

Open Enrollment: February 9 – February 25, 2022

Open Enrollment is a time to evaluate your healthcare options and determine the plan that best suits you and your family's needs for the 2022-23 plan year. It is also the one time during the year when you can add or remove eligible family members and change or enroll in benefits that are not always open for enrollment without a qualifying life event.

Your Open Enrollment "To Do" List:

- Review this booklet and the detailed information on the <u>benefits website</u> to help you make your benefit choices for the next plan year. If you are satisfied with your current plans, there is nothing more you need to do, unless you participate or plan to participate in a healthcare or dependent care flexible spending account as described below.
- All employees currently enrolled in a healthcare or dependent care **flex spending account** must complete a new election in Workday for the new plan year. <u>If you do not re-enroll,</u> you will not have a flex account in 2022-23.

Overview of Changes for the 2022-2023 Plan Year:

- **Plan enhancements:** Please refer to page three for information regarding Kaiser plan design improvements.
- Medical Premium Changes: Overall cost for medical insurance is increasing by 5% this year, and employees will have a commensurate 5% increase in employee contributions. The one exception is the Kaiser HMO employee only coverage for those making under \$50,000, which will remain at no cost to the employee.
- **Dental and Life Premiums:** Kaiser Dental HMO and LifeMap Dental will remain at the same cost as last year.
- **Medical Flex Balance Rollover:** Unlike last year, carryover of flexible spending accounts is no longer unlimited, as the more generous pandemic rules are no longer applicable. Therefore, employees are limited to a carryover amount of \$570.
- **Portland FSA Plan:** Allegiance Flexible Spending Accounts will close on March 31, 2022, and Portland employees wishing to enroll in a Flexible Spending Account will do so with TASC, the carrier currently used by Willamette employees.
- **EAP Name Change:** Our Employee Assistance Program (EAP) provider changed their name from Cascade Centers to Canopy. This is a name change only, no change in benefit.

Important Note to Kaiser Added Choice PPO Participants: Due to previously arranged increase limits for this plan year, Willamette was able to keep the cost increase of this plan low. Please be aware that it is highly likely that the cost of this plan will increase significantly next year. Please keep this in mind as you make your choices this year.

Frequently Asked Questions (FAQs)

Can I switch plans?

Yes, during the Open Enrollment period. Changes and enrollments need to be submitted online by **Friday, February 25, 2022, at 5:00 PM** in Workday.

Will my deductible and out-of-pocket maximums increase?

No, there are no deductible or out-of-pocket maximum changes for the 2022-23 plan year.

Will my premium increase?

Yes. The <u>employer and employee portion</u> of medical premiums are increasing for the 2022-23 benefit plan year. (Kaiser and LifeMap dental premiums are not increasing for 2022-23.) However, the university will still cover 100% of the premium for employee-only healthcare coverage under the HMO plan for employees earning less than \$50,000 annually. For medical and dental plan rates, please go to page eight.

When will the selections I make during Open Enrollment take effect?

Benefit plan elections and beneficiary information are effective April 1, 2022. Premium deduction changes will occur on your April paycheck(s).

What do I need to do if I want to enroll in a flexible spending account?

Enroll or re-enroll in the pre-taxed Healthcare and Dependent Care Flexible Spending Accounts in Workday. Remember, **if you do not enroll or re-enroll, you will not have a flex account** in 2022-23.



Summary of Benefit Changes for the 2022-2023 Benefit Plan Year

Kaiser Medical HMO Plan and Added Choice Medical PPO Plan

- Five percent increase in employee and employer cost across plans.
- Naturopathic Care: On April 1, naturopathic care will no longer be tied to an annual \$1,500 limit and the number of doctor visits will now be unlimited. Members may also select a naturopathic doctor as their primary care physician if they wish. Members will still need to select naturopathic doctors from the CHP network, the same practice in effect this year.*
- Alternative Care: Instead of having costs limited to a combined \$1,500 maximum for alternative care, Kaiser is changing to a model of maximum visits per service type per year:*
 - Acupuncture 12 visit limit
 - Chiropractor 20 visit limit
 - Massage Therapist 12 visit limit

Due to our plan year starting in April instead of the calendar year, the visitation count will not begin until April 1. Alternative care received from January through March 2022 will not be counted toward the visitation limit this year.

Kaiser Dental HMO Plan

- No premium increase
- Previously, preventative care costs had been applied to your annual maximum of \$1,500. Starting April 1, this will no longer be the case. This means that you will have more money available for non-preventative dental work! Do note that if you have more frequent dental work, such as extra cleanings for periodontal disease, amounts that are in excess of what Kaiser defines as regular and customary could be applied to the annual maximum. Also note that the cycle of renewing the annual maximum takes place on January 1 of each year.

LifeMap Dental PPO Plan

- No changes to benefits.
- No premium increase

Willamette University

2022 Open Enrollment Meeting Schedule

Annual Wellness & Benefits Fair

Due to impacts of the COVID-19 pandemic, our annual benefits fair will not be held this year.

Benefits: One-on-One Appointments (Online Only for 2022 – 30 minutes):

Due to impacts of the COVID-19, our in-person one-on-one benefit appointments will not be available this year. As an alternative, we are offering 30-minute virtual appointments through Zoom, or by phone. Please click one of the links below or see the next page for instructions on how to schedule an appointment.

Date	Registration	Time	Event
February 10, 2022	Click to choose your time	10:00 AM - 4:00 PM	One-on-One Benefits Zoom Appointments
February 15, 2022	Click to choose your time	1:00 PM – 4:00 PM	One-on-One Benefits Zoom Appointments
February 17, 2022	Click to choose your time	10:00 AM - 1:00 PM	One-on-One Benefits Zoom Appointments
February 21, 2022	Click to choose your time	10:00 AM - 1:00 PM	One-on-One Benefits Zoom Appointments
February 23, 2022	Click to choose your time	1:00 PM – 4:00 PM	One-on-One Benefits Zoom Appointments
February 25, 2022	Click to choose your time	10:00 AM - 4:00 PM	One-on-One Benefits Zoom Appointments

Fidelity Investments: NetBenefits Portal Tour (30 mins) and Ask Fidelity Q & A Session (30 minutes):

We are pleased to offer you the opportunity to attend one of several scheduled online Zoom sessions with Ronald Elia, our dedicated Retirement & Financial Planning Specialist.

During these events, Ronald will give a full tour of Fidelity's NetBenefits web portal, providing guidance in how to navigate the many options available to manage your money. Afterward, Q & A time is provided to answer any questions you might have.

The scheduled dates and times for these sessions are as follows:

Date	Registration	Time	Event
February 14, 2022	Click here to register	8:00 AM – 8:30 AM	NetBenefits Portal Tour and Q & A Session
February 14, 2022	Click here to register	12:00 PM - 12:30 PM	NetBenefits Portal Tour and Q & A Session
February 22, 2022	Click here to register	8:00 AM – 8:30 AM	NetBenefits Portal Tour and Q & A Session
February 22, 2022	Click here to register	12:30 PM - 1:00 PM	NetBenefits Portal Tour and Q & A Session

Fidelity Investments: One-on-One Appointments (Online Only for 2022 – 45 minutes):

Ronald (and other Fidelity Financial Planning Specialists) are also available to meet with you individually to discuss your personal financial planning and answer any specific questions you may have. You can schedule time with Ronald by visiting the following link:

<u>Click here to schedule an appointment</u> (or go to https://digital.fidelity.com/prgw/digital/wos/)

Appointment Registration Instructions

One-on-One Appointments

NOTE: If you are unable or do not wish to meet through Zoom, please contact us at <u>hr@willamette.edu</u> or 503-370-6210 to schedule a phone appointment.

<u>Summary</u>

Click on the link called "Click to choose your time" in the Benefits One-on-One table on page four. A Google Calendar will appear.

- Find the date and time that works best for you. You may change the date range of the calendar by clicking the arrows near the top left-hand corner of the page.
- Click the box that corresponds to the date and time you wish to have your appointment.
- This will bring up a dialog box to book your appointment for the specific date and time you have chosen.
- If the date and time look correct, click Save.
- You will see an on-screen confirmation that your appointment has been saved. The appointment will also be sent directly to your Google Calendar.

Detailed Screenshots

1. Click on the link called "Click to choose your time". A Google Calendar will appear:

Click on an	LAMETTE VERSITY open appointment slo	t to sign up. If no slots are a	available, please try a different time range.
Today 💽	Feb 7 – 13, 2	2021	
	Sun 2/7	Mon 2/8	Tue 2/9
10am			
11am			
12pm		12p – 1p Busy	12p – 1p Busy
1pm			Open Enrollinent: 1-
2pm			Open Enrollment: 1-
3pm			Open Enrollment: 1- Open Enrollment: 1-

2. Find the date and time that works best for you. You may change the date range of the calendar by clicking the arrows near the top left-hand corner of the page.

WIL UN	LAMETTE		
Click on an	open appointment sl	ot to sign up. If no slots are ava	ilable, please try a different time ra
Today	Feb 7 – 13,	2021	
	Sun 2/7	Mon 2/8	Tue 2/9
10am			
11am			
12pm		12p - 1p Busy	12p - 1p Busy
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			Open Enrollmer
2pm			Open Enrollmer
			Open Enrollmer
3pm			Open Enrollmer
			Open Enrollmer
4pm			

3. Click the box that corresponds to the date and time you wish to have your appointment.

WIL UNI	LAMETTE		
Click on an	open appointment sl	ot to sign up. If no slots are avail	able, please try a different time range
Today	Feb 7 – 13,	, 2021	
	Sun 2/7	Mon 2/8	Tue 2/9
10am			
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12pm		12p – 1p Busy	12p – 1p Busy
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2pm			Open Enrollment: 1
			Open Enrollment:
3pm			Open Enrollment: 1
4.0.00			Open Enrollment: 1
4pm			

4. This will bring up a dialog box to book your appointment for the specific date and time you have chosen.

Book an a	ppointment	×
What When Whore Description	Den Enrollment: 1-on-1 Benefits Appt Tue, February 23, 10:00am – 10:30am Mike Long https://willametteuniversity.zoom.us/j/95038994463 Nicole Stewart is inviting you to a scheduled Zoom meeting. Join Zoom Meeting https://willametteuniversity.zoom.us/j/95038994463 Save Cancel	Tip: You can customize the details of the event after you save it.

5. If the date and time look correct, click Save.

Book an a	ppointment	×
What When	Deen Enrollment: 1-on-1 Benefits Appt Tue, February 23, 10:00am – 10:30am	Tip: You can customize the details of the event after you save it.
Who Where	Mike Long https://willametteuniversity.zoom.us/j/95038994463	
Description	Nicole Stewart is inviting you to a scheduled Zoom meeting.	
	Join Zoom Meeting https://willametteuniversity.zoom.us/j/95038994463	
→	Save	

6. You will see an on-screen confirmation that your appointment has been saved. The appointment will also be sent directly to your Google Calendar.



MONTHLY HEALTHCARE RATES 2022-23



Employee's Salary: \$0-\$50,000									
Medical- Kaiser HMO					Medical-Add	ed Choice PPO			
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays		
Employee	\$683.18	\$0.00	\$683.18	Employee	\$954.94	\$271.76	\$683.18		
Employee + 1	\$1,366.37	\$273.27	\$1,093.10	Employee + 1	\$1,909.88	\$816.78	\$1,093.10		
Family	\$1,899.25	\$379.85	\$1,519.40	Family	\$2,654.73	\$1,135.33	\$1,519.40		

Employee's Salary: \$50,001-\$100,000

		¥ V		•	•		
Medical- Kaiser HMO					Medical-Add	ed Choice PPO	
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$683.18	\$34.16	\$649.02	Employee	\$954.94	\$305.92	\$649.02
Employee + 1	\$1,366.37	\$341.60	\$1,024.77	Employee + 1	\$1,909.88	\$885.11	\$1,024.77
Family	\$1,899.25	\$474.81	\$1,424.44	Family	\$2,654.73	\$1,230.29	\$1,424.44

Employee's Salary: \$100,001+

Medical- Kaiser HMO			Medical-Added Choice PPO				
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$683.18	\$68.32	\$614.86	Employee	\$954.94	\$340.08	\$614.86
Employee + 1	\$1,366.37	\$409.91	\$956.46	Employee + 1	\$1,909.88	\$953.42	\$956.46
Family	\$1,899.25	\$569.77	\$1,329.48	Family	\$2,654.73	\$1,325.25	\$1,329.48

MONTHLY DENTAL RATES 2022-23

Employee's Salary: \$0-\$50,000

Kaiser (HMO) Dental Plan					LifeMap	(PPO) Plan	
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$63.69	\$0.00	\$63.69	Employee	\$56.23	\$0.00	\$56.23
Employee + 1	\$127.37	\$44.58	\$82.79	Employee + 1	\$112.50	\$39.37	\$73.13
Family	\$177.04	\$79.67	\$97.37	Family	\$157.49	\$70.87	\$86.62

Employee's Salary: \$50,001-\$100,000

Kaiser (HMO) Dental Plan					LifeMap	(PPO) Plan	
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$63.69	\$6.37	\$57.32	Employee	\$56.23	\$5.74	\$50.49
Employee + 1	\$127.37	\$50.95	\$76.42	Employee + 1	\$112.50	\$45.00	\$67.50
Family	\$177.04	\$84.98	\$92.06	Family	\$157.49	\$75.12	\$82.37

Employee's Salary: \$100,001+

Kaiser (HMO) Dental Plan			LifeMap (PPO) Plan				
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$63.69	\$9.55	\$54.14	Employee	\$56.23	\$8.55	\$47.68
Employee + 1	\$127.37	\$63.69	\$63.69	Employee + 1	\$112.50	\$56.25	\$56.25
Family	\$177.04	\$88.52	\$88.52	Family	\$157.49	\$78.75	\$78.75



Healthcare Comparison Willamette University 2022-23

Plan Name &	Option 1: Kaiser Medical	Option 2: Added Choice PPO				
Provider Network	НМО	Tier 1	Tie	er 2	Tier 3	
	Kaiser Providers	Kaiser Providers	First Cho Provi	oice PPO iders	Non-Participating Providers	
Annual Deductible (January – December)	Individual \$500 Family \$1,500	Individual \$1000 Family \$3,000	Individua Family	al \$2,000 \$6,000	Individual \$3,000 Family \$9,000	
Annual Out-of- Pocket Maximum *Tier 1 & 2 cross accumulate	Individual \$3,000 Family \$9,000	Individual \$4,000* Family \$8,000*	Individua Family \$	l \$6,000* 12,000*	Individual \$7,500 Family \$15,000	
Preventive Care	\$0	\$0	\$	0	40% coinsurance after deductible	
Primary Care / Naturopathic Care	\$15	\$25	\$3	35	40% coinsurance after deductible	
Specialty Care	\$25	\$35	\$4	15	40% coinsurance after deductible	
Urgent Care	\$35	\$45	\$5	55	40% coinsurance after deductible	
Diagnostic Lab & X-Ray\$15 per department visit		\$25 per department visit	\$35 departm	per ient visit	40% coinsurance after deductible	
CT, MRI, PET Scan \$100 per department visit		\$100 per department visit	30% Coinsurance after deductible		40% coinsurance after deductible	
Inpatient Stay/Surgery	20% Coinsurance after deductible	20% Coinsurance after deductible	30% Coir after de	nsurance ductible	40% coinsurance after deductible	
Outpatient Surgery	Outpatient Surgery 20% Coinsurance after deductible 30%		30% Coinsurance after deductible		40% coinsurance after deductible	
Emergency Room	ncy Room 20% Coinsurance \$200 after de after deductible		er deductib	le (waived i	f admitted)	
Ambulance Services	20% Coinsurance after deductible	20% Coinsurance after deductible		luctible		
Durable Medical Equipment	20% Coinsurance after deductible	20% Coinsurance after deductible	30% Coir after de	nsurance ductible	40% coinsurance after deductible	
Alternative Care (Acupuncture, Chiropractic, Massage Therapy)	\$25 per visit. Visit limitations: Acupuncture – 12 visits Chiropractic – 20 visits Message Therapy – 12 visits	\$25 per visit. Visit limitations: Acupuncture – 12 visits Chiropractic – 20 visits Message Therapy – 12 visits			ons: s ; sits	
Prescription Retail (Up to 30 – day supply)	\$20 generic \$40 preferred \$60 non-preferred	\$20 generic \$40 preferred \$60 non-preferred				
Mail Order Prescriptions (Up to 90 – day supply)	\$40 generic \$80 preferred \$120 non-preferred	Kaiser Mail Or \$40 generic \$80 preferre \$120 non-prefe	<i>der</i> : d rred	<i>Med</i> \$ \$18	Impact Mail Order \$60 generic 120 preferred 80 non-preferred	
Routine Eye Exam	\$15 co-pay	\$25 co-pay	\$35 c	о-рау	40% coinsurance after deductible	
Vision Hardware and optical services	\$250 annual allowance		\$250 annu	ial allowand	ce	



Plan Name & Provider Network	Option 1: Kaiser Dental HMO Kaiser Providers	Option 2: LifeMap PPO
Annual Deductible	None	Individual - \$50 Family - \$150
Annual Maximum Benefit	\$1,500 per person	\$1,500 per person
Office Visits	\$15 co-pay	None
Preventive Services Exams, cleanings, x-rays, fluoride treatment	Fully covered after office visit charge	Employee pays 0% (deductible waived)
Basic Services Fillings, simple extractions	Fully covered after office visit charge	Employee pays 20% after deductible
Major Services Crowns, Bridges, Dentures	Employee pays 20%	Employee pays 50% after deductible
Emergency Treatment	\$25 co-pay in-network Plan pays up to \$100 for out-of- area emergency	Employee pays 20% after deductible
Orthodontia No age limit	Employee pays 50% \$1,500 per claimant lifetime maximum	Employee pays 50% \$1,500 per claimant lifetime maximum (deductible waived)
Orthodontia Lifetime Maximum	\$1,500	\$1,500

Please note: This summary provides a brief description of the Plan benefits. Please refer to the Summary Plan Description for a complete list of benefits, limitations, and exclusions that apply and a definition of medical necessity.

EAP Summary of Services

A benefit for you and your family members provided by Willamette University

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

Personal Consultation with an EAP Professional

Five (5) counseling sessions face to face, over the phone, or online for concerns such as:

Marital conflict

Depression

- Stress management
- Conflict at work
- Family relationships
- Anxiety

- Alcohol or drug abuse
- Grieving a loss
- Career development services

Resources for Life

Canopy will help locate resources and information related to Eldercare, Childcare, Identity Theft, or anything else you may need.

Legal Consultations / Mediation

Call Canopy for a free thirty-minute office or telephone. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Financial Coaching

Coaches will provide unlimited financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Home Ownership Program

Assistance and discounts for buying, selling, and refinancing.

Life Coaching

Three (3) telephonic sessions with a master's degree level coach, focusing on setting achievable goals, identifying barriers and making a plan to achieve those goals.

Pet Parent Resources

We offer free pet information and support, including pet insurance discounts, new pet parent resources and bereavement support.

Wellbeing Tools

- Fertility health support
- Will kit questionnaire
- Online legal tools
- Gym membership discounts

Member Site

Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at **my.canopywell.com**, and register as a new user or log-in. Enter **Willamette University** for company name when you register.

LifeBalance

Discounts on outdoor adventures, travel, amusement, self-care, wellness resources and more. To access, log onto the Member Site or visit canopy.LifeBalanceProgram.com.



Crisis Counselors are available by phone 24/7/365 call: 800-433-2320 text: 503-850-7721 email: info@canopywell.com Canopy is committed to creating a safe, inclusive, and equitable society for all.

Workday Open Enrollment Instructions

Introduction

This guide will assist you in making changes to your benefit elections. You will be using the Willamette Workday system to view and make changes to your benefits as desired. Note that if you don't wish to make any changes, no action is necessary, but if you participate in a flexible spending account program you must re-enroll every year.

Step 1: Login to Workday and Initiate Open Enrollment



Step 2: View and Make Changes to Health Care Elections

Medical and Dental Elections

The same method is used to enroll in or make changes to medical and dental plans. We review making changes to medical insurance in this example. More information about the medical and dental plans can be found <u>here</u>.

1.	Click Manage or Enroll at the bottom of the Medical tile.	Ка	ledical aiser HMO			
		Cost per paych	neck	\$	32.53	
		Coverage		Employee	e Only	
			Manage			
2.	Click the Select radio button next to the plan you wish to enroll in. In this example, the Kaiser HMO button is selected.	Projected Total C S Plans Avail	Cost Per Paycheck Pr \$0 able	ojected Tota 0.00	l Credits	
	Click Confirm and Continue.	Select a plan or Wa	ive to opt out of Medical. The	displayed cost	of waived plans assumes coverage t	for Employee Only.
		*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)	Plan Details
		SelectWaive	Kaiser HMO	\$	\$ · ·	Medical
		SelectWaive	Kaiser PPO Added Choice	\$	\$ ·	Medical
		Confirm and	d Continue Ca	ancel		>
3.	Your cost per paycheck for enrolling in the plan will display.	Me	dical - Kaiser H	НМО		
	If you wish to add dependents to the plan, click Add New Dependents and follow the instructions later in this guide.	Projec S Depo Add a Cover	endents new dependent or select an o age * Emp	neck Pr \$0 {- existing deper ployee Only	ojected Total Credits .00 ndent from the list below.	
	When you are done, click Save .	Plan o	cost per paycheck \$			
			Save	ncel		
4.	You will receive a confirmation that your changes have been updated.	Ye bu Ne you	our Medical chan ut not submitted ext steps: Update anothe u're ready to submit your	ges have er plan, or cli changes.	e been updated,	

Flexible Spending Account Elections

Willamette offers healthcare, dependent care, and mass transit flexible spending account programs. For more information about these programs, click <u>here</u>. These instructions demonstrate enrollment in the Healthcare Flexible Spending account, but the same process is used for Dependent Care enrollment. The Mass Transit Flex can be joined at any time during the year and is therefore not included in Open Enrollment.

1.	Locate the Healthcare FSA tile and click Enroll .		Healthcare FS/ Waived Enroll	A				
2.	On the following screen,	Healthcar	re FSA					
	click the Select and then the Confirm and Continue	Projected Total (\$	Cost Per Paycheck	Projecte \$0.00	ed Total Credits			
	button.	Plans Available						
		1 item \Xi 🖬 🖬						
		*Selection	Benefit Plan	You Contribute (Monthly)	Company Contribution (Monthly)	Plan Details		
		SelectWaive	TASC 2022 OE (NS)			Flexible Spending A		
		•				4		
		Confirm a	nd Continue	Cance	I			
3.	You may enter either a per pay either input area will populate \$1,000 was entered as the ann	check amou the other a ual amount	unt or the an nd provide a	nual ar total a	nount you wish to nnual contribution	contribute. En . In this examı	itering ple,	
	Healthcare FSA - TASC 20	22 OE (NS)		althac				

	Healthcare FSA - TASC 2022 OE (NS)	Healthcare FSA - TASC 2022 OE (NS)
	Projected Total Cost Per Paycheck \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Projected Total Cost Per Paycheck Projected Total Credits \$ \$0.00
	Contribute	Contribute
	Per Paycheck 83.33 Annual 1,000.00	Per Paycheck 0.00 Annual 0.00
	Total Paychecks 12	Total Paychecks 12
	Minimum Annual Amount: \$49.92 Maximum Annual Amount: \$ 2,850.00	Minimum Annual Amount: \$49.92 Maximum Annual Amount: \$2,850.00
	Summary	Summary
	Total Annual Contribution \$1,000.00	Total Annual Contribution \$0.00
4.	Click Save at the bottom of the screen after y made.	our selection is Save
5.	When finished you will receive a confirmation	Your Healthcare FSA changes have been updated, but not submitted Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Step 3: Insurance and Retirement Elections

Willamette Sponsored Benefits

Willamette provides Basic Life, Accidental Death & Dismemberment (AD&D) Insurance, and Long Term Disability benefits at no cost to employees working 75% of a full time schedule (30 hours a week). These plans are automatically populated with your plan information. You may view, but not make changes to these plans. For more information, click <u>here</u>.

Basic Life Guardian (Employed)	\bigcirc	Basic Accidental Death Guardian (Employee)	and Dismemberment (AD&D)	١	\bigcirc	Long Term Disability (LTD) Guardian (Employee)	
Cost per paycheck	Included	Cost per p	aycheck	Included	Co	st per p	aycheck	Included
Coverage	2 X Salary	Coverage		2 X Salary	Co	verage		60% of Salary
Mana	e		Manag	e			Manage	

Voluntary Supplemental Life and AD&D Insurance

In addition to the insurance provided by Willamette, you may elect to add additional Life and AD&D insurance for yourself and your family. The directions below show how to add Supplemental Life and AD&D Insurance for yourself, but the same directions apply to adding these benefits for your spouse and children. Note that your spouse's amount of insurance elected cannot be higher than the amount you have chosen for yourself, and that higher amounts of coverage may be subject to providing Evidence of Insurability. To review these and other plan rules, click <u>here</u>.

1.	Click Manage or Enroll on the Supplementary Life tile.	Sup Wait	pplemental Life			
			Enroll			
2.	Click the Select button and then Confirm and Continue.	Supplement Projected Total Cos \$ Plans Availab Select a plan or Waive for 1 item *Selection © Select © Waive Confirm and O	tal Life t Per Paycheck Pro SO le iso opt out of Supplemental Benefit Plan Guardian (Employee) continue	ojected Tot 00 Life. You Pay (Monthly)	al Credits Company Contribution (Monthly)	□ □ Plan Details □ Life & Disability ▲ → □

3.	Click the list icon on the right hand side of the Coverage box. A list of coverage amounts will appear. Select the amount of coverage you wish to have. In this example, \$100,00 is chosen.	Supplemen Projected Total Cod \$ Coverage Calculated Coverage Plan cost per payce	tal Life - Guardian (Employee) t Per Paycheck Projected Total Credits \$0.00 ge *	Coverage * Plan cost per paycheck	Bearch Image: Constraint of the second s
4.	If you have not entered benef for this benefit, do so in the following section. You can fin detailed directions for adding beneficiaries later in this book When done, click Save and yo receive a confirmation messag your changes were successful	icies d d let. u will ge that	Beneficiaries Select an existing or add a new beneficiary person or trust Primary Beneficiaries 0 items Beneficiary No E Secondary Beneficiaries 0 items Beneficiary Save Cancel	to this plan. You can also adju Data	et the percentage allocation for each beneficiary. च □ L ¹ Percentage च □ L ¹ Percentage

5. The Supplemental Life and AD&D Insurance are bundled, so it will also be necessary to add Supplemental AD&D. The process is the same as adding Supplemental Life.

- Click Manage or Enroll on the Supplemental Life tile.
- Select the coverage amount desired from the drop down list.
- Add beneficiaries as needed.
- Click Save.

Projected Total Cost Per P \$	Projected Total Credit \$0.00	S		
Coverage				
Calculated Coverage				
Coverage *	Search	:=		
Plan cost per paycheck	\$10,000	*		
nun eest per payeneek	\$20,000	D a		
Beneficiaries	\$30,000			
Select an existing or add a new	\$40,000	adjust t	he percentage allocation for each beneficiary.	
Primary Reneficiaries Oitem	\$50,000		三日.1	
	\$60,000			
(+) Beneficiary	\$70,000		Percentage	
	\$80,000			
Consideration Description of a	\$90,000			
	\$100,000		- L L	
(+) Beneficiary	\$110,000		Percentage	
	\$120,000			

Critical Illness

Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. To find more information about this benefit, click <u>here</u>, and scroll down to Guardian Accident and Critical Illness section. The process for signing up for Critical Illness is similar to Supplemental Life Insurance.

1.	Click Enroll to join the benefit or Manage to make changes.	Crit Waiv	ical Illness red Enroll			
2.	Click Select for each level of benefit you wish to elect. In this example, both employee and spouse are selected. Click Save and Continue when done.	Critical Illness Projected Total Cost Per \$ Plans Available Select a plan or Waive to opt 2 items *Selection Select Waive Select Waive Confirm and Contin	Paycheck Projecte \$0.00 out of Critical Illness. Benefit Plan Guardian (Employee) Guardian (Spouse)	d Total Credits You Pay (Monthly)	문 II Company Contribution (Monthly)	.1

3. On the following screen, select the amount of coverage for yourself by clicking the menu icon in the Coverage field, selecting the amount, and then clicking **Save**. Repeat selecting a coverage amount for your spouse, clicking the **Add New Dependent** button to add your spouse, and then clicking **Save**.

Projected Total Cost Per Paycheck Projected Total Credits \$ \$0.00	Projected Total Cost Per Paycheck Projected Total Credits \$ \$0.00
Coverage	Coverage
Calculated Coverage	Coverage ★ Search :=
Coverage * Search	\$2,500
Plan cost per paycheck \$5,000	Depende O \$5,000
\$10,000	Add a new dep \$7,500 velow
Insurance Inst \$15,000	
\$20,000	Add New Dependent
Provider Website Life & Disability	
Save Cancel	Save Cancel

Step 4: Additional Benefits

Willamette Sponsored Benefits

Additional Benefits					
\bigcirc	Employee Assistand Canopy	ce Program	\bigcirc	Travel Accident	
Cost per pa	aycheck	Included	Cost per pa	aycheck	Included
	Manage			Manage	

Willamette provides an Employee Assistance Program (EAP) and Travel Accident Insurance to employees at no cost. These plans are automatically populated with your plan information. You may view, but not make changes to these plans. For more information about the EAP, click <u>here</u> and scroll down to Employee Assistance Program. You may also find out more information about the ACE Travel Accident program <u>here</u>.

Legal Shield/ID Shield

Legal Shield and ID Shield provide additional personal protection with legal and financial concerns as well as identity theft protection. You can opt to join one or the other or choose to have them bundled together. These instructions show you how to join the bundled program. For more information about these benefits, click <u>here</u>, then scroll down to Legal Services and Identity Theft.

1.	Click Enroll in the Legal/IDShield Bundle tile.	Unived
2.	Click Select and then Confirm and Continue . On t yourself only or if you wish to cover yourself and y Legal/IDShield Bundle	he following screen, select whether you are covering our family.
	Projected Total Cost Per Paycheck Projected Total Credits \$ 0.00 Plans Available Select a plan or Walve to opt out of Legal/IDShield Bundle. 1 item T	Projected Total Cost Per Paycheck \$ \$ Projected Total Credits \$ 0.00 Projected Total Credits
	*Selection Benefit Plan You Pay (Monthly) Company Contribution (Monthly) Plan Details Select Legal Shield Prepaid Legal Prepaid Legal Waive Confirm and Continue Cancel	Select the coverage that you would like for this plan. Coverage * Search Plan cost per paycheck Family
3.	When done, click the Save button, and you will re	ceive a confirmation message.

Accident Insurance

Accident Insurance can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments, and childcare, which can begin to pile up if you have to take some time off from work due to an accident. For more information about this benefit, click <u>here</u>.

1.	Click Enroll in the Accident tile.	Accident Waived
2.	Click Select , then click Confirm and Continue . On t coverage field and select the level of coverage from	the following screen, click the menu button in the normal the drop-down menu. Click Save .
		\$ \$0.00
	Accident	Coverage
	Projected Total Cost Per Paycheck Projected Total Credits	Select the coverage that you would like for this plan.
	Plans Available Select a plan or Waive to opt out of Accident.	Coverage * Search :
	*Selection Benefit Plan You Pay (Monthly) Company Contribution (Monthly) Image: Select mark Guardian Image: Select mark Image: Select mark Image: Waive Guardian Image: Select mark Image: Select mark	Plan cost per paycheck Employee + Spouse Employee + Child Family
	Confirm and Continue	Save Cancel
3.	You will receive a confirmation message indicating	you are done.

You are almost done! Go to the next page to see how to finalize your Open Enrollment elections.

Step 5: Finalize Benefit Selections

1. Once you made your benefit selections, go to the bottom of the screen that displays the benefit tiles. If you are ready to

Review and Sign

Save for Later

finalize your selections, click Review and Sign. If you wish to stop and come back later to complete your
benefit elections, click Save for Later. This will create a reminder task in your Workday inbox to
complete the process.

2. After clicking **Review and Sign**, you will be presented with the total cost of your benefits, the plans you have selected, and coverage details associated with each plan.

View Summary						
Projected Total Cost Per Paycheck Projected Total Credits \$ \$0.00						
Indicate your agreement with these elections via the electronic signature check box at the very bottom of the page! Selected Benefits 14 items						
Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Kaiser HMO	02/01/2022	02/01/2022	Employee Only			\$ 34.16
Dental Kaiser DHMO	04/01/2022	04/01/2022	Employee Only			\$6.37
Healthcare FSA TASC 2022 OE (NS)	04/01/2022	04/01/2022	\$1,000.00 Annual			\$83.33
After the summ waived, messag If you are satist	ary of your curren es regarding any fied with your ele	nt elections, you further action n ections and are i	will see a sect eeded, and a s ready to comp	tion showing ummary of plete your	g which benefi your total cost	ts you have share.
After the summ waived, messag If you are satist Open Enrollmer after reading th button.	ary of your curren ges regarding any fied with your ele nt, scroll down to t rough the Electro	nt elections, you further action n ections and are in the I Accept check nic Signature me	will see a sect eeded, and a s ready to comp ckbox and selec essage. Click th	tion showing summary of elete your ct the box he Submit	g which benefi your total cost I Accept Submit	ts you have share. Cancel
After the summ waived, messag If you are satist Open Enrollmer after reading th button. You will receive	ary of your current es regarding any fied with your ele nt, scroll down to t rough the Electro	nt elections, you further action n ections and are in the I Accept check nic Signature me f submission	will see a sect eeded, and a s ready to comp ckbox and selec essage. Click th Submitted	tion showing summary of olete your ct the box ne Submit	g which benefi your total cost I Accept Submit	ts you have share. Cancel
After the summ waived, messag If you are satist Open Enrollmer after reading th button. You will receive message. Click	ary of your current ges regarding any fied with your ele nt, scroll down to t rough the Electro e a confirmation o c Done to comple	nt elections, you further action n ections and are n the I Accept check nic Signature me f submission ete the open	will see a sect eeded, and a s ready to comp ckbox and selec essage. Click th Submitted You've submitted	tion showing summary of olete your ct the box ne Submit your elections	g which benefi your total cost I Accept Submit	ts you have share. Cancel
After the summ waived, messag If you are satist Open Enrollmer after reading th button. You will receive message. Click enrollment proc	ary of your current ges regarding any fied with your ele at, scroll down to t rough the Electro e a confirmation o Done to comple cess.	nt elections, you further action n ections and are in the I Accept check nic Signature me f submission ete the open	will see a sect eeded, and a s ready to comp ckbox and selec essage. Click th Submitted You've submitted These elections will be in unless you experience a	tion showing nummary of olete your ct the box ne Submit your elections neffect through the e life event and choose	g which benefi your total cost I Accept Submit Submit	ts you have share. Cancel
After the summ waived, messag If you are satisf Open Enrollmer after reading th button. You will receive message. Click enrollment pro	ary of your current ges regarding any fied with your ele at, scroll down to t rough the Electro e a confirmation o a Done to comple cess.	nt elections, you further action n ections and are in the I Accept check nic Signature me f submission ete the open	will see a sect eeded, and a s ready to comp ckbox and selec essage. Click th Submitted You've submitted These elections will be in unless you experience a l Important Dates: Benefits go into effect	tion showing ummary of olete your ct the box ne Submit your elections neffect through the e life event and choose	g which benefi your total cost I Accept Submit Submit	ts you have share. Cancel
After the summ waived, messag If you are satisf Open Enrollmer after reading th button. You will receive message. Click enrollment prod	ary of your current ges regarding any fied with your ele nt, scroll down to t rough the Electro e a confirmation o to Done to comple cess.	nt elections, you further action n ections and are in the I Accept check nic Signature me f submission ete the open	will see a sect eeded, and a s ready to comp ckbox and selec essage. Click th Submitted You've submitted These elections will be in unless you experience a Important Dates: Benefits go into effect Final day to update benefit	tion showing nummary of olete your ct the box ne Submit your elections neffect through the elife event and choose 04/01/2022 fits 02/25/2022	g which benefi your total cost I Accept Submit Submit	ts you have share. Cancel
After the summ waived, messag If you are satisf Open Enrollmer after reading th button. You will receive message. Click enrollment pro	ary of your current ges regarding any fied with your ele nt, scroll down to t rough the Electro e a confirmation o to Done to complect cess.	nt elections, you further action n ections and are in the I Accept check nic Signature me f submission ete the open	will see a sect eeded, and a s ready to comp ckbox and selec essage. Click th Submitted You've submitted These elections will be in unless you experience a l Important Dates: Benefits go into effect Final day to update benefits	tion showing bummary of olete your ct the box ne Submit your elections neffect through the el life event and choose 04/01/2022 fits 02/25/2022 Statement	g which benefi your total cost I Accept Submit	ts you have share. Cancel

We are happy to answer your questions. Please contact us at 503-370-6210 or <u>hr@willamette.edu</u>. Have a great Open Enrollment!

Additional Workday Instructions

Enrolling a Dependent

While you are going through the Open Enrollment process, you may wish to add a new dependent to one or more of your plans. To do so, follow these steps. Note that this example utilizes medical insurance, but the same process would apply if you wish to add dependents to other plans, such as dental insurance or voluntary life. Once a dependent is added on one plan, they will appear on a list to add to other plans, so you do not have to enter their information more than once.

1.	Upon reaching the	Health Care and Accounts]	
	benefit tiles, click Manage on the tile you wish to add a dependent to.	Medical Kaiser HMO Cost per paycheck Coverage Employee Only					
2.	Keep or make changes to your plan choice then click Confirm and Continue .	Plans Available Select a plan or Waive to opt out of Medical. The disp 2 items *Selection Benefit Plan Select Kaiser HMO Waive Select Select Kaiser PPO Added Choice Waive Vaive Confirm and Continue Cance		You Pay (Monthly) \$ \$	f waived plans assumes coverage for Company Contribution (Monthly) \$ \$	Employee Or Plan Details Medical Medical	nly.
3.	If you have existing de display. To add a new d New Dependent .	pendents the	ey will Ck Add Coverag Plan cos	idents v dependent ge st per payc d New Dep	or select an existing dependent fro * Employee Only heck \$65.07	m the list be	low.

4.	If you also wish to add the depende beneficiary option for life, disability retirement plans, click the Use as Beneficiary box. Click OK .	Add My Dependent From Enrollment
5.	Enter dependent information. A po also need to enter a social security in Add My Dependent From Enrollmen	ortion of the entry screen is shown below. You will number and contact information.
	Name Country * VINITED States of America := Prefix := Eirst Name *	Personal Information Relationship * Date of Birth * Age (empty)
	Middle Name Last Name Suffix	Biological Sex * select one Tobacco Use Uses Tobacco Yes No
6.	Click the Save button when you are Your dependent will appear with the check box selected next to their name. Click Save to add this dependent to your benefit.	finished. Select Dependent Relationship Date of Birth Alex Anderson Spouse 01/01/1980 Image: Save Cancel
7.	You will receive a confirmation message and your benefit will update to show that a dependent has been added plus any additional cost.	Your Medical changes have been updated, but not submitted Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Adding a Beneficiary

Designating a beneficiary is an important step to completing your life and retirement plan enrollment. If you wish to add or change a beneficiary, follow the steps below.

1.	Select the tile you wish to add a beneficiary to and click Manage .	Cost per pa Coverage	Basic Life Guardian (Emplo aycheck Manage	Included 2 X Salary	
2.	You will first be presented with your benefit enrollment information. Select Confirm and Continue to go to the next screen.	Cont	firm and Continue		
3.	Click on the + button, then select the of beneficiary you wish to add. Yo choose from an existing list of preventered beneficiaries or add a new of lf you have an existing beneficiary and wish to remove them, select the button next to their name. In this example, we will add a beneficiary. Click the plus sign, select New Beneficiary or Trust , select Add Beneficiary , and click Continue .	e type bu can riously one. listed minus new ct Add d New	Primary Beneficiaries 0 items Beneficiary Add Row Existing Beneficiary Persons Existing Trusts Add New Beneficiary or Trust Add New Beneficiary or Trust Add New Beneficiary or Trust Add New Beneficiary or Trust Continue Cancel	Hve this benefit. A trust is an behalf of a beneficiary or t	n arrangement beneficiaries.

4.	Legal Name	
	Enter information in the Legal	Relationship *
	Name area, then click on the Contact Information link.	Use as Beneficiary
		Date of Birth MM/DD/YYYY
	Contact Information	Age (empty)
	Enter phone, address and email	Biological Sex select one
	information by clicking on Edit in each section. These fields all need	Allow Duplicate Name
	to be completed to submit the	Legal Name Contact Information National IDs Additional Gov
	form.	Country * X United States of America [7]
	National IDs	Prefix
	your beneficiary.	First Name *
		Middle Name
		Last Name *
		Suffix :=
5.	Once done entering your beneficiary	's information, click Save at the bottom of the page.
6.	Your beneficiary will now display	Primary Beneficiaries 1 item = 🖬 🖬
	for the benefit. Enter a percentage of the benefit that you	+ Beneficiary Percentage
	wish to allocate to the beneficiary.	
		• • • • • • • • • • • • • • • • • • •
7.	Repeat this process to add a	Secondary Beneficiaries 0 items = 🖬 💵
	secondary beneficiary.	+ Beneficiary Percentage
		No Data

Please note: If you remove a primary beneficiary and have a contingent beneficiary remaining, you must change the contingent beneficiary to primary, or remove all beneficiaries attached to the plan. If you have more than one primary beneficiary, the primary percentage totals must equal 100%.

Key Contact Information

The following table provides important phone numbers and websites that you may need when enrolling for your benefits and throughout the year.

Options	Website	Group #	Phone Number
Enrollment Portal Online			
[]Workday	workday.willamette.edu	N/A	N/A
Health Insurance			
[] Added Choice Medical Plan	http://willamette.edu/offices/hr/benefit	#02014	1-866-616-0047
[] Kaiser Medical Plan	s/healthcare_coverage/index.html	#02014	1-800-813-2000
Dental Insurance			
[] LifeMap Plan	http://willamette.edu/offices/hr/benefit	#60026056	1-800-286-1129
[] Kaiser Dental Plan	s/healthcare_coverage/index.html	#02014	1-800-813-2000
Life Insurance			
[] Optional Group Term Life and AD&D (Buy-up)	http://willamette.edu/offices/hr/benefit s/insurance_plans/index.html	#00510968	1-800-525-4542
Flexible Spending Account			
[] Health Care[] Dependent Care[] Mass Transit	http://willamette.edu/offices/hr/benefit s/spending_account_plans/index.html	M012	1-800-422-4661
Retirement Plans			
[] Voluntary Contributions	http://willamette.edu/offices/hr/benefit s/retirement/voluntary.html	92040	1-800-343-0860
Accident			
[] Accident Lump Sum [] Critical Illness with Cancer	http://willamette.edu/offices/hr/benefit s/additional_benefit_plans/index.html	#00510968	1-888-600-1600
Legal Services and Identity Theft			
[] Legal Plan [] Identity Theft	http://willamette.edu/offices/hr/benefit s/additional_benefit_plans/index.html	#37588	1-800-654-7757

Still have questions? We are happy to help you:

Human Resources 503-370-6210 hr@willamette.edu

WILLAMETTE (W) UNIVERSITY

Annual Legal Notices

NOTICE OF PRIVACY PRACTICES

The HIPAA privacy standards guarantee to individuals the right to adequate notice of the University's policies and procedures related to protected health information. The Notice of Privacy Practices describes how the University may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. A copy of The Notice of Privacy Practices for the Willamette University employee benefits plans is available upon request. Please submit your written request to Human Resources, Willamette University, 900 State Street, Salem, OR 97301

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE – FEDERAL

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

NOTICE OF PREEXISTING CONDITIONS

If applicable, the existence and terms of a pre-existing condition exclusion clause are disclosed in your benefit booklet. Individuals have a right to request a certificate of creditable coverage from a prior plan or insurance issuer. If necessary, the plan can assist you in obtaining a certificate of creditable coverage. Please contact human resources for more information or to request assistance.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact person listed at the end of this summary.

NOTICE OF PATIENT PROTECTIONS THAT REQUIRE DESIGNATION OF A PCP

Kaiser group health plans generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser Customer Service. For children, you may designate a pediatrician as the primary care provider.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

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

www.healthcare.gov.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or

www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

OREGON – Medicaid and CHIP Medicaid & CHIP Website: http://www.oregonhealthykids.gov

Medicaid & CHIP Phone: 1-877-314-5678

STATEMENT OF ERISA RIGHTS:

As a participant in the plan you are entitled to certain rights and protections under the employee retirement income security act of 1974 ("erisa"). Erisa provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage: If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights. If you have creditable coverage for preexisting conditions under your group health plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA continuation of coverage, when COBRA continuation of coverage or if you request it up to 24 months after losing coverage. Without evidence of prior creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries: In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants. No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights: If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees. Assistance with your Questions: If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

DISCLOSURE OF PLAN INFORMATION UNDER ERISA FOR WILLAMETTE UNIVERSITY EMPLOYEE BENEFIT PLANS

The Employee Retirement Income Security Act of 1974 (ERISA) requires that we provide you annually with information - known as a Summary Annual Report - on the financial information filed with the Internal Revenue Service and the U.S. Department of Labor for the plans listed below in which you may be a participant, eligible to participate, or a beneficiary. As permitted by Department of Labor regulations, in lieu of a Summary Annual Report, a copy of the Annual Return/Report filed on behalf of the plan will be furnished to you free of charge, upon receipt of a written request.

Reports are available for the following:

- Willamette University Defined Contribution 403(b) Retirement Plan
- Willamette University Long Term Disability Insurance Plan
- Willamette University Group Life Insurance Plan and ADD-Basic and Voluntary
- Willamette University Employee Welfare Benefit Plans, including:
 - Willamette University Flexible Spending Plan
 - Kaiser Permanente Health Plan
 - Employee Assistance Program

A copy of the Form 5500 and the "Disclosure of Plan Information under ERISA" Notice will be sent to you within 30 days of your request. Please submit your written request to:

Nicole Stewart Benefits Manager Willamette University 900 State Street Salem, OR 97301



Important-Time Sensitive

Open Enrollment Information

