

2024



# A GUIDE TO YOUR Benefits

January 1 - December 31, 2024



# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first day of employment.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2024.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

Go to <http://my.moody.edu>. There, you will find detailed information about the plans available to you and instructions for enrolling.

# Medical

We are proud to offer you a choice among three different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Cigna Open Access Plus (OAP)

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Cigna network. The calendar-year deductible must be met before certain services are covered.

## Cigna One Health (HMO)

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

## Cigna HDHP with HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Cigna network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the High Deductible Health Plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.*



- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$600 annually to your HSA if you enroll in employee-only coverage and \$1,200 annually if you enroll yourself and one or more family members. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

**Important:** Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2024
Employee Only	\$4,150
Family (employee + 1 or more)	\$8,300
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Access to the HSA Bank website is available through your mycigna.com portal. You can also contact Cigna directly where you will be put in touch with an HSA Bank Representative or call HSA Bank directly at (800) 357-6246.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.

# Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Open Access Plus Plan (OAP)		Cigna One Health (HMO)	HDHP with HSA	
	In-Network	Out-of-Network <sup>1</sup>	In-Network Only	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per plan year)					
Individual / Family	\$1,000 / \$3,000	\$1,000 / \$3,000	\$0 / \$0	\$2,000 / \$4,000	\$4,000 / \$8,000
<b>Out-of-Pocket Maximum</b> (per plan year)					
Individual / Family	\$3,000 / \$6,000	\$4,000 / \$12,000	\$1,500 / \$3,000	\$4,000 / \$8,000	\$6,000 / \$12,000
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per plan year; prorated for new hires/newly eligible)					
Individual / Family	N/A		N/A	\$600 / \$1,200	
<b>Covered Services</b>					
Office Visits (physician/specialist)	\$25/\$40 copay/visit	40%*	\$25/\$40 copay/visit	20%*	40%*
Routine Preventive Care	No Charge	Not Covered	No Charge	No Charge	Not Covered
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	No Charge	20%*	40%*
Complex Imaging	20%*	40%*	No Charge	20%*	40%*
Chiropractic	20%*, 30 visits per benefit period	40%*, 30 visits per benefit period	\$25/\$40 copay/visit	20%*, 30 visits per benefit period	40%*, 30 visits per benefit period
Ambulance	20%*		No Charge	20%*	
Emergency Room	\$150 copay/visit		\$150 copay/visit	20%*	
Urgent Care Facility	20%*	40%*	\$25 copay/visit	20%*	40%*
Inpatient Hospital Stay	20%*	40%*	\$350 copay/visit	20%*	40%*
Outpatient Surgery	20%*	40%*	\$150 copay/visit	20%*	40%*
<b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3 / Tier 4)					
Retail Pharmacy (30-day supply)	\$10 / \$50 / \$80 / \$125 deductible does not apply Out-of-Pocket Limit \$4,850 Individual/\$7,700 Family	25%, deductible does not apply Out-of-Pocket Limit \$4,850 Individual/\$7,700 Family	\$10 / \$50 / \$80 / \$125 Out-of-Pocket Limit \$5,100 Individual/\$10,200 Family	20%*	25%*
Mail Order (90-day supply)	\$20 / \$100 / \$160/ \$250 Out-of-Pocket Limit \$4,850 Individual/\$7,700 Family	Not Covered	\$20 / \$100 / \$160/ \$250 Out-of-Pocket Limit \$5,100 Individual/\$10,200 Family	20%*	Not Covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



# Dental

We are proud to offer you a choice between two different dental plans.

## Cigna DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Cigna network.

## Cigna DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Following is a high-level overview of the coverage available.

Key Dental Benefits	DPPO		DHMO
	In-Network	Out-of-Network <sup>1</sup>	In-Network Only
<b>Deductible</b> (per plan year)			
Individual / Family	\$50 / \$150		None / None
<b>Benefit Maximum</b> (per plan year; preventive, basic, and major services combined)			
Per Individual	\$1,500		See Fee Schedule
<b>Covered Services</b>			
<b>Preventive Services</b>	No charge		See Fee Schedule
<b>Basic Services</b>	10%*	20%*	
<b>Major Services</b>	40%*	50%*	
<b>Orthodontia</b> (Child Only to Age 19)	50% up to a lifetime maximum of \$1,250	Not covered	

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Vision

We are proud to offer you a vision plan.

The EyeMed vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the EyeMed network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (Once every plan year)	\$10	Up to \$40
<b>Materials Copay</b>	\$25	N/A
<b>Lenses</b> (Once every plan year, in lieu of contacts)	\$25	Up to \$30
Single Vision		Up to \$50
Bifocal Trifocal		Up to \$70
<b>Frames</b> (Once every other plan year)	\$130	Up to \$91
<b>Contact Lenses</b> (Once every plan year, in lieu of lenses)	\$130	Up to \$91



# Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in two different flexible spending accounts (FSAs) administered through Discovery Benefits, a WEX Company. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2024, you may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/ eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

## FSA Rules

### YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Dependent Care FSA:** Unused funds will **NOT** be returned to you or carried over to the following year.

**You can incur expenses through March 15, 2025, and must file claims by March 31, 2025.**

*Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.*

# Life and AD&D Insurance

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Guardian.

<b>Benefit Amount</b>	\$25,000
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## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Guardian for yourself and your eligible family members.

	<b>Benefit Option</b>	<b>Guaranteed Issue*</b>
<b>Employee</b>	\$10,000 increments; up to \$500,000	\$150,000
<b>Spouse</b>	\$10,000 increments to a maximum of \$100,000	\$20,000
<b>Child(ren)</b>	Child birth to age 26: \$10,000	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Long-Term Disability

Provided at **NO COST** to you through Guardian.

<b>Benefit Percentage</b>	50%
<b>Monthly Benefit Maximum</b>	\$5,000
<b>When Benefits Begin</b>	After 181 days of disability
<b>Maximum Benefit Duration</b>	Social Security Retirement Age

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Guardian are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

## Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000<sup>2</sup>—and the average length of a stay is 4.8 days<sup>3</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

1. MetLife Accident and Critical Illness Impact Study, October 2013

2. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.

3. National Hospital Discharge Survey: 2010

# Valuable Extras

**MDLive:** A doctor is always in. MDLive provides 24/7 access to minor medical and mental health care through a network of licensed, board-certified U.S.-based doctors and pediatricians. You can talk with doctors by phone or online video. Turn to MDLIVE to address non-emergency health concerns including:

- ▶ Allergies
- ▶ Ear ache
- ▶ Insect bites
- ▶ Cold and Flu
- ▶ Fever
- ▶ Nausea
- ▶ Diarrhea
- ▶ Headache
- ▶ Pink eye

- ▶ Talk to an MDLive medical provider on demand on [www.myCigna.com](http://www.myCigna.com)
- ▶ Schedule an appointment with MDLive provider or licensed therapist on [www.myCigna.com](http://www.myCigna.com)
- ▶ Call MDLive 24/7 at 888-726-3171

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Cigna	888-806-5094	<a href="http://www.mycigna.com">www.mycigna.com</a>
Dental	Cigna	800-997-1654	<a href="http://www.mycigna.com">www.mycigna.com</a>
Vision	EyeMed	866-723-0513	<a href="http://www.eyemed.com">www.eyemed.com</a>
Health Savings Account (HSA)	HSA Bank	800-357-6246	<a href="http://www.hsabank.com">www.hsabank.com</a>
Flexible Spending Account (FSA)	Discovery Benefits, a WEX Company	866-451-3399	<a href="http://www.DiscoveryBenefits.com">www.DiscoveryBenefits.com</a>
Life & AD&D	Guardian	888-600-1600	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Disability	Guardian	888-600-1600	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Voluntary Benefits	Guardian	888-600-1600	<a href="http://www.guardianlife.com">www.guardianlife.com</a>

## Benefits Website

Our benefits website <http://my.moody.edu> can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

Peter Miller, Erica Loring  
312-329-4297, 312-329-4233  
[peter.miller@moody.edu](mailto:peter.miller@moody.edu), [erica.loring@moody.edu](mailto:erica.loring@moody.edu)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.  
**Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

