Howard University provides our employees with a comprehensive benefits package. Among your many options are medical benefits, including pharmacy and vision coverage; dental benefits; life insurance and disability coverage; and access to a retirement savings plan. A number of optional benefit programs are also available to you, including commuter and transit benefits; an employee assistance program (EAP); Howard place discounts; long-term care; and a group legal program.

As the University continuously looks at ways to provide you with quality benefit offerings, it’s up to you as employees and family members to consider how to make the most of the benefits Howard provides. Medical coverage is one of the most significant benefits expenses. You can do your part to help keep medical costs in check, which is good for both you and the University. Remember to use your benefits wisely, including:

- Taking advantage of preventive care benefits, including annual physicals and immunizations
- Seeing providers in the Howard University hospital network
- Using generic medications rather than brand-name drugs
- Avoid going to the emergency room for routine or non-emergency medical services. Instead, consider an urgent care center or minute clinic

Take time to review this benefits guide and find out more about the many benefit options available to you!
CIGNA OFFERS NEW SERVICES FOR 2015
For the 2015 – 2016 plan year, employees enrolled in medical coverage through a Howard-sponsored plan have access to valuable new programs through Cigna. The new programs include:

- **MD Live.** Through this online and telephone support program, you can get answers to minor health issues from a medical doctor 24 hours a day, seven days a week.

- **My Personal Champion.** Personal Champions work directly with doctors’ offices, pharmacies, billing departments, etc. to ensure that anyone referred to the program due to critical health issues has one, single point-of-contact for questions and help.

- **Personal Health Team.** This program assigns health coaches to participants to help you become more engaged and empowered when it comes to your health and security.

In addition to these programs, you will continue to have access to Cigna’s **Motivate Me** wellness incentive program. Motivate Me provides you with access to health tools, resources and support – and provides access to rewards – when you take action to improve your health.

New premium credits are available for the points you earn under the Motivate Me program; earn up to $300 in credits annually. See the Medical Benefits section of this guide for additional details.

PREMIUM DISCOUNT
You will receive a medical premium discount if you are currently paying the low rate; see the Premiums page of this guide for additional details.

NEW DENTAL PROVIDER FOR 2015
Howard-sponsored dental coverage is available through Delta Dental, the nation’s largest dental insurance provider. Delta Dental providers operate in all 50 states, the District of Columbia and Puerto Rico. Approximately 60 million Americans are covered through Delta Dental plans. To learn more about Delta Dental insurance coverage, go online to www.deltadentalins.com/HU or call 1-800-932-0783.

HEALTHCARE COVERAGE REQUIRED
All active employees must maintain medical coverage either through a Howard University-sponsored medical plan or another source. If you are not enrolled in a Howard plan, you must provide proof that you are covered through another medical plan during the annual benefits Open Enrollment period. If you do not enroll or show proof of other coverage, you will automatically be enrolled in the Cigna Open Access Plus In-Network plan (employee only coverage).

To submit proof of alternate medical coverage, you must complete the Proof of Coverage form located at www.hr.howard.edu. Once completed, submit the form to your Benefits Office. If you have questions, contact the Office of Human Resources, Benefits and Pension Administration. Benefits staff may be reached at:

- University: 202-806-1280
- Hospital: 202-865-6897
Eligibility and Enrollment
Eligibility and Enrollment

YOUR BENEFITS ARE AN IMPORTANT PART OF YOUR EMPLOYMENT AND COMPENSATION WITH HOWARD UNIVERSITY. THEY PROVIDE FINANCIAL PROTECTION FOR YOU AND ANY ELIGIBLE DEPENDENTS YOU COVER. THE UNIVERSITY CONTINUES TO PROVIDE A COMPREHENSIVE BENEFITS PROGRAM THAT GIVES YOU THE COVERAGE YOU NEED, WHEN YOU NEED IT. HOWEVER, AS COSTS CONTINUE TO RISE, EVERYONE MUST USE AVAILABLE BENEFITS WISELY. 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
- Medical Benefits Abroad
- SmarTrip commuter benefits
- Long-term care benefits
- Group legal program
- Additional life insurance coverage
- Pet insurance coverage
- AFLAC program (including optional short-term 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 (prorated benefits are available for certain union members who work at least 20 hours per week). Medical benefits available if you work 30 hours per week.

WHO CAN BE COVERED

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

- Your legal spouse.
- 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
Most benefits begin on the first day of the month following your date of employment.

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 automatically be enrolled in the Cigna In-Network plan (employee only coverage) and have premiums deducted from your paycheck for the Cigna Open Access Plus In-Network medical plan (employee only coverage). You will also automatically receive employer-provided basic life and AD&D insurance, short-term disability benefits and access to the Employee Assistance Program (EAP) at no additional cost to you. In most cases, you may not enroll for any other benefits until the next benefits Open Enrollment period, which is typically held annually in April, unless you experience a qualified family status change such as marriage, divorce or the birth of a child.

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 Howard University 403(b) Savings Plan to contribute your own funds at any time during the year. You will receive the employer 6% contribution automatically upon hire.

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 mid-year 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).
• Child – Document(s): birth certificate, adoption papers 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 #413, 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).

Medical Coverage Is Mandatory
All employees must have medical coverage. You must be enrolled in either a Howard University-sponsored medical plan or you must show proof of other medical coverage elsewhere. If you do not provide proof of your medical coverage through another source, you will automatically be enrolled in the Cigna Open Access Plus In-Network medical plan (employee only coverage), and premiums for your coverage will be deducted with your first pay period after July 1, 2015. You may opt-out with proof.

The Open Enrollment period for 2015-2016 benefits is April 15 - May 15, 2015. The plan year runs from July 1, 2015 to June 30, 2016.

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: 202-865-6897

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

• University: 202-806-1280
• Hospital: 202-865-6897

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).

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 (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.

2. 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.

3. 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.

4. After selecting new coverage or editing your current coverage in each plan, your new elections, covered dependents and payroll deductions will be displayed.

5. 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.

7. 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.

1. 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 + OE2015 (all as one word). For example: 123456OE2015
   d. Employee will be prompted to create a personal password.

2. Review your current options.

3. Select or make changes to coverage for the current plan year.

4. 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 #413, 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 or dependent that affects benefit eligibility, including termination or commencement of employment, or change in worksite
- You or your 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 or dependent
- Court ordered coverage of your child by you or your spouse, allowing you to add or drop the child’s coverage
- Change in place of residence that affects eligibility for you, your spouse or dependent
- Change in your employment that affects benefits eligibility (working at least 30 hours per week or 20 hours per week for certain union members)
- 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: 202-865-6897
Healthcare Benefits
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 80/60 plan
• Open Access Plus In-Network 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 80/60 plan, you can use a provider in the Howard University Hospital (HUH) 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.

With the Cigna Open Access Plus 80/60 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 $250 per person per calendar year deductible ($500 family maximum) and if you see providers out of either the HUH or Cigna network, you are required to pay a $500 per person per calendar year deductible ($1,000 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. With the Cigna Open Access Plus In-Network plan, you are required to pay a $150 per person per calendar year deductible ($300 family maximum) when you see providers in the Cigna network; you may continue to see HUH providers without meeting a deductible. With the Cigna Open Access Plus In-Network medical plan, 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.

COMPARING YOUR PLAN OPTIONS

Both the Cigna Open Access Plus 80/60 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 calendar year deductible. The deductible is the cost you must pay out-of-pocket at the beginning of each calendar year before plan benefits begin.

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

Coinsurance
Even with medical benefits coverage, the Cigna Open Access Plus 80/60 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 80/60 plan, you do not pay any coinsurance when you see providers in the HUH network. When you go to Cigna providers, you pay 20% of the cost of your visit and the plan pays the remaining 80%. When you visit out-of-network providers, you pay 40% of the total cost and the plan pays the remaining 60%. 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 90% of your costs for services; you pay the remaining 10% along with any applicable 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, your medical expenses can really add up. The plan determines an amount annually to be applied each calendar year known as the out-of-pocket maximum, which is the most you would pay for benefit services out-of-pocket each calendar year. For the Cigna Open Access Plus 80/60 plan, the annual out-of-pocket maximum is $2,500 per person ($5,000 family maximum) for Cigna providers and $5,000 per person ($10,000 family maximum) for out-of-network providers. With the Cigna Open Access Plus In-Network plan, the annual out-of-pocket maximum is $1,300 per person ($3,000 family maximum) for Cigna providers. No matter which plan you choose, when you receive services from Howard University Hospital, the annual out-of-pocket maximum is $650 per person ($1,500 family maximum). Once you reach the annual out-of-pocket maximum in a calendar year, 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 calendar year do not roll over and count toward the out-of-pocket max in the next calendar year.

Healthcare reform mandates that in-network deductibles, copayments, and coinsurance apply toward the out-of-pocket maximum.

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 calendar year out-of-pocket max. Premiums for the Cigna Open Access Plus 80/60 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 80/60 plan than the Cigna Open Access Plus In-Network plan.

Choosing the plan that is right for you
Both Howard medical plan options provide you with quality coverage for your healthcare needs. 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?

MD Live
You now have the option of seeing a doctor – without ever leaving your house! Through Cigna’s MD Live program, you can speak to a medical doctor by phone or be seen via video conference. To use MD Live, you will need to log in to the members’ area of the Cigna website, mycigna.com, and follow the simple steps to request a telephone consultation or schedule an online appointment. Depending on the doctor’s diagnosis, he or she can call in a prescription to your pharmacy.

If you are enrolled in a Howard-sponsored medical plan, you automatically have access to MD Live at no additional cost to you! Take advantage of this useful service when you need it: Doctors are available 24 hours a day, seven days a week, 365 days a year.
MD Live coordinates with your Cigna medical plan through Howard. Your Cigna ID card is valid for MD Live services. After each MD Live consultation:

- You will receive discharge instructions (via patient portal and secure email).
- Your personal health record (or your covered dependent’s record) gets updated with consult information.
- You can elect for your consultation history and SOAP note (subjective, objective, assessment, and plan) to be sent to your PCP.

MD LIVE QUESTIONS: To use Cigna’s MD Live program or learn more about its features, call 1-888-726-3171 or go online to www.mdlive/howard.

WHEN SHOULD YOU USE MD LIVE?

MD Live can be a great tool when you and your family need care and convenience. Some common uses of MD Live are below.

**General Health Questions**
- Acne
- Allergies
- Bronchitis
- Cold & flu
- Fever
- Gout
- Headache
- Infections
- Joint aches & pains
- Nausea & vomiting
- Pink eye
- Rashes
- Sinus infection
- Sore throat
- Sunburn
- Urinary tract infection

**Pediatric Health Questions**
- Cold & flu
- Constipation
- Ear infection
- Fever
- Nausea & vomiting
- Pink eye

PERSONAL HEALTH TEAM

We all have different healthcare needs. With the Personal Health Team, you have access to a whole team of healthcare professionals to help you with your individual needs. With this program, health coaches work with you to find solutions to whatever your health needs are. Your team includes nurses, nutritionists, clinicians and trained coaches, who are available 24 hours a day. From managing stress to losing weight or quitting tobacco use, your Personal Health Team has advice, encouragement, actions and resources to help you achieve your health goals.

TO BEGIN USING YOUR PERSONAL HEALTH TEAM, call 1-800-233-4076.

MY PERSONAL CHAMPION

When dealing with a critical health issue, your primary focus is one thing: Getting better. Through the Cigna My Personal Champion program, a dedicated “champion” and single point-of-contact is assigned if you are a referred employee with a critical need.

Your Personal Champion may serve as an advocate, coordinator, researcher or teacher, depending on your needs. Examples of Personal Champion services include:

- Educating you about your health benefits, using network healthcare professionals and various options available to you
- Overseeing application of benefits
- Reviewing claims payment
- Engaging clinical support (e.g., nurses/coaches)
- Identifying local resources (e.g., financial assistance or appropriate healthcare services)

Personal Champions can serve as a liaison between employees and healthcare providers and administrators. Only employees who are deemed to be in critical need due to certain health conditions are eligible to participate in this program. Participants are identified for support in the program via referral from customer service, case management, client advocacy and sales, or through data mining models. There is no additional cost for referred employees or eligible family members to participate in the Personal Champion program.
**MOTIVATE ME**

CiGNA’s Motivate Me wellness incentives program helps you improve your health—and rewards you for participating. You have access to personalized service—online or on the phone—to help you get your health on track. The program:

- Focuses on outcomes, offering incentives for biometric targets and improvements
- Educates you about available health improvement programs and encourages use
- Empowers you to make the best available health care decision
- Provides opportunities to earn incentives throughout the year

The following chart shows the ways you can earn incentives, and the points you earn by completing certain actions.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Assessment</strong></td>
<td>Complete My Health Assessment 75</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Complete Adult Physical 75</td>
</tr>
<tr>
<td></td>
<td>Complete a Routine OB/GYN 75</td>
</tr>
<tr>
<td></td>
<td>Complete Routine Mammogram 70</td>
</tr>
<tr>
<td></td>
<td>Complete Colorectal Cancer Screening 70</td>
</tr>
<tr>
<td></td>
<td>Complete Prostate Cancer Screening 70</td>
</tr>
<tr>
<td></td>
<td>Complete Annual Flu Shot 45</td>
</tr>
<tr>
<td><strong>Dental Exam (two per year)</strong></td>
<td>Office Visit 110 (55 points per Dental visit)</td>
</tr>
<tr>
<td><strong>Vision Care</strong></td>
<td>Complete an annual vision care exam 45</td>
</tr>
<tr>
<td><strong>Make progress towards health goal</strong></td>
<td>Your Health First (chronic condition support) 150</td>
</tr>
<tr>
<td><strong>Achieve health goal</strong></td>
<td>Your Health First (chronic condition support) 150</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>Engage in any physical activity (including going to the gym) more than 4 times per week for at least 30 minutes per day every month 15 per month</td>
</tr>
<tr>
<td><strong>Participate in two of the wellness activities offered by Howard</strong></td>
<td>Onsite Chef demonstration, lunch and learn, educational webinar, Core Health Challenge, Walk-Run event, etc. 110 (55 points per activity)</td>
</tr>
</tbody>
</table>

Depending on the points you accumulate, you can earn “premium credits” that will be applied to your medical plan costs twice a year.

The first premium credit, in the amount of $150, will be paid the first pay period in January 2016, if you have earned at least 250 points for wellness activities as of December 31, 2015. The wellness activities must include both an annual health risk assessment and an annual health exam that includes the biometric screening readings required to complete the health risk assessment.

A second premium credit, in the amount of $150, will be paid the first pay period in July 2016 (September 2016 for 9-month faculty), provided the employee has earned at least 500 points for wellness activities as of June 30, 2016.

To get started participating in the Motivate Me program:

1. Go to mycigna.com. Enter your user ID and password. First time visitors will need to register.
2. Click on the Manage My Health tab in the drop down menu.
3. Click on Incentive Award Program in the drop down menu.
4. You will be able to review the incentive programs.
5. You will see what awards you have earned as well as track your rewards.

Keep more money in your pocket while improving your health by participating in the Motivate Me wellness program.
Howard University Hospital - An Excellent Choice!

Howard University Hospital puts you first and provides exceptional customer service through its focus on CARES (Collaboration, Accountability, Respect, Excellence and Service). During 2014, 12 Howard University Hospital physicians were named as “Top Docs” in the Washingtonian Magazine. In 2013, the Washington Post reported that nearly one of every 10 Howard University Hospital physicians are considered “SUPER” by the medical community.

Utilizing the services of Howard University and its physicians will have a positive impact on the University’s bottom line and save you money as well.

You Can Save at Howard University Hospital

What’s better than free? Whether you are enrolled in the Cigna Open Access Plus 80/60 plan or the Cigna Open Access Plus In-Network plan, when you see providers in the Howard University Hospital network many services are free. Consider the value you get when you see HUH providers:

• No annual deductible to meet; plan starts paying benefits right away
• No coinsurance; 100% of costs are covered after you meet applicable copayments
• You have NO copay for doctor’s office visits to either your primary care physician or specialists
• Copayments for hospital services are lower when you see HUH providers than when you see either Cigna or out-of-network providers with either available medical plan

Specialties include:
• cardiology,
• community and family medicine,
• dentistry,
• dermatology,
• general surgery,
• obstetrics and gynecology,
• oncology,
• opthalmology,
• pediatrics,
• physical medicine, and
• radiology

Enjoy quality service and maximize your savings – see HUH providers for the lowest cost to you for medical services.

With Howard University Hospital providers, you also receive other benefits, including the Employee Express Care program, which allows you to see certain specialty physicians in less than a week by calling 202-865-MyDr (6937).

HUH DOCTORS ARE CONVIENTLY LOCATED IN SILVER SPRING AT 2011 MEDICAL PARK DRIVE, SUITE 305.

Doctors specializing in internal medicine, cancer care, orthopaedics, obstetrics, and neurosurgery are located in this office. There is free onsite parking and the office is Metro accessible. To make an appointment, call 301-754-0833.
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, 93% 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 at large employers for single coverage and family coverage show that workers covered under fully insured plans pay an average of $530 more than those covered by self-insured plans.
• 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 self-insured premiums increased by $248.
• Employees paid a larger share of their family coverage premiums when their plans were fully-insured, 36% versus 26% 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.

SELF-INSURED PLANS: YOUR CHOICES MAKE A DIFFERENCE

Because Howard’s medical plans are self-insured, the choices you make have a big impact on the costs you pay. Overuse or misuse of benefits costs Howard, and some of those added costs inevitably get passed on to you. Using benefits wisely and in the way in which they were intended benefits you by keeping costs in check.

Here are some actions you can take use your benefits wisely:

1. Go to the emergency room only for true emergencies. All ailments are not equal. Generally, minor health conditions such as rashes, earaches, sprains, sore throats and routine care should be reserved for a visit to your primary care physician or an urgent care facility – not the emergency room. Howard University wants you to get the care you need when you need it, but use your best judgment before an ER trip. Some examples of situations that may be ER-worthy include:
   • Signs of a heart attack that last two minutes or more (chest tightening, pressure)
   • Signs of stroke (numbness, dizziness, loss of vision)
   • Severe shortness of breath
   • Severe, uncontrolled bleeding
   • Sudden reaction to insect bites or bee stings
   • Complicated fractures
   • Large, open wounds
   • Spinal or major head injuries
   • Coughing up or vomiting blood
   • Suicidal or homicidal feelings

2. Fill prescriptions with generic medications.

According to the U.S. Food and Drug Administration, generic medicines are identical to brand name drugs in quality, strength, dosage, safety and more. The only area where generics and brand names differ is price: Generics are generally a fraction of the cost of brand name medicines. Using generics can save both you and Howard money.

3. Take advantage of preventive care.

Getting an annual physical or routine mammogram can save your life – and Howard’s medical plans money – by detecting problems before they become more serious and more costly health issues. In-network preventive care is 100% covered in Howard’s plans; you do not have to make a copayment, pay coinsurance or meet a deductible first. There’s no reason not to take advantage of this benefit. See the “Preventive Care” section of this guide for more information.
### FEATURES

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coinsurance</strong></td>
<td>0%</td>
</tr>
<tr>
<td><strong>Annual Calendar Year Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>• Per individual</td>
<td>None</td>
</tr>
<tr>
<td>• Family maximum</td>
<td>None</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Calendar Year Maximum</strong> (includes copays)</td>
<td></td>
</tr>
<tr>
<td>• Per individual</td>
<td>$650</td>
</tr>
<tr>
<td>• Family maximum</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

### BENEFITS AND SERVICES YOU PAY:

<table>
<thead>
<tr>
<th>Service</th>
<th>YOU PAY:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive care</strong> (unlimited maximum per calendar year)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Doctor’s office visit</strong></td>
<td></td>
</tr>
<tr>
<td>• Primary care physician (PCP)</td>
<td>$0</td>
</tr>
<tr>
<td>• Specialist</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Hospital visit</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>$0</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>$10 copay</td>
</tr>
<tr>
<td><strong>Laboratory and radiology services</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Emergency and urgent care services</strong> (copay waived if admitted)</td>
<td></td>
</tr>
<tr>
<td>• Doctor’s office – PCP/Specialist</td>
<td>$0</td>
</tr>
<tr>
<td>• Emergency room</td>
<td>$100 copay</td>
</tr>
<tr>
<td>• Outpatient professional services</td>
<td>$0</td>
</tr>
<tr>
<td>• Urgent care facility</td>
<td>None</td>
</tr>
<tr>
<td>• Ambulance</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Maternity care</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Home healthcare</strong> (16 hour maximum per day)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Tubal ligation/vasectomy</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>$0</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>$10 copay</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Obesity/bariatric surgery</strong> ($30,000 lifetime maximum)</td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>$0</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>$10 copay</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Mental health treatment</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>$0</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>$0</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Substance abuse treatment</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>$0</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>$0</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>$0</td>
</tr>
</tbody>
</table>
### CIGNA OPEN ACCESS PLUS
**IN-NETWORK PLAN**

<table>
<thead>
<tr>
<th>FEATURES</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Annual Calendar Year Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>• Per individual</td>
<td>$150</td>
</tr>
<tr>
<td>• Family maximum</td>
<td>$300</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Calendar Year Maximum</strong></td>
<td></td>
</tr>
<tr>
<td>(includes copays and plan deductible)</td>
<td></td>
</tr>
<tr>
<td>• Per individual</td>
<td>$1,300</td>
</tr>
<tr>
<td>• Family maximum</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>BENEFITS AND SERVICES</strong></td>
<td><strong>YOU PAY:</strong></td>
</tr>
<tr>
<td><strong>Preventive care</strong> (unlimited maximum per calendar year)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Doctor’s office visit</strong></td>
<td></td>
</tr>
<tr>
<td>• Primary care physician (PCP)</td>
<td>$25 copay</td>
</tr>
<tr>
<td>• Specialist</td>
<td>$50 copay</td>
</tr>
<tr>
<td><strong>Hospital visit</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>10% after deductible and $500 copay</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Laboratory and radiology services</strong></td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Emergency and urgent care services</strong> (copay waived if admitted)</td>
<td></td>
</tr>
<tr>
<td>• Doctor’s office – PCP/Specialist</td>
<td>$25/$50 copay</td>
</tr>
<tr>
<td>• Emergency room</td>
<td>$100 copay</td>
</tr>
<tr>
<td>• Outpatient professional services</td>
<td>$0</td>
</tr>
<tr>
<td>• Urgent care facility</td>
<td>$50 copay</td>
</tr>
<tr>
<td>• Ambulance</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Maternity care</strong></td>
<td>$25/$50 copay; initial visit only</td>
</tr>
<tr>
<td></td>
<td>10% after $500 copay for delivery admission</td>
</tr>
<tr>
<td><strong>Home healthcare</strong> (16 hour maximum per day)</td>
<td>10% after deductible</td>
</tr>
<tr>
<td><strong>Tubal ligation/vasectomy</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>10% after deductible and $500 copay</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>10% after deductible</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>$25/$50 copay</td>
</tr>
<tr>
<td><strong>Obesity/bariatric surgery</strong> ($30,000 lifetime maximum)</td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>20% after deductible and $500 copay</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>$25/$50 copay</td>
</tr>
<tr>
<td><strong>Mental health treatment</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>10% after deductible and $500 copay</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>$10 copay</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>$10 copay</td>
</tr>
<tr>
<td><strong>Substance abuse treatment</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>10% after deductible and $500 copay</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>$10 copay</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>$10 copay</td>
</tr>
</tbody>
</table>

Note: Services out of the HUH or Cigna network are not covered unless true emergencies.
## FEATURES IN-NETWORK COINSURANCE 20%  
### Annual Calendar Year Deductible  
- Per individual: $250  
- Family maximum: $500  
### Annual Out-of-Pocket Calendar Year Maximum  
(includes copays and plan deductible)  
- Per individual: $2,500  
- Family maximum: $5,000  
## BENEFITS AND SERVICES YOU PAY:  
### Preventive care (unlimited maximum per calendar year)  
$0  
### Doctor’s office visit  
- Primary care physician (PCP): $25 copay  
- Specialist: $50 copay  
### Hospital visit  
- Inpatient services: 20% after deductible and $500 copay  
- Outpatient services: 20% after deductible  
### Laboratory and radiology services  
20% after deductible  
### Emergency and urgent care services (copay waived if admitted)  
- Doctor’s office – PCP/Specialist: $25/$50 copay  
- Emergency room: $100 copay  
- Outpatient professional services: $0  
- Urgent care facility: $50 copay  
- Ambulance: $0  
### Maternity care  
$25/$50 copay; initial visit only  
20% after deductible and $500 copay for delivery admission  
### Home healthcare (16 hour maximum per day)  
20% after deductible  
### Tubal ligation/vasectomy  
- Inpatient services: 20% after deductible and $500 copay  
- Outpatient services: 20% after deductible  
- Doctor’s office: $25/$50 copay  
### Obesity/bariatric surgery ($30,000 lifetime maximum)  
- Inpatient services: 20% after deductible and $500 copay  
- Outpatient services: 20% after deductible  
- Doctor’s office: $25/$50 copay  
### Mental health treatment  
- Inpatient services: 20% after deductible and $500 copay  
- Outpatient services: $10 copay  
- Doctor’s office: $10 copay  
### Substance abuse treatment  
- Inpatient services: 20% after deductible and $500 copay  
- Outpatient services: $10 copay  
- Doctor’s office: $10 copay
**CIGNA OPEN ACCESS PLUS**
**80/60 PLAN**

### FEATURES

<table>
<thead>
<tr>
<th></th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coinsurance</strong></td>
<td>40%</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>• Per individual</td>
<td>$500</td>
</tr>
<tr>
<td>• Family maximum</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong> (includes copays and plan deductible)</td>
<td></td>
</tr>
<tr>
<td>• Per individual</td>
<td>$5,000</td>
</tr>
<tr>
<td>• Family maximum</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

### BENEFITS AND SERVICES

<table>
<thead>
<tr>
<th><strong>BENEFITS AND SERVICES</strong></th>
<th><strong>YOU PAY:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive care</strong> (unlimited maximum per calendar year)</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Doctor’s office visit</strong></td>
<td></td>
</tr>
<tr>
<td>• Primary care physician (PCP)</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>• Specialist</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Hospital visit</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>40% after deductible and $1,500 copay</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Laboratory and radiology services</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Emergency and urgent care services</strong> (copay waived if admitted)</td>
<td>Covered at in-network rate unless it is not a true emergency. For non-emergencies: 40% after deductible</td>
</tr>
<tr>
<td>• Doctor’s office – PCP/Specialist</td>
<td></td>
</tr>
<tr>
<td>• Emergency room</td>
<td></td>
</tr>
<tr>
<td>• Outpatient professional services</td>
<td></td>
</tr>
<tr>
<td>• Urgent care facility</td>
<td></td>
</tr>
<tr>
<td>• Ambulance</td>
<td></td>
</tr>
<tr>
<td><strong>Maternity care</strong></td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Home healthcare</strong> (16 hour maximum per day)</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Tubal ligation/vasectomy</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>40% after deductible and $1,500 copay²</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>40% after deductible²</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>40% after deductible²</td>
</tr>
<tr>
<td><strong>Obesity/bariatric surgery</strong> ($30,000 lifetime maximum)</td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>40% after deductible and $1,500 copay²</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>40% after deductible²</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>40% after deductible²</td>
</tr>
<tr>
<td><strong>Mental health treatment</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>40% after deductible and $1,500 copay²</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>40% after deductible²</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>40% after deductible²</td>
</tr>
<tr>
<td><strong>Substance abuse treatment</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>40% after deductible and $1,500 copay²</td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>40% after deductible²</td>
</tr>
<tr>
<td>• Doctor’s office</td>
<td>40% after deductible²</td>
</tr>
</tbody>
</table>

²**Precertification 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.
Preventive Care

WHILE HOWARD UNIVERSITY HAS PREVIOUSLY PROVIDED COVERAGE FOR PREVENTIVE CARE SUCH AS PHYSICALS AND IMMUNIZATION, ADDITIONAL FREE PREVENTIVE CARE SERVICES FOR WOMEN ARE NOW AVAILABLE IN CONJUNCTION WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA).

Those services include well-woman visits, domestic violence screenings and FDA-approved contraception. These services are covered without a deductible or copayment. The following chart shows other approved preventive care services:

<table>
<thead>
<tr>
<th>All Members</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Yearly wellness visits</td>
<td>For a complete list of covered immunizations, visit: <a href="http://www.cdc.gov/vaccines/schedules/hcp/index.html">http://www.cdc.gov/vaccines/schedules/hcp/index.html</a></td>
</tr>
<tr>
<td>• Immunizations (as recommended by the American Committee on Immunization Practices)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Men*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Screenings for prostate cancer for men age 40 and older</td>
<td>• Screenings for abdominal aortic aneurysm in men age 65 to 75</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Women*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mammograms and evaluations for testing for BRCA breast cancer gene, age 35-39 (one baseline); age 40 and older, once per calendar year</td>
<td>• Breast-feeding support, supplies and counseling, including costs for renting or purchasing specified breast-feeding equipment from a network provider or national durable medical equipment supplier</td>
</tr>
<tr>
<td>• FDA-approved contraceptive methods, including Tier 1 emergency contraceptives; sterilization procedures and related counseling</td>
<td>• Screenings for cervical cancer, including Pap smears, once per calendar year</td>
</tr>
<tr>
<td>• Pre-natal care</td>
<td>• Screenings for pregnant women for anemia, iron deficiency and gestational diabetes</td>
</tr>
<tr>
<td>• Counseling for breast cancer and other issues</td>
<td>• Osteoporosis screenings for women age 60 and older</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Newborn screenings for hearing, thyroid disease, phenylketonuria and sickle cell</td>
<td>• Fluoride for prevention of dental cavities</td>
</tr>
<tr>
<td>• Standard metabolic screening panel for inherited enzyme deficiency diseases</td>
<td>• Screenings for major depressive cavities</td>
</tr>
<tr>
<td>• Vision screenings</td>
<td>• Autism and developmental screenings</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Identified or At Risk Members*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Screenings for colorectal cancer for adults over age 50</td>
<td>• Screenings for STDs and HIV for anyone with identified risk factors</td>
</tr>
<tr>
<td>• Screenings for elevated cholesterol and lipids for men over age 35, or anyone with identified risk factors</td>
<td>• Screenings and counseling for alcohol and substance abuse; tobacco use; obesity; diet and nutrition for anyone with identified risk factors</td>
</tr>
<tr>
<td></td>
<td>• Screenings for high blood pressure, diabetes and depression for anyone with identified risk factors</td>
</tr>
</tbody>
</table>
Prescription Drug Benefits

YOU AUTOMATICALLY GET PRESCRIPTION DRUG BENEFITS THROUGH CIGNA 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, cholesterol-lowering 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.

FIND DISCOUNTED PRESCRIPTIONS

Generic medications contain the same dosage and strength of their brand-name counterparts, but are often a fraction of the cost. Your Cigna prescription drug benefits provide the greatest value when you use generic medications. However, you don’t always have to use plan benefits to get the lowest costs on medicines. Check with your local drug store and pay $4 for a 30-day supply of certain generics or $10 for a 90-day supply of certain generics. Some stores with advertised free generic drug benefits include:

- Giant grocery stores
- CVS
- Walgreens
- Target
- Kroger
- Rite-Aid

Also remember that state-issued prescription drug cards for Maryland and Virginia residents and other programs may provide you with an additional discount at participating pharmacies. Visit the following websites for additional information on these options:

- DCRxcard.com (District of Columbia residents)
- MDRxcard.com (Maryland residents)
- Virginiadrugcard.com (Virginia residents)
- Rxfreecard.com

<table>
<thead>
<tr>
<th>RETAIL (UP TO A 34-DAY SUPPLY)</th>
<th>YOU PAY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drug</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Preferred Brand-Name Drug</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Non-preferred Brand-Name Drug</td>
<td>30% of cost (up to $150 maximum)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAIL-ORDER (UP TO A 90-DAY SUPPLY)</th>
<th>YOU PAY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drug</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Preferred Brand-Name Drug</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Non-preferred Brand-Name Drug</td>
<td>30% of cost (up to $150 maximum)</td>
</tr>
</tbody>
</table>

PRESCRIPTION BENEFITS QUESTIONS:

Go online to www.mycigna.com at anytime for plan information, or call Cigna at 1-800-233-4076.
STEP THERAPY PROGRAM REMINDERS

The Step Therapy 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.

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.
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.

**IN-NETWORK OUT-OF-NETWORK**

**FEATURES**

<table>
<thead>
<tr>
<th>Features</th>
<th>You Pay:</th>
<th>You Receive:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye exam and dilation</strong></td>
<td>$0 after $10 copay</td>
<td>Up to $45</td>
</tr>
<tr>
<td>(once every 12 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$0 after $25 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>(once every 24 months)</td>
<td>(select group)</td>
<td></td>
</tr>
<tr>
<td><strong>Eyeglass lenses</strong></td>
<td>$0 after $25 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>(once every 12 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single vision</td>
<td>$0 after $25 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$0 after $25 copay</td>
<td>Up to $60</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$0 after $25 copay</td>
<td>Up to $80</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$0 after $25 copay</td>
<td>Up to $80</td>
</tr>
<tr>
<td><strong>Contact lenses</strong> (in lieu of eyeglasses)</td>
<td>$0 after $25 copay</td>
<td>$105 to $210</td>
</tr>
<tr>
<td></td>
<td>(select lenses)</td>
<td></td>
</tr>
</tbody>
</table>

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

**VISIT THE HOWARD UNIVERSITY OPTICAL SHOP**

Purchase your eyewear from the Howard University Optical Shop and take advantage of the out-of-network reimbursement of up to $80 for a complete pair of eyeglasses and up to $210 for contact lenses. The reimbursement form can be found at www.mycigna.com. Just complete the form, attach your receipt and mail it to the address noted.

Howard University Optical Shop  
2041 Georgia Ave NW, Suite 2018  
Washington, DC 20060  
Phone: 202-865-3311  
Hours: Monday through Friday, 8:00 a.m. – 4:30 p.m.
Dental Benefits

NEW FOR 2015-2016, YOU HAVE ACCESS TO DENTAL COVERAGE THROUGH THE DELTA DENTAL PPO PLAN. YOU CAN ENROLL FOR DENTAL COVERAGE FOR YOURSELF AND YOUR ELIGIBLE DEPENDENTS EVEN IF YOU ARE NOT ENROLLED IN MEDICAL COVERAGE THROUGH A HOWARD UNIVERSITY-SPONSORED MEDICAL PLAN. THE DELTA DENTAL PPO PLAN PROVIDES YOU WITH A RANGE OF COVERED SERVICES, INCLUDING BENEFITS FOR ORTHODONTIA AND DENTAL IMPLANTS.

<table>
<thead>
<tr>
<th>FEATURES</th>
<th>HUH**</th>
<th>Delta Dental</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Maximum annual benefit (preventive,</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>basic, major services)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime maximum benefit (orthodontia)</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BENEFITS AND SERVICES</th>
<th>YOU PAY:</th>
<th>YOU PAY:</th>
<th>YOU PAY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I: Preventive</td>
<td>$0</td>
<td>$0</td>
<td>20%, no</td>
</tr>
<tr>
<td>and diagnostic care</td>
<td></td>
<td></td>
<td>deductible</td>
</tr>
<tr>
<td>Class II: Basic</td>
<td>$0 after</td>
<td>10% after</td>
<td>20% after</td>
</tr>
<tr>
<td>restorative care</td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
</tr>
<tr>
<td>Class III: Major</td>
<td>20% after</td>
<td>50% after</td>
<td>50% after</td>
</tr>
<tr>
<td>restorative care</td>
<td>deductible</td>
<td>deductible</td>
<td>deductible</td>
</tr>
<tr>
<td>Class IV: Orthodontia</td>
<td>20% after</td>
<td>50% after</td>
<td>50% after</td>
</tr>
<tr>
<td>Class VI: Periodontics</td>
<td>10% after</td>
<td>20% after</td>
<td>30% after</td>
</tr>
<tr>
<td>Class VII: Oral surgery</td>
<td>$0 after</td>
<td>20% after</td>
<td>30% after</td>
</tr>
<tr>
<td>Class VIII: Endodontics</td>
<td>10% after</td>
<td>20% after</td>
<td>30% after</td>
</tr>
</tbody>
</table>

THINGS TO KNOW

HOW MUCH DOES A DENTAL VISIT COST?
If you see a dentist outside of the Howard or Delta Dental PPO network, your cost is based on “reasonable and customary” (R&C) rates. To determine the R&C rates, Delta Dental 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

** Dental services also provided through:
Howard University Dental Suite: 202-806-0258
School of Dentistry: 202-806-0007

DENTAL PLAN QUESTIONS:
Go online to www.deltadentalins.com/HU at any time for information about your plan, or call Delta Dental at 1-800-932-0783.
## MEDICAL BENEFITS

### Rates for 2015 - 2016 (12-Month & 9-Month)

<table>
<thead>
<tr>
<th>Plan Rates 12-month</th>
<th>CIGNA OAP IN-NETWORK</th>
<th>CIGNA OAP 80/60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna Rates</td>
<td>BI-WEEKLY</td>
<td>MONTHLY</td>
</tr>
<tr>
<td>Single</td>
<td>$77.40</td>
<td>$167.71</td>
</tr>
<tr>
<td>Employer Total</td>
<td>$180.61</td>
<td>$391.32</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$154.81</td>
<td>$335.43</td>
</tr>
<tr>
<td>Employer Total</td>
<td>$361.23</td>
<td>$782.67</td>
</tr>
<tr>
<td>Total Family</td>
<td>$179.78</td>
<td>$389.53</td>
</tr>
<tr>
<td>Employer Total</td>
<td>$419.49</td>
<td>$908.89</td>
</tr>
<tr>
<td>Total</td>
<td>$599.27</td>
<td>$1,298.42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Rates 9-month</th>
<th>CIGNA OAP IN-NETWORK</th>
<th>CIGNA OAP 80/60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna Rates</td>
<td>BI-WEEKLY</td>
<td>MONTHLY</td>
</tr>
<tr>
<td>Single</td>
<td>$100.63</td>
<td>$234.79</td>
</tr>
<tr>
<td>Employer Total</td>
<td>$234.79</td>
<td>$391.32</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$201.26</td>
<td>$335.43</td>
</tr>
<tr>
<td>Employer Total</td>
<td>$469.60</td>
<td>$782.67</td>
</tr>
<tr>
<td>Total Family</td>
<td>$233.72</td>
<td>$389.53</td>
</tr>
<tr>
<td>Employer Total</td>
<td>$419.49</td>
<td>$908.89</td>
</tr>
<tr>
<td>Total</td>
<td>$599.27</td>
<td>$1,298.42</td>
</tr>
</tbody>
</table>

### 2015 – 2016 Healthy Living Reward Rates

#### Employee Contribution - 12-month

<table>
<thead>
<tr>
<th>Cigna Rates</th>
<th>CIGNA OAP IN-NETWORK</th>
<th>CIGNA OAP 80/60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$69.66</td>
<td>$150.94</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$139.33</td>
<td>$301.89</td>
</tr>
<tr>
<td>Total Family</td>
<td>$161.80</td>
<td>$350.58</td>
</tr>
</tbody>
</table>

#### Employee Contribution - 9-month

<table>
<thead>
<tr>
<th>Cigna Rates</th>
<th>CIGNA OAP IN-NETWORK</th>
<th>CIGNA OAP 80/60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$90.56</td>
<td>$150.94</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$181.13</td>
<td>$301.89</td>
</tr>
<tr>
<td>Total Family</td>
<td>$210.35</td>
<td>$350.58</td>
</tr>
</tbody>
</table>

*Rates for collectively bargained units may differ from those shown here. Please consult your union representative for details if you are part of a collectively bargained group.

## DENTAL BENEFITS

### Rates for 2015 - 2016 (12-Month & 9-Month)

<table>
<thead>
<tr>
<th>Plan Rates 12-month</th>
<th>Bi-weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$5.47</td>
<td>$11.85</td>
</tr>
<tr>
<td>Employer</td>
<td>$12.75</td>
<td>$27.63</td>
</tr>
<tr>
<td>Total</td>
<td>$18.22</td>
<td>$39.48</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$10.38</td>
<td>$22.49</td>
</tr>
<tr>
<td>Employer</td>
<td>$24.23</td>
<td>$52.49</td>
</tr>
<tr>
<td>Total</td>
<td>$34.61</td>
<td>$74.98</td>
</tr>
<tr>
<td>Family</td>
<td>$13.76</td>
<td>$29.80</td>
</tr>
<tr>
<td>Employer</td>
<td>$32.10</td>
<td>$69.54</td>
</tr>
<tr>
<td>Total</td>
<td>$45.86</td>
<td>$99.34</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Rates 9-month</th>
<th>Bi-weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$7.11</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>$16.58</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$23.69</td>
<td></td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$13.50</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>$31.50</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$45.00</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$17.88</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>$41.72</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$59.60</td>
<td></td>
</tr>
</tbody>
</table>

There is no change to dental premiums for the 2015-2016 plan year!

You can continue to earn incentives that reduce your medical plan costs by participating in healthy activities through the Motivate Me wellness program. You can receive:

- $150 in premium credits (applied to your medical costs), when you earn and have documented 250 Motivate Me wellness points by December 31, 2015. Completion of an annual health risk assessment and annual wellness exam are required.
- $150 in premium credits (applied to your medical costs), when you earn and have documented 500 Motivate Me wellness points by June 30, 2016.

See the Motivate Me information in the Medical Benefits section of this guide for additional information.
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
1. 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 $2,550 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
- Chiropractor costs
- Contact lenses
- Eyeglasses
- Laser eye surgery
- Hearing aids
- Braces
- Dentures
- Fillings
- 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.

RETURN OF FULL SERVICE HEALTHCARE FSA DEBIT CARD
You can use your Cigna debit card for immediate access to your FSA funds to pay for eligible healthcare expenses, such as medical plan coinsurance, prescriptions, deductibles, vision care, dental services and copays.

If Cigna can’t match a debit card transaction to a specific eligible expense, you will receive a written request to substantiate the expense, which is required by the IRS. If you receive a substantiation letter, you must provide an itemized receipt, Explanation of Benefits (EOB), or other proof that validates the expense. If you do not provide proof within the required timeframe, your FSA debit card will be deactivated.

In addition to debit card use, you may be reimbursed via direct deposit or check. Claims for reimbursement and proof of eligible expenses may be submitted:

- **Online** – Online submissions are the fastest way to process claims. Log on to myCigna.com, go to Forms Center, select Online Reimbursement Request and complete the online claim submission form. Scan or take a picture of your receipt(s) with your phone and submit it with your claim.

- **Mail** – Mail your signed reimbursement request form to: Cigna, P.O. Box 182223, Chattanooga, TN 37422-7223. Be sure to keep copies of your receipts.

- **Fax** – Complete and sign the FSA reimbursement request form and include all necessary documentation. Fax your completed form and supporting documentation to 423-553-8953.

All forms are available on myCigna.com or by calling customer service at 1.800.Cigna24.
**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 (not including tuition expenses)
- In-home care costs
- Summer or holiday day camp
- Late pick-up fees
- Placement fees for a dependent care provider, such as an au pair
- Custodial care for dependent adults

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 daycare and expects out-of-pocket medical costs of $2,550 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.

<table>
<thead>
<tr>
<th>SALARY $24,000</th>
<th>NO FSAs</th>
<th>WITH FSAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare FSA contribution</td>
<td>$0</td>
<td>$2,550</td>
</tr>
<tr>
<td>Dependent care FSA contribution</td>
<td>$0</td>
<td>$3,000</td>
</tr>
<tr>
<td>Amount set aside for eligible expenses</td>
<td>$0</td>
<td>$5,550</td>
</tr>
<tr>
<td>Taxable salary</td>
<td>$24,000</td>
<td>$18,450</td>
</tr>
<tr>
<td>State income tax savings (5% x $5,550)</td>
<td>$0</td>
<td>$277.50</td>
</tr>
<tr>
<td>Federal income tax savings (15% x $5,550)</td>
<td>$0</td>
<td>$832.50</td>
</tr>
<tr>
<td>Social Security tax savings (7.65% x $5,550)</td>
<td>$0</td>
<td>$424.58</td>
</tr>
<tr>
<td><strong>Total tax savings</strong></td>
<td>$0</td>
<td><strong>$1,534.58</strong></td>
</tr>
</tbody>
</table>

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 2015 – June 2016.

**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.

**Filing extension:** You have until September 15, 2016 to incur eligible expenses, and until October 31, 2016 to file claims incurred between July 1, 2015 and September 30, 2016.
Retirement Benefits
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.

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.

---

Remember it’s never too early or too late to start saving for retirement. If you have not already done so, start now to help ensure you have the funds you need when you need them.
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 2015, the maximum combined contribution limits to the traditional 403(b) and the Roth 403(b) cannot exceed $18,000 (if you are under age 50) or $24,000 (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 was a previously sponsored carrier under the Savings Plan. 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.

USE RETIREMENT MANAGER 24/7 TO MANAGE YOUR RETIREMENT SAVINGS PLAN NEEDS
Manage your Howard University Retirement Savings Plan 403(b) and 457(b) accounts anytime and anywhere, 24 hours a day, seven days a week with Retirement Manager, a secure and convenient online tool. You can use Retirement Manager to:
- Increase or decrease your contribution amount
- Change the allocation of your contributions among investment providers (ING, TIAA-CREF and VALIC)
- View aggregate balance information across investment providers
- Request a loan, hardship withdrawal or in-service exchange*
- Read educational articles on a range of financial planning topics
- Calculate what you will need to stay on track for retirement with easy-to-use financial calculators

*You no longer need Howard University’s approval and signature to request a loan, hardship withdrawal or in-service exchange. Simply attach Distribution Eligibility Certificate (available through Retirement Manager) to your documents and return them to your investment provider.

To access Retirement Manager, go to:
- University – www.myretirementmanager.com/?hu
- Hospital – www.myretirementmanager.com/?huh

First time users will need to create an account. If you don’t have access to a computer, kiosks are located in the Office of Human Resources and the Hospital Benefits Office. Computers will be available Monday through Friday from 9:00 a.m. to 4:00 p.m.

If you need assistance, you may contact the Retirement Management Support Line Monday through Friday (excluding holidays) from 8:00 a.m. to 7:00 p.m.
- Retirement Manager Support Line: 1-866-294-7950
457(b) DEFERRED COMPENSATION PLAN
If you earn $150,000 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 2015, the maximum amount you can defer is $18,000. 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 $36,000 (if you are under age 50) or $42,000 (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.

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, you will not be approved for future loans and the remaining loan balance will be treated as a plan disbursement; 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**

\[2\% \text{ of high-three average pay as of 6/30/88} \times \text{Credited service projected to normal retirement (up to 30 years)} \times 50\% \text{ of the Social Security factor} \times \text{Credited service as of 6/30/88} = \text{Pension you earned as of June 30, 1988} \]

**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.

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

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.

**In-Service Distribution**

The Defined Benefit Plan was amended to allow eligible participants in the Faculty Phased Retirement Program and full-time temporary employees to commence their retirement benefit at age 62 as an active employee (the “In-Service Distribution Feature”).
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 benefit, 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 Benefit 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 413
Washington, DC 20059
202-806-1280

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

You can also email us at: Benefits@howard.edu.
Life Insurance and Disability Benefits
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 basic coverage amount, 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 upon hire if you are eligible.

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

- 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. 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). You may also elect a flat $25,000.
- **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.
Optional Life 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 WHOLE LIFE INSURANCE THROUGH NORTH CAROLINA MUTUAL.

NEW YORK LIFE 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.

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
Most life insurance policies available to you through Howard University are “term” life insurance policies. That means that you are covered through a specific time period, or term. In the event of death or a covered disability during the term of your policy’s coverage, a benefit will be paid. After the term of the policy ends, no benefits are paid. Depending on how the plan is set up, the term of the life insurance may end or be significantly reduced when you reach a certain age. Or, the plan may be based on a certain number of years, regardless of your age, such as 10, 20 or 30 year plans. The following life insurance plans available through Howard University are “term” life insurance plans:

- Basic Life and AD&D through Sun Life (coverage paid in full by Howard)
- Supplemental Life Insurance through Sun Life for employees, spouses and children (you pay the cost of this coverage at discounted rates)

“Whole” life insurance policies cover you for your whole life, not just a limited term. That means that you pay into the policy throughout your entire life and you are guaranteed to receive a cash benefit either for your beneficiaries at your death or when you reach the plan’s maximum age (generally age 95 or 100). The following life insurance plans available through Howard University are “whole” life insurance plans:

- North Carolina Mutual – Select VIP Whole Life Insurance
- Optional Life coverage through New York Life (you pay the cost of this coverage at discounted rates)

Term life insurance plans generally cost less than whole life insurance policies. However, term life insurance policies only pay a benefit if you (or a covered spouse/child) die while covered under the plan. No benefit is paid if you’ve reached the plan’s term limit.

With whole life insurance, you continuously pay into the plan throughout your life and you receive a cash benefit at death (at any age) or you receive the maximum benefit in cash when you reach the end of the policy period, typically at age 95 or 100.
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 benefit 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 STD benefits 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 (HUH) to apply.
Additional Core Benefits
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. Retirees must be receiving their benefit under the Howard University Employees’ Retirement Plan to be eligible.

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.

TUITION REMISSION QUESTIONS:
Contact the Office of Human Resources, Benefits and Pension Administration at 202-806-1280 (University) or 202-865-6897 (Hospital).
Through your SmarTrip card, you can be credited up to $130 per month for transit expenses, and up to $250 per month for parking costs.

SmarTrip cards may be used for Metrorail, Metrobus and Metro Parking. Employees who use area transit providers that do not currently accept the SmarTrip card as fare payment such as MetroAccess, Virginia Railway Express (VRE), MARC train service and MTA commuter buses (Eyre, Dillon’s and Keller) may still take advantage of pre-tax savings by participating in the SmarTrip Commuter Benefits program. The SmarTrip card allows employees to allocate benefits to a personal account through either Commuter Direct (for residents of Maryland only) or MTA.

New enrollments, changes or terminations must be received by the first of the month in order for them to take effect the following month. For example, changes or new enrollments received August 2nd and September 1st will be effective October 1st. Deductions are taken the second pay date of each month (first two pay periods of a month for Hospital employees).

It’s important to note that, if you set an annual goal but the resulting bi-weekly deductions do not occur in increments of $1, your bi-weekly deductions will be rounded up to the nearest dollar and will not exceed the $130 per month limit. For example, if you are a 12-month employee and your annual goal is $1,000 for the SmarTrip Commuter Benefits program, your bi-weekly contribution over 26 pay dates would be $38.46. This would be rounded up to $39.00 bi-weekly. The maximum stored value for your SmarTrip card is: personal value of $300; transit value of $4,045; and Metro Parking value of $4,045.

Enrollees who do not register their SmarTrip cards or who fail to reformat their SmarTrip cards will not be eligible to participate. New enrollees must complete the enrollment form found at www.hr.howard.edu.

To learn more about your SmarTrip card, please visit: http://www.wmata.com. To learn more about how to allocate funds to another provider visit: http://www.wmata.com/business/employer_fare_program/vanpool_transit.cfm.

CONTACT SMARTTRIP:
1-888-762-7874 or www.smartrip.com
Medical Benefit Abroad Program

HOWARD UNIVERSITY’S BUSINESS TRAVEL BENEFITS HELP PROVIDE YOU WITH ADDITIONAL SECURITY WHEN YOU TRAVEL INTERNATIONALLY FOR THE UNIVERSITY. THROUGH THE CIGNA GLOBAL HEALTH BENEFITS’ MEDICAL BENEFITS ABROAD® (MBA) PROGRAM, YOU ARE COVERED FOR UNEXPECTED INJURIES AND ILLNESSES THAT MAY OCCUR WHILE YOU’RE ON AN INTERNATIONAL BUSINESS TRIP.

With the Cigna Medical Benefits Abroad program, you don’t have to worry about medical services if you experience an illness or injury while traveling internationally for University business. Should something serious happen, Cigna MBA professionals will help you get the emergency care you need.

The Cigna Medical Benefits Abroad program provided medical coverage up to $300,000 per person per calendar year for employees on international business and their spouse and children (up to age 26) who are traveling with them. There is no deductible or out-of-pocket co-insurance. Some of the many ways the Cigna MBA program can help you if you need medical care while traveling outside the United States include:

- Arranging ground transportation, including ambulance services
- Contacting translators
- Coordinating treatment, including prescription drugs and replacement medicine for lost prescriptions that are medically necessary
- Scheduling medical appointments and hospital admissions
- Finding specialists and facilities
- Organizing medical evacuations (up to $100,000 per calendar year) in case you require immediate medical attention and adequate facilities are not locally available

And the best part of the Cigna MBA program? It’s free to you. Howard pays the full cost of this coverage for you.

The details of the program are contained in the Cigna Medical Benefits Abroad Employee Kit. The kit includes the Group ID card that is to be carried with the employee at all times during their travel abroad. The Office of Human Resources, Benefits and Pension Administration.

(University - 202-806-1280 or Hospital – 202-865-3927).

CIGNA MBA PROGRAM QUESTIONS: To obtain your Employee Kit or if you have questions about the Cigna contact the Office of Human Resources, Benefits and Pension Administration at 202-806-1280 (University) or 202-865-6897 (Hospital).
Employee Assistance Program

FROM MARRIAGE AND DIVORCE TO FINANCIAL STRESS AND DEPRESSION OR CHALLENGES RAISING CHILDREN AND CARING FOR ELDERLY PARENTS, EMPLOYEES MAY 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
- Free online Will preparation

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

Long-Term Care

If you live to age 65, there is a 70% chance that you will need some form of long-term care during your lifetime. You may need placement in assisted living or a nursing home, or you may need 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/groupltc
AFLAC Programs

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 you 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
- Additional life insurance
- Dental supplement

**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 AFLAC:** 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
Emergency Travel Assistance and Identity Theft Protection

As an active employee enrolled in Sun Life’s Group Basic Life Insurance, you are a member of Assist America and are entitled to its services:

- Medical consultation, evaluation and referral
- Hospital admission guarantee
- Lost prescription assistance
- Legal and interpreter referrals
- Emergency medical evacuation
- Care and transport of minor children

This is not medical insurance. No claims for reimbursement will be accepted. All services must be arranged and provided by Assist America. Spouse business travel excluded. Optional coverage for trips longer than 90 days available.

If you or your family member has a medical emergency and are more than 100 miles from home, call or e-mail: 1-800-872-1414 or 301-656-4152; or medservices@assistamerica.com

Stopping Identity Theft Before It Happens

To proactively protect your credit cards, you can register up to 10 credit or debit cards for Identity Fraud Protection surveillance. SecurAssist uses sophisticated webcrawling technology to watch underground chat rooms where thieves sell and trade stolen personal information. If we discover that your information is being sold or traded, we will alert you, often before a crime even occurs.

However, it is impossible to ensure that all chat rooms have been searched for your personal information. Your alerts may not contain or warn you of all of your personal information that may have been compromised.

If you are the victim of financial or medical identity fraud, call: 1-877-409-9597
Would you like a discounted Costco membership and $50 in coupons? When you visit the Howard Place Employee Discounts website, you will find discounts on all kinds of items, including:

- **Automobiles.** You can access discounts on various makes and models through the Employee Auto Buying Program; employees save an average on $2,678 off MSRP when purchasing through this program. Discounts are also available on specific models with programs through Toyota, Ford and Volvo.
- **Gifts.** Get discounts off products such as Godiva chocolates and flowers through 1-800-Flowers. Wine.com, Red Envelope and The Fruit Company also have discount programs for Howard employees.
- **Electronics.** You can get discounts and new phones and service through Verizon and T Mobile. Discounts and also available on electronics at Sears, Samsung and Panasonic.
- **Financial Services.** Various banking, taxes, credit, identity theft and financial planning services are available from providers including Bank of America, Experian, LifeLock, Citi, Wells Fargo, H&R Block, Jackson Hewitt and TurboTax.
- **Entertainment.** From Disney to Six Flags to hotels around the country, discounts are available to help you enjoy your next vacation to the fullest. Movie and concert ticket discounts and also available.
- **Other.** Home and garden services, gym discounts and more are available.

Explore the Howard Place website at beneplace.com/howard to find more discounts available to you.
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:

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 C.B. Powell Building, 525 Bryant St. NW, Room 102. 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.

PERSONAL AND FINANCIAL HEALTH AND WELLNESS PROGRAMS
Did you know Howard offers you a number of free health and wellness – including financial wellness – opportunities? Here are some of your opportunities:

- Cigna Healthy You
- Annual Flu shots
- Healthy Lifestyle Lunch and Learns
- Retirement Readiness workshops
- Everyone Can Save for the Future
- Annual Walk/Run
- Howard University Hospital Total Health menu
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 2015 – 2016 benefits is April 15, 2015 – May 15, 2015.

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. (If you work 30 hours per week, or are a member of certain unions and work at least 20 hours per week, you may enroll in the medical and dental plans.)

4. Do all current, eligible employees of Howard University need to enroll or re-enroll for benefits during the Open Enrollment period?
This year will be a passive enrollment, your current election (except for the Flexible Spending Healthcare and Flexible Spending Dependent Care Accounts) will roll over to the 2015-2016 plan year. You must reenroll in the Flexible Spending Accounts every year.

Remember that enrollment in the Medical Plan is mandatory unless you opt out with proof of alternate coverage.

5. Do I have to enroll in the dental plan?
No, only enrollment in a medical plan is mandatory unless you provide proof of other coverage.

6. What benefits are available for 2015 – 2016?
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 contribution plan options); flexible spending accounts (including healthcare and dependent care options), Employee Assistance Program, SmarTrip Commuter Benefits, Tuition Remission, Medical Benefits Abroad Program, long-term care coverage, optional life and AD&D insurance coverage, group legal program, pet insurance coverage, AFLAC programs, and universal whole life insurance.

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. 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 #413, 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: 202-865-6897

9. 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?
If you have not previously been enrolled in medical coverage through Howard and have not provided proof of other coverage, you will automatically be enrolled in the Cigna Open Access Plus In-Network plan (employee only coverage). Premiums for this coverage will be automatically deducted from your
pay. After the Open Enrollment period ends (or after your first 30 days of employment), you cannot change this coverage 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 full-time employment)
- Changes to your (or your spouse’s) Medicare entitlement

10. 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. You must enroll (or re-enroll) in the flexible spending accounts annually to participate.

11. What is the effective date of my new benefits choices?
The new benefit choices are effective July 1, 2015.

12. Who do I contact with additional questions?
Contact the Office of Human Resources, Benefits and Pension Administration:

- University: 202-806-1280
- Hospital: 202-865-6897
Your Benefits After Employment With Howard University Ends

<table>
<thead>
<tr>
<th>SEPARATION (Termination, Resignation)</th>
<th>LONG-TERM DISABILITY</th>
<th>RETIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL</strong> (Vision and Prescription Drugs) and/or Dental</td>
<td>Coverage normally ends the end of the month in which you are no longer covered by the Disability program; you may continue coverage under COBRA. If you are eligible to retire under the Howard University Employees’ Retirement Plan, you may take advantage of the healthcare plan offered to retirees.</td>
<td>If you are Medicare-eligible and have enrolled in Medicare Part A (Hospital) and Part B (Medical) you (and your Medicare-eligible dependents) may access the Cigna Medicare Surround/Medicare Part D Prescription Plan. Dental coverage is available through the Cigna Retiree Dental Plan. If you are not Medicare-eligible, you (and your non-Medicare eligible dependents) may continue your medical coverage under the University’s current healthcare plan. Dental coverage may also be continued under the University’s dental plan.</td>
</tr>
<tr>
<td>Coverage ceases the end of the month in which your separation occurs. If you were hired as a full-time employee prior to 7/1/2010, coverage ceases the end of the following month in which your separation occurs. You may continue coverage through COBRA.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEPARATION (Termination, Resignation)</td>
<td>LONG-TERM DISABILITY</td>
<td>RETIREMENT</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>LIFE INSURANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 31-days of your separation, you may apply for conversion or portability.</td>
<td>Basic and Supplemental Coverage may be continued under the Premium Waiver.</td>
<td>Basic coverage continues and is paid 100% by the University (subject to a reduction schedule).</td>
</tr>
<tr>
<td><strong>Conversion.</strong> To apply you must be age 69 or younger and not terminating due to retirement, illness or injury.</td>
<td></td>
<td>Supplemental and Spousal Coverage may continue. You are responsible for 100% of the cost.</td>
</tr>
<tr>
<td>• Term insurance policy up to $500,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dependent conversion only if your dependent is currently covered under the group policy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Portability.</strong> Individual universal permanent (lifetime) life insurance with the opportunity to build cash value.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Coverage amount may not exceed the coverage amount at time of separation. You will not have to answer any medical questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dependent portability only if your dependent is currently covered under the group policy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you have questions, contact the Sun Life Customer Service Center at 1-800-247-6875.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RETIREMENT: Howard University Savings Plan – Defined Contribution**

Contact your vendor for options.  
Contact your vendor for options.  
Contact your vendor for options.

**RETIREMENT: Howard University Employees’ Retirement Plan – Defined Benefit**

For those hired in an eligible position prior to December 31, 2008 with five years of vesting service.

- You may receive a benefit under the Plan once your age plus service equals 70 or more.

*Lump sum available if value does not exceed $5,000.

For those hired in an eligible position prior to December 31, 2008 with five years of vesting service.

- You may receive a benefit under the Plan once your age plus service equals 70 or more.

*Lump sum available if value does not exceed $5,000.

For those hired in an eligible position prior to December 31, 2008; you are vested or have earned the right to a benefit after five years of service. Your age plus service must equal 70 or more.

<table>
<thead>
<tr>
<th>SEPARATION (Termination, Resignation)</th>
<th>LONG-TERM DISABILITY</th>
<th>RETIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FLEXIBLE SPENDING ACCOUNT</strong></td>
<td>You have 90 days from the date of your separation due to LTD approval to file for eligible services incurred as of the date of your separation.</td>
<td>You have 90 days from the date of your separation to file for eligible services incurred as of the date of your separation.</td>
</tr>
<tr>
<td>You have 90 days from the date of your separation to file for eligible services incurred as of the date of your separation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SMARTTRIP COMMUTER BENEFIT</strong></td>
<td>You will not receive a cash refund from Metro for any unused balance; the IRS does not allow cash refunds on tax-deferred deductions.</td>
<td>You will not receive a cash refund from Metro for any unused balance; the IRS does not allow cash refunds on tax-deferred deductions.</td>
</tr>
<tr>
<td>• You will not receive a cash refund from Metro for any unused balance; the IRS does not allow cash refunds on tax-deferred deductions.</td>
<td>• If you are still in the area, you may continue to use your SmarTrip card until any unused balance is exhausted.</td>
<td>• If you are still in the area, you may continue to use your SmarTrip card until any unused balance is exhausted.</td>
</tr>
</tbody>
</table>
Required Notices

The following legal notices are required to be provided to you annually.

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 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.

MICHELLE’S LAW
Howard’s medical plan allows for continued coverage for dependent children who are covered under our group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after (enter effective date of law to the plan).

If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a postsecondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

The University will require a written certification from the child’s physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)
If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage.

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

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you
and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity and you must request coverage within 60 days of being determined eligible for premium assistance.

You may find contact information regarding CHIP at www.dol.gov/ebsa/chipmodelnotice.doc.

**IMPORTANT NOTICE FROM HOWARD UNIVERSITY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

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

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

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

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

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

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

If you decide to join a Medicare drug plan, your current Howard University Medical Plan coverage will not be affected. Your current Howard-sponsored coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. However, if you drop your Howard-sponsored coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Howard University and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

**FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE…**

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

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Howard University changes. You also may request a copy of this notice at any time.
FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:
Visit www.medicare.gov.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

• Date: July 1, 2015
• Name of Entity/Sender: Howard University
• Contact: Office of Human Resources, Benefits and Pension Administration
• Address: 2244 10th Street NW, Suite 422, Washington, DC 20059
• Phone Number: 202-806-1280 (University) or 202-865-6897 (HUH)

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE
PART A: General Information
To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.
HOW CAN I GET MORE INFORMATION?
For more information about your coverage offered by your employer, please check your summary plan description or contact the Office of Human Resources, Benefits and Pension Administration at 202-806-1280 (University) or 202-865-6897 (HUH).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit Healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Howard University</td>
<td>53-0204707</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2244 10th Street NW, Suite 422, Washington, DC 20059</td>
<td>202-806-1280</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td>DC</td>
<td>20059</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Human Resources, Benefits and Pension Administration</td>
<td><a href="mailto:benefits@howard.edu">benefits@howard.edu</a></td>
<td></td>
</tr>
</tbody>
</table>
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 brand-name drug and is allowed to be produced after the brand-name 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**

<table>
<thead>
<tr>
<th>NAME</th>
<th>JOB TITLE</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia Henderson</td>
<td>Director, Benefits and Pension Resources</td>
<td>202-865-3570/202-806-1285</td>
</tr>
<tr>
<td>Crystal Duncan</td>
<td>Benefits Manager</td>
<td>202-806-1287</td>
</tr>
<tr>
<td>Alberta Stephens</td>
<td>Benefits Analyst</td>
<td>202-806-1295</td>
</tr>
</tbody>
</table>

**HOWARD UNIVERSITY HOSPITAL**

<table>
<thead>
<tr>
<th>NAME</th>
<th>JOB TITLE</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demetrius Patillo</td>
<td>Sr. Benefit Analyst</td>
<td>202-865-6897</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>PHONE NUMBER</th>
<th>WEBSITE/EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical, Rx, Vision: Cigna</td>
<td>1-800-233-4076</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
<tr>
<td>Wellness: Cigna Your Health First 200</td>
<td>1-866-797-5833</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>1-800-932-0783</td>
<td><a href="http://www.deltadentalins.com/HU">www.deltadentalins.com/HU</a></td>
</tr>
<tr>
<td>FSA: Cigna Flex</td>
<td>1-800-233-4076</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
<tr>
<td>STD/LTD/Basic Life Insurance: Sun Life</td>
<td>1-800-247-6875</td>
<td><a href="http://www.sunlife-usa.com">www.sunlife-usa.com</a></td>
</tr>
<tr>
<td>Retirement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIAA-CREF</td>
<td>1-800-842-2776</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
</tr>
<tr>
<td>AIG-VALIC</td>
<td>1-800-448-2542</td>
<td><a href="http://www.aigvalic.com">www.aigvalic.com</a></td>
</tr>
<tr>
<td>ING</td>
<td>1-800-584-6001</td>
<td><a href="http://www.ingretirementplans.com">www.ingretirementplans.com</a></td>
</tr>
<tr>
<td>EAP: ComPsych – Guidance Resources (ID# EAP4HU)</td>
<td>1-866-519-8354</td>
<td><a href="http://www.guidanceresources.com">www.guidanceresources.com</a></td>
</tr>
<tr>
<td>Long-term Care: Genworth</td>
<td>1-800-416-3624</td>
<td><a href="http://www.genworth.com/groupltc">www.genworth.com/groupltc</a></td>
</tr>
<tr>
<td>Tuition Remission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commuter Benefits: SmarTrip</td>
<td>1-888-762-7874</td>
<td><a href="http://www.smartrip.com">www.smartrip.com</a></td>
</tr>
<tr>
<td>Home/Auto: MetLife</td>
<td>1-800-GET-MET8</td>
<td><a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></td>
</tr>
<tr>
<td>Group Legal: Legal Resources</td>
<td>1-800-728-5768</td>
<td><a href="http://www.legalresources.net">www.legalresources.net</a></td>
</tr>
<tr>
<td>Howard Place Employee Discounts</td>
<td>1-800-683-2886</td>
<td><a href="http://www.beneplace.com/howard">www.beneplace.com/howard</a></td>
</tr>
<tr>
<td>AFLAC</td>
<td>1-800-992-3522</td>
<td><a href="http://www.aflac.com">www.aflac.com</a></td>
</tr>
<tr>
<td>North Carolina Mutual</td>
<td>301-467-0939</td>
<td><a href="http://www.ncmutuallife.com">www.ncmutuallife.com</a></td>
</tr>
<tr>
<td>New York Life</td>
<td>1-800-695-4331</td>
<td><a href="http://www.newyorklife.com">www.newyorklife.com</a></td>
</tr>
</tbody>
</table>

Note: Howard reserves the right to make changes to its benefits program for all employees, retirees and beneficiaries. Any such benefit changes will also apply to the PRP participants and beneficiaries. Benefits are subject to the actual plan terms in effect as a given time. In the event of a conflict between the terms of any benefit plan and this summary, the terms of the benefit plan will control.

Plans in this guide may be subject to the provisions of the respective collective bargaining agreement for each union.