WITH FSAs
Healthcare FSA contribution	\$0	\$2,500
Dependent care FSA contribution	\$0	\$3,000
Amount set aside for eligible expenses	\$0	\$5,500
Taxable salary	\$24,000	\$18,500
State income tax savings (5% x \$5,500)	\$0	\$275
Federal income tax savings (15% x \$5,500)	\$0	\$825
Social Security tax savings (7.65% x \$5,500)	\$0	\$420
Total tax savings	\$0	\$1,520

Joyce saves \$1,520 in taxes a year — giving her that much more to spend or save as she wishes.

IMPORTANT FSA REMINDERS

Use-it-or-lose-it. If you set aside money in FSAs, it's important to remember not to put in more than you will use. Any money that you leave in your FSA and do not use for reimbursement by the end of the claim period is lost. It will not be refunded to you. The plan fiscal year is July 2012 – June 2013.

No account mixing. You may only use Healthcare FSA money for healthcare expenses and Dependent Care FSA funds for dependent care expenses. You cannot use Dependent Care FSA funds for healthcare expenses or vice versa.

Significant savings. Making pre-tax contributions into an FSA and using that money to pay for out-of-pocket healthcare costs and dependent care expenses can actually save you money. The amount you are able to save depends on your personal income tax rate and how much you contribute to your FSA(s).

Add it up. If you think you can't afford to set aside funds in a Healthcare and/or Dependent Care FSA, think again. Take some time to understand how it works, and you may realize how valuable a benefit access to FSAs is. Think of it like this: You are going to spend on certain expenses – such as contact lenses or daycare for your child – no matter what. When you take cash out of your wallet and pay those costs, you've already paid taxes through payroll on that cash. But, if you take the money out of your FSA instead of your wallet, you avoid paying taxes on it altogether. That means you ultimately end up with more in your paycheck – and in your wallet.

FSA QUESTIONS: CIGNA administers the FSA program. For account information and claims, call CIGNA at 1-800-233-4076 or go online to www.mycigna.com. A complete list of eligible expenses is available on the CIGNA website.



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HOWARD UNIVERSITY

Defined Compensation Plans

IT'S NEVER TOO EARLY – OR TOO LATE – TO START SAVING FOR RETIREMENT. START NOW TO HELP ENSURE YOU HAVE THE FUNDS YOU NEED WHEN YOU NEED THEM.

Howard provides you with access to the following options so that you can get started now saving for your retirement:

- Traditional 403(b) retirement savings plan
- Roth 403(b) retirement savings plan
- 457(b) deferred compensation plan

You are 100% vested and eligible to start contributing on your date of hire.

403(b) RETIREMENT SAVINGS PLAN

A 403(b) plan is a tax-deferred retirement plan that is similar to a 401(k), except it is available to employees of educational institutions and certain non-profit organizations rather than for-profit corporations. With the 403(b), your contributions and investment earnings grow tax-deferred until you withdraw them, at which time they are taxed as ordinary income.

Howard's traditional 403(b) retirement savings plan allows you to save by having money deducted from your paycheck – before taxes – each pay period. Howard contributes to your savings in two ways:

- Howard contributes a sum equal to 6% of your pay from your date of hire.
- Howard matches the first 2% of pay you save dollar for dollar.

At a time when many employers are reducing or eliminating their contributions to retirement savings plans, Howard continues to match your contributions 100%, up to the first 2% of pay you contribute to the savings plan. Both Howard's contributions and the contributions that you make to the plan are yours, and you are immediately vested 100%.

INVESTING YOUR 403(b) FUNDS

The contributions in your 403(b) retirement savings plan can be invested through a variety of available funds, including:

- Lifecycle investment options, which offer you the convenience of investing your contributions into a fund that is managed for you by providing "ready-mixed" investments. Lifecycle investments are allocated and invested based on your projected retirement timeline, starting out with a higher allocation to stocks when you are younger, and then reallocating gradually toward more conservative assets as you get closer to retirement age (65).
- Core investment options streamline your fund choices across major asset classes, enabling you to make easier investment decisions. Selecting funds in the core investment category allows you to select and combine investments to create a diversified retirement portfolio.
- **Expanded investment options** offer you more choices across all major asset classes. Selecting funds in the expanded investment category enables you to create a portfolio that is tailored to your individual retirement goals.
- Mutual fund investment options tend to grow more slowly and provide more opportunity to create a retirement
 portfolio that matches your goals, time frame and risk tolerance. You also can monitor your portfolio and adjust
 it as your needs change.

Howard monitors lifecycle, core and expanded investment options; you must monitor and manage any mutual fund investment options. All investments involve some risk. Before making any investment decisions, you should consider the advice of a personal financial advisor.

ROTH 403(b) RETIREMENT SAVINGS PLAN

The Roth 403(b) retirement savings plan allows you to save more for retirement by contributing after-tax dollars to an account that grows tax deferred. While you do not get the benefit of pre-tax contributions, the appeal of the Roth option is that, when you retire, your contributions can be withdrawn completely tax-free. Your earnings may be taxed if your account has been opened less than five years and you have not reached age 59 ½.

Employees have the option of directing 403(b) contributions to either the traditional 403(b) retirement savings plan or the Roth 403(b) retirement savings plan, or some combination of the two plans that does not exceed that year's contribution limits. For 2012, the maximum combined contribution limits to the traditional 403(b) and the Roth 403(b) cannot exceed \$17,000 (if you are under age 50) or \$22,500 (if you are age 50 and older).

Retirement Savings Plan Contacts

The following providers administer Howard's 403(b) and 457(b) plan options:

- TIAA-CREF http://www.tiaa-cref.org or 1-800-842-2776
- VALIC http://www.valic.com or 1-800-448-2542
- ING http://www.ingretirement.com or 1-800-584-6001

Lincoln Financial Group previously administered some retirement savings plans for Howard. If you previously participated in one of these plans, you may contact Lincoln Financial Group at http://www.lfg.com or by calling 1-800-454-6265. It is up to you to select your plan provider and investment allocations. If you do not designate a specific vendor when you enroll, contributions will be invested in the TIAA-CREF Lifecycle Fund, which has a target date of age 65.

457(b) DEFERRED COMPENSATION PLAN

If you earn \$110,000 or more annually, the 457(b) deferred compensation plan is another way you can save for retirement. With this option, you defer a portion of your salary – before taxes are deducted from it – and those contributions can grow tax-free until you reach retirement.

For 2012, the maximum amount you can defer is \$17,000 Contributions to the 457(b) plan can be made in addition to contributions to the 403(b) plan options for a total annual maximum tax deferral of \$34,000 (if you are under age 50) or \$39,500 (if you are age 50 and older).

With the 457(b) plan, you must take a distribution by the time you reach age 70 ½. Howard does not contribute or match 457(b) contributions. Loans and hardship withdrawals are not permitted with the 457(b) plan.

RETIREMENT MANAGER HELPS YOU MANAGE YOUR RETIREMENT DOLLARS

Howard University employees will be able to manage your retirement savings accounts – 403(b), Roth 403(b) and 457(b) plan options – online through Retirement Manager 24 hours a day, seven days a week. Retirement Manager is a secure website that enables you to review and manage all of your retirement savings accounts in one place no matter which sponsored vendor holds your investments.

You can use Retirement Manager to:

- Learn more about your investment carriers and options.
- Enroll or make contribution changes, including dividing your contribution between more than one vendor. For example, if you are contributing 6% of your pay on a bi-weekly basis to the 403(b) account, you can direct 2% to TIAA, 2% to VALIC and 2% to ING.
- Request loans and hardship withdrawals.
- Learn more about your investment carriers and options.
- Access financial education articles on a range of topics about financial planning.
- Use financial calculators to help you determine how much you may need to save for your future retirement.

Additional information regarding Retirement Manager will be distributed soon. Contact the Office of Human Resources, Benefits and Pension Administration if you have questions.

HOW TO ACCESS YOUR 403(b) FUNDS

WHILE EMPLOYED AT HOWARD

The funds in your 403(b) plan are for retirement. However, there may be times that you need to access your funds before retirement. You can access your funds in the following ways:

- Loans You may request a loan against your contributions and Howard's contributions, including matching funds; you may not borrow against any interest earned on your investments. You may repay your loan through direct debit from your checking or savings account. As long as you repay your loan during your specified loan period, you will not face any penalties for withdrawing the funds. However, if you default on your loan, the remaining loan balance will be treated as a plan disbursement and will be subject to IRS penalties and taxes. To request a loan, you must contact your 403(b) plan vendor directly.
- Hardship withdrawals You may request a withdrawal from your supplemental account contributions ONLY; you may not withdraw from any interest earned on your investments. Hardship withdrawals are allowed for certain hardship situations, including medical, educational, home financing and eligible funeral expenses. Once you take a hardship withdrawal, you may not participate in the 403(b) plan for six months. You do not repay hardship withdrawals, and the funds you withdraw are subject to IRS penalties and taxes. To request a hardship withdrawal, you must contact your 403(b) plan vendor directly.
- In-service withdrawals If you have reached age 59 ½, you may withdraw any and all funds, including your contributions and Howard's without facing IRS penalties. To request an in-service withdrawal, you must contact your 403(b) plan vendor directly.

 Military reservist distributions – If you are called to active duty for at least 180 days or more, you may withdraw all or part of your 403(b) funds. You must request this withdrawal between the date you are called to active duty (after December 31, 2008) and the date active duty ends. The funds you withdraw are subject to IRS penalties and taxes.

AT RETIREMENT FROM HOWARD

At retirement, you can access the funds in your 403(b) in the following ways:

- Lump sum
- Life annuity (monthly payments made until death)
- Life annuity with period certain (monthly payments made for a specific period and guaranteed to continue for that time; paid to your beneficiary in the event of death)
- **Joint and survivor annuity** (monthly payments that continue to your spouse in the event of your death)
- Joint and survivor annuity with period certain (monthly payments made for a specific period and guaranteed to continue for that time even in the event of the death of both you and your spouse; remaining payments made to your beneficiary)
- Minimum distribution option (benefit payments begin by April 1 of the calendar year after you reach 70½ or in which you retire, if later)

Depending on your plan vendor, different rules and available distribution options vary.

Defined Benefit Plan

A PENSION BENEFIT IS AN ADDITIONAL OPPORTUNITY FOR ELIGIBLE EMPLOYEES TO RECEIVE RETIREMENT INCOME.

Depending on your hire date and service, you may be eligible to participate in Howard's defined benefit plan, the Howard University Employees' Retirement Plan, which is also known as the pension plan. The pension plan is fully funded by Howard; you are not required or allowed to contribute to this plan.

To be eligible, you must have been hired on or before December 31, 2008. To receive benefits, you must be vested. You vest after five years of service (service prior to age 18 is excluded).

The pension plan was closed to new participants as of December 31, 2008 and was "frozen" as of June 30, 2010. That means that:

- Benefits amounts were locked as of June 30, 2010. Your benefit amount will not increase due to additional years of service, sick leave accumulations or additional earnings.
- Accumulations of unused sick leave as of June 30, 2010 will be considered for the sick leave conversion.
 For each 1,000 hours of unused sick leave, you will be credited with one year of service. Any unused sick leave after June 30, 2010 will not be considered for sick leave conversion.
- If you were hired prior to December 31, 2008 and had less than five years of service on June 30, 2010, you will continue to earn vesting credit under the frozen plan while you work for Howard. Once you have five years of vesting service you will be entitled to receive a future benefit based on your accrual under the plan as of June 30, 2010.

DETERMINING YOUR PENSION BENEFIT

The amount of your annual pension is determined by a two-part formula. The first part calculates the pension you earned as of June 30, 1988.* The second part is used to figure the pension you earned each plan year after June 30, 1988 through June 30, 2010.* The two amounts are added together to get your total pension. If you joined the plan after June 30, 1988,* your pension will be figured using the second part of the formula.

To determine your pension, the following factors are considered:

- Credited service The plan years in which you are an eligible employee and earn at least 1,000 hours of service.
- Base pay Your annualized rate of pay as of July 1, each year. This amount does not include bonuses, overtime or other extra pay.
- High-three average pay The average of the total pay you received (minus any bonuses, overtime or other extra pay) from the three consecutive calendar years during the 10 years before June 30, 1988* in which your pay was the highest.
- Social Security factor The retirement benefit you would receive from Social Security at age 65, estimated as of June 30, 1988.*

The two parts of the formula are shown below. Remember, your pension is the total of both parts.

PART 1: PENSION EARNED AS OF 6/30/88

2% of high-three average pay as of 6/30/88*

- X Credited service projected to normal retirement (up to 30 years)
- 50% of the Social Security factor
- X Credited service as of 6/30/88*/credited service projected to normal retirement (fraction not greater than 1)
- Pension you earned as of June 30, 1988

PART 2: PENSION EARNED AFTER 6/30/88*

For each year of credited service after 6/30/88*:1% of base pay

The amount calculated with this formula is the annual pension you would receive if payments started at normal retirement and were made during your lifetime only. If you

elect to start payments earlier, or to provide income for someone after you die, this amount will be adjusted

*For those employees who were members on June 30, 1989 of the American Federation of State, County and Municipal Employees (AFSCME) Local No-2094, 6/30/89 will be substituted for 6/30/88.

If you are eligible, you may begin receiving pension benefits when you reach retirement age. Normal retirement age is the June 30th on or after your 65th birthday. You may begin receiving early retirement benefits if your age and years of service equal 70 or more: For example, if you are 55 and have 15 years of service (55 + 15 = 70).

Payment of your pension normally starts at normal retirement. If you choose to have it start sooner, the amount of your monthly payments will be reduced since they'll be made over a longer period. The amount of the reduction depends on your age when payments start, as shown in the following chart.

IF PAYMENTS START AT THIS AGE	YOU'LL RECEIVE THIS PERCENT OF YOUR EARNED BENEFIT
55	50%
56	53%
57	57%
58	60%
59	63%
60	67%
61	73%
62	80%
63	87%
64	93%
65	100%
66+	Actuarial increased amount

The percentages shown above are approximate. The actual reduction will depend on the exact number of months before normal retirement you receive payments.

If you decide to delay your retirement past age 65, your pension benefit will increase when you begin receiving it. An actuarial factor will be applied to your normal retirement benefit to yield a benefit higher than the normal retirement benefit. All accruals due to service and salary end as of June 30, 2010.

RECEIVING YOUR PENSION BENEFIT

Before you become eligible for a pension, you'll receive an election form and details about the payment methods. You can make – and change – your election any time before payments start. Depending on the amount of your pension and whether or not you are married, your pension will be paid monthly in one of following standard ways unless you make a special election:

- Straight life pension If you are single when you retire, you'll receive monthly payments for the rest of your life. All payments will stop when you die.
- Joint and survivor pension If you are married when you retire, you'll receive monthly payments during your lifetime. When you die, benefits equal to half your payment amount will continue to your spouse. The amount of your payments will be reduced since your pension will be paid out over two lifetimes - yours and your spouse's.
- Lump sum distribution If the value of your pension is \$5,000 or less, you may request an immediate payment of your full amount

You can request to have your pension payments made in one of the following optional methods; however, if you are married, you must have your spouse's consent to choose any of these options (except for the survivor pension with your spouse as beneficiary).

- Certain and continuous pension -This method provides lifetime payments for you, with a number of guaranteed payments. You can choose to guarantee 60, 120, 180 or 240 monthly payments. If you die before receiving all of the guaranteed payments, the rest of them will be paid to your beneficiary(ies).
- Survivor pension This method provides lifetime payments for you. When you die, your beneficiary will receive 100%, 75%, 66%, or 50% of your benefit payment for the rest of his or her life.
- Level payment pension You can elect this pension only if you retire before age 65. Under this method, pension payments are coordinated with Social Security. You'll receive larger pension payments before Social Security starts, so your income will remain more level throughout your retirement. Once you begin receiving Social Security benefits, your pension amount will be reduced.



HOWARD HELPS YOU PLAN FOR RETIREMENT

Do you know how much money you need to be ready for retirement? It is estimated that you will need to replace 65% of your current gross monthly income in order to maintain your current standard of living in retirement. For example, if your current gross monthly income is \$3,000, you will need 65% or \$1,950 each month to maintain your current standard of living in retirement.

Why is it estimated that you will need less than your current monthly income when you retire? Here are some possible factors:

- Taxable income decreases. You will be in a lower tax bracket. Social Security taxes (FICA withholding) end.
- · Social Security benefits are partially or fully tax free.
- Transportation expenses may be less since you do not have to travel back and forth to work.
- Home mortgages are paid. You may even downsize and move to a smaller home or condominium.
- You do not need to save for or fund children's college education, weddings, etc.

To receive a statement of your projected retirement replacement ratio, contact the Office of Human Resources, Benefits and Pension Administration. You will receive a personalized statement with your retirement replacement ratio no matter where you are on the retirement scale: new employee just beginning or eligible to retire (early, normal or delayed). Also, included is a detailed projection of your pension

payment options (straight life, survivor and certain and continuous) under the Howard University Employees' Retirement Plan with a worksheet with all of the variables used for the calculation (date of hire, date of birth, credited service, and salary). You choose your prospective retirement date and leave the rest to us.

If you wish to request a personalized Retirement Replacement Ration Statement, have questions about your retirement programs and benefits, or need assistance in planning your retirement future, we have benefits representatives available to meet with you face-to-face and also advise you of other resources such as our Howard University Savings Plan Account Representatives. Call or visit us at:

University Employees

University Service Center 2244 10th St., NW, Suite 422 Washington, DC 20059 202-806-1280

Hospital Employees

Howard University Hospital 2041 Georgia Avenue, NW, Room 2038 Washington, DC 20060 202-865-6897 or 202-865-3631

You can also email us at: Benefits@howard.edu.

Life Insurance and Disability Benefits



HOWARD UNIVERSITY

Life and AD&D Insurance

IF SOMETHING HAPPENS TO YOU, WILL YOUR FAMILY NEED MONEY? LIFE AND ACCIDENT INSURANCE BENEFITS CAN PROVIDE YOU OR YOUR DEPENDENTS WITH SOME INCOME IN THE EVENT OF YOUR DEATH OR ACCIDENTAL INJURY.

BASIC LIFE AND AD&D INSURANCE COVERAGE

Life insurance will pay your "beneficiary" a benefit in the event of your death. Howard provides all eligible employees with free basic life insurance that is equal to your annual base pay (1x). The minimum coverage is \$50,000 and the maximum coverage is \$500,000.

Howard also provides you with free accidental death and dismemberment (AD&D) insurance that is equal to your annual base pay (1x), up to a \$500,000 maximum. Examples of accidental injuries covered by this insurance include accidental loss of a limb (arm, leg), fingers or sight, or permanent paralysis.

Howard pays the full cost of basic life and AD&D coverage, and you are automatically enrolled if you are eligible.

IS A BENEFICIARY NECESSARY?

WHAT IS A BENEFICIARY?

Your beneficiary is who will receive payment from your life insurance and/or AD&D coverage. If you don't name a beneficiary, your benefit will automatically go to your estate.

DO YOU NEED TO NAME A BENEFICIARY?

Even if you do not purchase optional coverage amounts, you need to name a beneficiary because Howard gives you free basic life insurance and AD&D coverage. Once you name a beneficiary, the designation won't change until you notify us – even if you marry (re-marry) or have a new child. It's your responsibility to change your beneficiary designation as your life or family status changes.

If you purchase optional life insurance for your child or spouse, you are the beneficiary for that plan.

When you retire, your basic life insurance coverage continues at no cost to you. Coverage will be subject to a reduction schedule.

- If your coverage at the time of retirement equals \$50,000, the value will reduce to 75% (\$37,500) of the pre-retirement amount on July 1 following age 65 or retirement, whichever is later. The following July 1, the value will reduce to 50% (\$25,000) of the pre-retirement amount. There will be no further reduction.
- If your coverage at the time of retirement exceeds \$50,000, the value will reduce to 75% of the pre-retirement amount on July 1 following age 65 or retirement, whichever is later. The following July 1, the value will reduce to 50% of the pre-retirement amount and the next July 1 to \$25,000. No further reduction will be applied.

SUPPLEMENTAL LIFE INSURANCE COVERAGE

Supplemental life insurance is available in the following increments:

- Employee coverage: You may purchase one to five times your annual base pay, up to a \$500,000 maximum. New hires electing optional coverage within 30 days of hire are required to provide proof of good health for amounts over three times your annual base pay. If you wish to add or increase your optional coverage during Open Enrollment, you must also provide proof of good health.
- Spouse coverage: Your spouse's coverage amount may not exceed 50% of your basic plus optional employee life insurance coverage (maximum coverage of \$50,000).
- **Child coverage:** The coverage amount is \$10,000, and covers all unmarried children up to age 26.

When you retire, you may continue your employee supplemental life insurance and spouse coverage at cost. The same reduction scheduled under the basic life insurance plan will apply for both optional employee coverage and spouse coverage. Child coverage will end once you retire.



Contact Sun Life: 1-800-247-6875 or go online to www.sunlife-usa.com.

Disability Coverage

WHAT WILL YOU DO IF YOU HAVE AN ILLNESS OR INJURY THAT KEEPS YOU FROM WORKING FOR DAYS, WEEKS OR MONTHS? HOW WILL YOU PAY YOUR BILLS?



Howard provides all eligible employees with free short-term disability (STD) and long-term disability (LTD) benefits. If you have an illness or injury that prevents you from working for an extended time, disability coverage will provide you some income.

Howard pays the full cost of both STD and LTD coverage; your pay is subject to federal and state taxes. You will be enrolled in STD coverage from your date of hire, and in LTD coverage the first of the month following one year of continuous service. Please note that coverage amounts may be reduced by benefits you receive from other sources, such as Workers' Compensation.

Both STD and LTD benefits are administered through Sun Life.

SHORT-TERM DISABILITY (STD)

Howard provides an STD benefit of up to 50% of your base pay for up to 22 weeks; not to exceed \$1,000 per week maximum. If you are eligible, payments begin after 30 continuous days of illness or injury.

LONG-TERM DISABILITY (LTD)

LTD coverage will pay you up to 60% of your base pay until you are no longer disabled, or until you reach the Social Security age. The maximum monthly payment is \$10,000. LTD benefits may begin after six months of continuous disability.

How to apply?

Contact the Office of Human Resources, Benefits and Pension Administration at 202-806-1280 (University) or 202-865-6897 and 202-865-3631 (HUH) to apply.

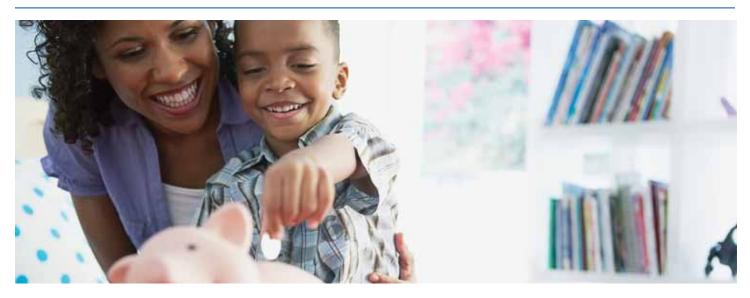
Additional Core Benefits



HOWARD UNIVERSITY

Tuition Remission Benefits

HOWARD UNIVERSITY'S MISSION IS TO PROVIDE EDUCATIONAL ADVANCEMENT FOR OUR STUDENTS – INCLUDING FOR YOU AND YOUR DEPENDENT CHILDREN.



Through the Tuition Remission Program, students and employees admitted to the University can attend classes and receive credit hours at Howard University at no cost. Eligible participants include:

- Regular, full-time members of the faculty and staff who have completed a year of continuous service with Howard University or Howard University Hospital, and half-time employees in a budgeted position.
- Retirees of Howard University who are receiving pension benefits under the Howard University Employees' Retirement Plan.
- Dependent children of any eligible employees who have completed at least two continuous years of service with Howard University or Howard University Hospital. (Dependent children of half-time employees are not eligible.)
- Dependent children of retirees even if they are not receiving pension benefits under the Howard University Employees' Retirement Plan.
- Dependent children of deceased employees and retirees. Parent must be vested at the time of death.

Eligible employees and retirees may enroll for either undergraduate or graduate level courses. Remission of

tuition benefits for employees may not exceed two courses (eight credit hours) per semester. Remission benefits for retirees may not exceed 22 credit hours per semester.

Dependent children are eligible to participate in any of the four- or five-year undergraduate programs offered through the School of Education; the School of Business; the School of Communications; the College of Arts and Science (excluding Voice and Instruments); the College of Engineering, Architecture, and Computer Science; or the College of Pharmacy, Nursing, and Allied Health.

Participants must remain in good academic standing in order to continue receiving tuition remission benefits.

Remission of tuition benefits are not available retroactively.

You must be actively enrolled in an eligible program, and complete and return the required application form by the submission dates. Submission dates will be communicated by the HU and HUH Communications Department for each semester in a timely manner.



TUITION REMISSION QUESTIONS:

Contact the Office of Human Resources, Benefits and Pension Administration at 202-806-1280 (University) or 202-865-6897 and 202-865-3631 (Hospital).

Employee Assistance Program

FROM MARRIAGE AND DIVORCE TO FINANCIAL STRESS AND DEPRESSION OR CHALLENGES RAISING CHILDREN AND CARING FOR ELDERLY PARENTS, EVERYONE MUST FACE DIFFICULT LIFE ISSUES SOMETIMES. YOU ARE NOT ALONE.



If you need help with life problems, the Employee Assistance Program (EAP) is available to help. With the EAP, you can talk to a professional counselor – on the phone or in person. EAP calls and counseling sessions are free and completely confidential; no one will report back to Howard about your call or visit.

Trained counselors are available 24 hours a day, seven days a week. The EAP can help with:

- Family issues, including marriage, divorce and parenting problems
- Stress and depression
- · Workplace concerns
- · Financial concerns
- · Alcohol and drug dependency issues
- Legal issues, such as traffic violations, family law and estate planning

In addition to counseling, the EAP can also provide references and resources for certain services such as child care and elder care.



EAP QUESTIONS: Contact ComPsych – Guidance Resources: 1-866-519-8354 or www.guidanceresources.com.

Voluntary Benefits



Long-Term Care

MORE THAN 40% OF ALL AMERICANS WILL NEED NURSING HOME CARE DURING THEIR LIFETIMES. EVEN MORE WILL NEED SOME SORT OF IN-HOME CARE. IF YOU OR A LOVED ONE NEEDED CARE, COULD YOU AFFORD IT?



According to industry analysts, just one year of nursing home care averages \$79,000 – and most people spend at least two years or more in nursing home care.

Long-term care insurance can help cover some of the costs for this care. Long-term care insurance will help pay the costs associated with "daily living" at a nursing home, other skilled nursing facility or through an in-home caregiver – including both professional caretakers and informal caregivers such as friends and family members. Activities of daily living include bathing, dressing, eating, toileting, transferring and continence.

Howard provides you with access to long-term care insurance through the Genworth. You and your eligible family members can enroll in this coverage.

Eligible family members include your:

- Spouse
- Parents
- · Parents-in-law
- Grandparents
- · Grandparents-in-law
- · Children age 18 and older and their spouses

You may be required to provide proof of good health for yourself and anyone you cover. Costs are based on your age at the time of enrollment, as well as the amount of coverage you choose.



LONG-TERM CARE QUESTIONS: Contact Genworth at 1-800-416-3624 or www.genworth.com/groupItc

AFLAC Programs

A CAR ACCIDENT, SERIOUS HEALTH ISSUE OR A DISABILITY COULD PUT YOU OUT OF WORK FOR A WHILE. IF THAT HAPPENS, WILL YOU HAVE THE CASH ON HAND YOU NEED TO MAKE ENDS MEET?

AFLAC provides you additional programs to protect your income if you are out of work due to a non-work related illness or injury. The following programs are available under:

Personal Accident Coverage

- Coverage for injuries such as minor cuts, bruises and major accidents
- Initial hospital confinement benefit of up to \$1,650 for the first night alone
- Specific-sum injury benefit of up to \$12,500, based on the severity of the injury
- · Pays an annual wellness benefit
- · 24 hour coverage for both on and off-the-job injuries

Hospital Indemnity Protection

- · Coverage for both illnesses and injuries
- · Coverage for hospital stays for pregnancy and child birth
- Initial hospital confinement benefit of \$600 for the first night for injuries, and \$500 for illnesses
- · Pays for inpatient and outpatient surgeries
- · Pays for major diagnostic exams
- · 24 hour coverage for both on and off-the-job injuries

Cancer Protection

- · Pays you a lump sum of cash for an initial cancer diagnosis
- Continues payments as long as your receive cancer treatment
- · Covers traditional, alternative and experimental treatments
- · Pays you for time spent confined to the hospital
- · Pays you an annual wellness benefit

Critical Care Coverage

- Pays \$5,000 up front for any covered critical event or disease
- Pays an initial ICU benefit of \$700 for the first seven nights for sicknesses, and \$800 for injuries
- · Pays a daily hospital confinement benefit of \$300
- Pays \$25,000 in the case of an organ transplant

Short-Term Disability

- Guaranteed issue plans
- Pays you while you are out of work for sickness or injuries
- You choose the monthly benefit amount that is right for you
- · Benefits paid for total and partial disability

COST

Costs for coverage varies; all the plans are rated differently. Hospital Indemnity Protection, Critical Care Coverage and Short-Term Disability coverage are based on age; Personal Accident Coverage and Cancer Protection are not age-banded.

The rates also vary depending upon whether you chose individual, one-parent family, employee and spouse, or two-parent family coverage options with any of the selected plans. As with major medical plans, dependent children are eligible for coverage and may remain under your plans until they reach age 26, regardless of student, employment, or marital status.



Contact ALFAC: 1-800-992-3522 or www.aflac.com

Group Legal Services Plan

DO YOU HAVE A WILL? ARE YOU WORRIED ABOUT IDENTITY THEFT? DO YOU HAVE CREDIT OR FINANCIAL ISSUES THAT COULD END UP IN COURT? IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, THEN YOU MAY NEED A LAWYER. YOU CAN HAVE ACCESS TO THOUSANDS OF LAWYERS WITH JUST THE CLICK OF A MOUSE OR A SIMPLE PHONE CALL.



Through a discounted legal services plan, you have access to a nationwide network of more than 11,000 lawyers, including firms in DC, Baltimore and northern Virginia. A new vendor is administering Howard's plan: Legal Resources. The plan cost of \$18 per month will be payroll deducted on a bi-weekly basis.

Bethesda-based Legal Resources provides more "covered-in-full" services than similar providers. That means that, when you and any of your qualified dependents use Legal Resources for 17 identified core covered-in-full services, you pay no additional attorney fees.

In addition, anything outside of those 17 core services is covered at a guaranteed 25% discount on Legal Resources attorney's normal rates, including pre-existing situations.

Legal Resources also conducts free, on-site seminars for employees of client companies on topics such as identity theft, wills and estates and other legal topics.



Contact Legal Resources:

1-800-728-5768 or 301-654-9490 and online at www.legalresources.net

Optional Life and AD&D Insurance Coverage

IN ADDITION TO HOWARD-PROVIDED BASIC LIFE AND AD&D COVERAGE AND SUPPLEMENTAL EMPLOYEE, SPOUSE AND CHILD LIFE INSURANCE COVERAGE THROUGH SUN LIFE, HOWARD ALSO PROVIDES YOU WITH ACCESS TO OPTIONAL LIFE THROUGH NEW YORK LIFE INSURANCE COMPANY AND AD&D INSURANCE THROUGH CIGNA.

OPTIONAL LIFE INSURANCE COVERAGE

With the New York Life whole life insurance policy, you can purchase coverage for yourself, your spouse and your eligible children and grandchildren. Coverage is available as follows:

- **Employee coverage:** Eligible for employees up to age 70; up to \$150,000 maximum.
- **Spouse coverage:** Eligible for spouses up to age 70; up to \$50,000 maximum.
- Child and/or grandchild coverage: Eligible for children and grandchildren up to age 25; up to a \$25,000 maximum.

You pay the full cost of any optional life insurance coverage through payroll deduction. If you leave employment at Howard for another job or retire, you may continue your optional life coverage at the same premium rates.



Contact New York Life: 1-800-695-4331 or www.newyorklife.com.

OPTIONAL AD&D INSURANCE COVERAGE

Optional AD&D insurance is available for you, your spouse and eligible dependent children in the following increments:

- Employee coverage: Available in \$10,000 increments, up to \$500,000. If your annual salary is \$50,000 or less, the maximum coverage you can elect is \$250,000. If your annual salary exceeds \$50,000, the maximum coverage you can elect is \$500,000.
- **Spouse:** Available in \$10,000 increments, up to \$250,000.
- Child coverage: Available from \$10,000, up to \$25,000.



Contact CIGNA: 1-800-233-4076 or www.mycigna.com.

What Does Optional AD&D Cover?

If, within 365 days of a covered accident, bodily injuries result in:	Benefit amount:
 Loss of life Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or 	100%
Loss of speech and hearing in both ears	100%
 Total paralysis of both lower or upper limbs Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or 	75%
 Loss of speech or loss of hearing in both ears Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or 	50%
 Loss of thumb and index finger of the same hand 	25%
Loss of all toes of the same foot	20%
• Coma	1%

Other Voluntary Benefits

PET INSURANCE

You can protect both your pet and your wallet with pet insurance. This benefit can provide you with financial protection if your pet has veterinary bills.

The pet insurance program provides benefits coverage for dogs and cats, as well as birds and other exotic pets such as snakes.



PET INSURANCE QUESTIONS: Contact Veterinary Pet Insurance at 1-877-738-7874 or www.petsvpi.com.

SMARTRIP COMMUTER BENEFITS PROGRAM

Through the SmarTrip Commuter Benefits program, you can set aside money – tax-free – for mass transit expenses. You may set aside up to \$125 a month tax-free; your account balance cannot exceed \$300. The funds will be automatically deducted from your paycheck in equal amounts each pay period and downloaded to your SmarTrip card. Any unused funds will roll over to the next month. The maximum stored value for your Transit funds is \$4,045.

To access your funds, you must purchase a SmarTrip card and register it online at www.smartrip.com. Funds will be loaded to your card.

You can start, stop or change the contributions to your commuter account at any time during the year; however, it may take up to two months to process your request.



SMARTRIP CONTACT:

1-888-762-7874 or www.smartrip.com

HOWARD UNIVERSITY FEDERAL CREDIT UNION

The Howard University Federal Credit Union is an independent nonprofit corporation owned and operated by the employees of the university. It is operated under a federal government charter granted in 1935, and is subject to strict regulations, as well as regular government examinations. Membership in the Federal Credit Union is open to faculty and staff employees and to members of your immediate families. The credit union is located in The Mordecai W. Johnson Administration Building. If you would like to open an account or just have general questions, please contact the Howard University Federal Credit Union at 202-806-6128.

AUTO AND HOME INSURANCE

As a Howard employee, you have access to discounted home owners insurance and auto insurance through MetLife. And your coverage is portable – so you can continue taking advantage of low rates even if you leave Howard.



AUTO AND HOME INSURANCE QUESTIONS: Call 1-800-GET-MET8 (1-800-438-6388) to sign up today.

HOWARD PLACE EMPLOYEE DISCOUNTS

Employees of Howard University have access to a suite of discounted programs and services, including hotels, rental cars, movie tickets, concerts, computers, fitness club membership and many others. Visit Howard Place online at www.beneplace.com/howard for more information on the discounts available to you.

NORTH CAROLINA MUTUAL – SELECT VIP WHOLE LIFE INSURANCE

Whole life insurance up to \$150,000 is available through North Carolina Mutual. You can borrow funds from this policy if the case arises, and you do not have to pay the principal back – only the interest. For more information, call 301-467-0939.



NORTH CAROLINA MUTUAL CONTACT:

1-800-635-4467 or www.ncmutuallife.com

Additional Information



HOWARD UNIVERSITY

Frequently Asked Questions

1. What is "Open Enrollment?"

The benefits "Open Enrollment" period is the time each year when all employees can enroll in benefits coverage or make changes to your current benefits coverage for the upcoming year.

- 2. What are the Open Enrollment dates this year? The Open Enrollment period for 2012 2013 benefits is April 2, 2012 April 30, 2012.
- 3. Who is eligible to participate?

Active, full-time members of Howard University faculty and staff are eligible to participate in the benefit programs described in this guide. (Members of certain unions who work at least 20 hours per week.)

4. Do all current, eligible employees of Howard University need to enroll or re-enroll for benefits during the Open Enrollment period?

Yes. If you want benefits coverage for the upcoming plan year, you must enroll during the benefits Open Enrollment period in April. If you do not enroll or re-enroll during the Open Enrollment period, your coverage may be cancelled as of July 1, 2012. The 2012 – 2013 plan year runs from July 1, 2012 to June 30, 2013. Note: New hires must enroll for coverage during your first 30 days of employment, or you will not have coverage and you will not be able to sign up for coverage until the next Open Enrollment period.

5. What benefits are available for 2012 - 2013?

The available benefits are: medical coverage (including prescription coverage and vision coverage) and dental coverage; life and accidental death and dismemberment insurance, (including basic and supplemental employee, spouse and dependent coverage) disability coverage (including short-term and long-term disability); retirement benefits (including both defined benefit and defined compensation plan options); flexible spending accounts (including healthcare and dependent care options), Employee Assistance Program, SmarTrip Commuter Benefits, Tuition Remission, long-term care coverage, optional life and AD&D insurance coverage, group legal program, pet insurance coverage, AFLAC programs, and universal whole life insurance.

The CIGNA Open Access 100/60 plan, formerly known and the POS plan, will not be an option.
Anyone covered by this plan during previous plan years should review other available options to

6. What is happening with the POS medical plan?

years should review other available options to determine the coverage that best meets your needs. Howard offers two available plan options for medical coverage: the CIGNA Open Access 90/70 plan and the CIGNA Open Access In-Network plan.

7. How do I find out if my doctor participates with CIGNA?

To determine if your doctor participates in the CIGNA Open Access Plus Network, you can go to www.cigna.com or call CIGNA at 1-800-233-4076. It is important that you mention the CIGNA Open Access Plus network, since this is the network for the doctors under the CIGNA plan.

- 8. Aside from the change in medical plan options for 2012 2013, are there any other benefit changes? You will see changes in some copay amounts in the medical plans. A new step therapy plan is also available for prescription drug benefits. Additionally, there is also a plan contribution limit change to the 457(b) deferred compensation plan for retirement benefits. Review the applicable sections of this guide for additional details.
- 9. How do I enroll (or re-enroll) for benefits coverage for 2012 2013?

You can enroll for benefits coverage 24 hours a day online during the annual benefits Open Enrollment period (or during your first 30 days of employment if you are a new hire.) Eligible employees of Howard University should go online to the PeopleSoft Employee Self-Service (ESS) system and employees of Howard University Hospital should go online to the EmployEase enrollment system. See the Eligibility and Enrollment section of this guide for additional details.

10. What should I do if I do not have access to a computer and need to enroll for coverage?

During the annual benefits Open Enrollment period, you can access computers by visiting the Office of Human Resources, Benefits and Pension Administration, Monday through Friday, from 9 a.m. to 4 p.m. Computers with internet access will be set up in a conference room for your use.

- University 2244 10th Street NW, Suite #422, Washington D.C.
- Hospital 2041 Georgia Avenue, NW, Room 2038, Washington D.C.

If you are enrolling for benefits coverage during other times of the year (because you are a new hire or have had a qualified family status change), contact the Office of Human Resources, Benefits and Pension Administration:

University: 202-806-1280
Hospital: 202-865-3631 and 202-865-6897

11. What happens if I miss the Open Enrollment period or if I fail to enroll during my first 30 days of employment as a new hire?

After the Open Enrollment period ends (or after your first 30 days of employment), you cannot change your benefits during the year unless you meet certain IRS requirements. These requirements are known as "family status changes" or "qualified events." Examples of IRS-allowed qualified events include:

- · Marriage, divorce, annulment or legal separation
- Birth or adoption of a child, or placement of a child with you for foster care
- Loss of dependent eligibility
- · Death of a covered dependent

- Employment change that affects your coverage (such as moving from part-time employment to fulltime employment)
- Changes to your (or your spouse's) Medicare entitlement

12. What is a flexible spending account?

Flexible spending accounts (FSAs) allow you to set aside money – tax-free – then use that tax- free money when you have certain everyday expenses, such as childcare and healthcare-related costs. Howard offers you two types of FSAs: a Healthcare FSA and a Dependent Care FSA.

13. What is the effective date of my new benefits choices?

The new benefit choices are effective July 1, 2012.

14. Who do I contact with additional questions?

Contact the Office of Human Resources, Benefits and Pension Administration:

University: 202-806-1280
Hospital: 202-865-3631 and 202-865-6897

Glossary

Beneficiary – The person (or entity) who you want to receive any life insurance (or retirement) benefits for which you would be eligible in the event of your death.

Coinsurance – Depending on your plan, you may be required to pay a percentage of the cost of coverage for your service. This is known as your "coinsurance" amount.

Copayment (Copay) – A flat fee that you pay for some services at the time you receive treatment, such as a one-time per visit charge at the doctor's office.

Deductible –Depending on your plan, you may be required to pay all healthcare plan costs until you meet a certain payment amount known as the "deductible." Once you have paid those costs, or "once you have met the deductible," then the plan will begin paying benefits in accordance to the plan provisions.

Dependent – In terms of your benefits coverage, a dependent is a person that you may cover under your plan(s). Examples of eligible dependents generally include your spouse (including same-sex spouse) and dependent children up to age 26.

Evidence of Insurability (EOI) – A statement of your medical history used to determine if you will be approved for coverage, also known as medical underwriting.

Flexible Spending Accounts (FSA) – Accounts regulated by IRS Section 125. Allows you to reduce your salary and pay on a pre-tax basis for unreimbursed healthcare expenses for you and your dependent(s) (i.e. deductibles, copays, dental and vision expenses) and/or dependent day care expenses (i.e. care for a child, elderly parent or disabled spouse).

Formulary – A plan-approved list of prescription drugs and their appropriate dosages felt to be the most useful and cost effective for patient care.

Generic Drug – A drug with the same active ingredients and equivalent composition as its brand-name counterpart. Generally, it is exactly the same as a brandname drug and is allowed to be produced after the brandname drug's patent has expired.

Inpatient – Person who receives medical, dental or other health-related services while lodged in a hospital or other healthcare institution for at least one night.

Life Insurance – Specified amount of money to be paid to the insured's designated beneficiaries upon death of the insured.

Long-Term Disability (LTD) – Provides partial income protection against income loss due to illness or injury. Benefits are payable after six months of disability.

Network – A list of physicians, hospitals and other providers who provide healthcare services to the members of a specific health plan.

Out-of-Pocket Maximum – Pre-determined amount of medical expenses you are responsible for before a plan pays 100% of remaining charges.

Outpatient – Person who receives medical, dental or other health-related services in a hospital or other healthcare institution but who is not lodged there.

Pre-Existing Condition – A condition for which you received medical treatment, consultation, care or services (including diagnostic measures) or took prescribed drugs or medicines during a given period of time. This applies to Long Term Disability (LTD) at Howard when your disability began in the first 12 months following your effective date of coverage.

Preventive Care – Healthcare which emphasizes prevention, early detection and early treatment, thereby reducing the costs of healthcare in the long run.

Reasonable & Customary (R&C) charges – Typically applies to claims paid out-of-network where pricing for a given service has not been negotiated. R&C looks at all providers offering the same service within each zip code and determines the average rate charged for a given service in that area. This average defines what is reasonable and customary when reviewing and processing claims payments. Under the Howard plans, the plan will pay claims up to R&C and apply coinsurance. You are responsible for charges which exceed the average cost, or R&C.

Short-Term Disability (STD) – Provides partial income protection during illness or injury. Benefits are payable up to six months.

Urgent Care Center – Facility that provides care and treatment for problems that are not life-threatening, but require attention over the short term.

Waiting Period – A period of continuous disability that must be satisfied before you are eligible to receive disability benefits.

HR Contacts

If you have questions or need additional information, your Office of Human Resources, Benefits and Pension Administration team is here to help. Contact one of the following:

HOWARD UNIVERSITY		
NAME	JOB TITLE	PHONE
David Greene	Director	202-806-2385
Crystal Duncan	Benefits Manager	202-806-1287
Cynthia Henderson	Benefits Manager	202-806-1285
Rosemarie Thompson	Benefits Analyst	202-806-1290
Alberta Stephens	Benefits Analyst	202-806-1295
HOWARD UNIVERSITY HOSPITAL		
NAME	JOB TITLE	PHONE
Demetrius Patillo	Benefits Manager	202-865-6897
Donnell Grate	Benefits Specialist	202-865-3631

EMAIL CONTACT	
Office of Human Resources, Benefits and Pension Administration	benefits@howard.edu

The Office of Human Resources, Benefits and Pension Administration is available 24 hours a day.

Vendor Contacts

BENEFIT	PHONE NUMBER	WEBSITE/EMAIL
Medical, Rx, Dental, Vision: CIGNA	1-800-233-4076	www.mycigna.com
Wellness: CIGNA Your Health First 200	1-866-797-5833	www.mycigna.com
FSA: CIGNA Flex	1-800-233-4076	www.mycigna.com
STD/LTD/Basic Life Insurance: Sun Life	1-800-247-6875	www.sunlife-usa.com
Retirement: TIAA-CREF AIG-VALIC ING	1-800-842-2776 1-800-448-2542 1-800-584-6001	www.tiaa-cref.org www.aigvalic.com www.ingretirementplans.com
EAP: ComPsych – Guidance Resources (ID# EAP4HU)	1-866-519-8354	www.guidanceresources.com
Long-term Care: Genworth	1-800-416-3624	www.genworth.com/groupltc
Pet Insurance: Veterinary Pet Insurance	1-877-738-7874	www.petsvpi.com
Tuition Remission	202-806-1280 202-865-3631 202-865-6897	http://www.hr.howard.edu/policies/ tuitionbenefits/default.htm
Commuter Benefits: SmarTrip	1-888-762-7874	www.smartrip.com
Home/Auto: MetLife	1-800-GET-MET8	www.metlife.com/mybenefits
Group Legal: Legal Resources	1-800-728-5768 or 301-654-9490	www.legalresources.net
Howard Place Employee Discounts	1-800-683-2886	www.beneplace.com/howard
AFLAC	1-800-992-3522	www.aflac.com
North Carolina Mutual	301-467-0939	www.ncmutuallife.com
New York Life	1-800-695-4331	www.newyorklife.com



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