

Open Enrollment

Willamette University

2024-25

Open Enrollment: February 12 – February 29, 2024

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 2024-25 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. **Note: you can elect to enroll in the transit flexible spending account and the voluntary retirement plans at any time.*

Your Open Enrollment Checklist:

- Review Your Current Benefit Elections:** 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 medical or dependent care flexible spending account as described below.
- Enroll/Re-Enroll in a Medical or Dependent Care Flexible Spending Account:** All employees currently enrolled in a medical or dependent care flexible spending account **must** complete a new election in Workday for the new plan year if you wish to continue your flexible spending account(s). If you do not re-enroll, you will not have a flexible spending account in 2024-25.
- Review & Update Address Information:** Please ensure the address we have on file in Workday is correct so you receive important benefits related items such as insurance cards and required notices.
- Review & Update Emergency Contact Information:** Readily available contact information can be a lifesaver in the event of a medical emergency at work. See page 24 for a job aid on updating your emergency contact information.
- Review & Update Beneficiary Information:** Each year it is good practice to review your life insurance and retirement plan beneficiaries and make any necessary changes. See page 20 for a job aid on updating your beneficiary information.

Overview of Changes for the 2024-2025 Plan Year:

- **Medical Premium Changes – Kaiser HMO:** Overall cost for medical insurance through Kaiser’s HMO is increasing by 6% this year. Employees enrolled in the HMO will have a commensurate 6% 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.
- **Medical Premium Changes – Kaiser PPO:** Under the PPO, Kaiser continues to pay out more in claims for our employees than it collected in premiums. As expected, this results in a higher rate increase. The rate increases for employees enrolled in the PPO varies. Please refer to the rate chart on page 5.
- **Dental Benefits** – Premiums for dental benefits will remain the same for Kaiser and The Standard.
- **Medical and Transit Flexible Spending Account Changes:** The IRS increased the maximum annual contribution to medical flexible spending accounts from \$3,050 to \$3,200. The transit account annual limit increased from \$300 to \$315 for 2024.
- **Medical Flexible Spending Account Balance Rollover:** The IRS increased the rollover limit for unused funds from \$610 to \$640 for 2024.

Frequently Asked Questions (FAQs)

Can I switch plans?

Yes, during the Open Enrollment period. Changes and enrollments need to be submitted online by **Thursday, February 29, 2024, 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 2024-25 plan year.

Will my premium increase?

Yes. The employer and employee portion of medical premiums are increasing for the 2024-25 benefit plan year; 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. There is no rate change for dental coverage. For medical and dental plan rates, please go to page 5.

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

Benefit plan elections and beneficiary information are effective April 1, 2024. 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 Medical and Dependent Care Flexible Spending Accounts in Workday. Remember, **if you do not enroll or re-enroll, you will not have a flexible spending account** in 2024-25.



Willamette University

2024 Open Enrollment Meeting Schedule

Benefits: One-on-One Appointments (Zoom - 30 minutes):

Schedule a benefits one-on-one! Have benefit or open enrollment questions? Please reach out to Benefits Manager, Tiffany DeGroat, to schedule an appointment.

Email: tdegroat@willamette.edu

Scheduled Time Slots:

Date	Time
Monday, February 12, 2024	10:00 AM – 4:00 PM
Wednesday, February 14, 2024	10:00 AM – 2:30 PM
Friday, February 16, 2024	10:00 AM – 4:00 PM
Wednesday, February 21, 2024	10:00 AM – 1:00 PM
Friday, February 23, 2024	10:00 AM – 1:00 PM
Tuesday, February 27, 2024	9:00 AM – 3:00 PM

*Other appointment times are available upon request

Fidelity Investments: Learning Events including Ask Fidelity Q & A Session:

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

- During the February 23rd webinar, 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.
- During the February 28th webinar, Ronald will discuss how to make the most of your retirement savings, followed by a Q & A session.

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

Date	Registration	Time	Event
February 23, 2024	Click here to register	11:30 AM – 12:00 PM	NetBenefits Portal Tour and Q & A Session
February 28, 2024	Click here to register	11:30 AM – 12:00 PM	How to Make the most of Your Retirement and Q & A Session

Fidelity Investments: One-on-One Appointments with a Specialist

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:

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

MONTHLY HEALTHCARE RATES 2024-25



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

Medical- Kaiser HMO				Medical-Added Choice PPO			
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$786.81	\$0.00	\$786.81	Employee	\$1,205.01	\$418.20	\$786.81
Employee + 1	\$1,573.61	\$301.60	\$1,272.01	Employee + 1	\$2,410.02	\$1,138.01	\$1,272.01
Family	\$2,187.32	\$420.29	\$1,767.03	Family	\$3,349.93	\$1,582.90	\$1,767.03

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

Medical- Kaiser HMO				Medical-Added Choice PPO			
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$786.81	\$37.70	\$749.11	Employee	\$1,205.01	\$455.90	\$749.11
Employee + 1	\$1,573.61	\$377.02	\$1,196.59	Employee + 1	\$2,410.02	\$1,213.43	\$1,196.59
Family	\$2,187.32	\$524.04	\$1,663.28	Family	\$3,349.93	\$1,686.65	\$1,663.28

Employee's Salary: \$100,001+

Medical- Kaiser HMO				Medical-Added Choice PPO			
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$786.81	\$75.40	\$711.41	Employee	\$1,205.01	\$493.60	\$711.41
Employee + 1	\$1,573.61	\$452.41	\$1,121.20	Employee + 1	\$2,410.02	\$1,288.82	\$1,121.20
Family	\$2,187.32	\$628.84	\$1,558.48	Family	\$3,349.93	\$1,791.45	\$1,558.48

MONTHLY DENTAL RATES 2024-25

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

Kaiser (HMO) Dental Plan				The Standard (PPO) Dental Plan			
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$63.14	\$0.00	\$63.14	Employee	\$49.76	\$0.00	\$49.76
Employee + 1	\$126.27	\$44.19	\$82.08	Employee + 1	\$99.56	\$34.85	\$64.71
Family	\$175.51	\$78.98	\$96.53	Family	\$139.38	\$62.72	\$76.66

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

Kaiser (HMO) Dental Plan				The Standard (PPO) Dental Plan			
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$63.14	\$6.31	\$56.83	Employee	\$49.76	\$5.08	\$44.68
Employee + 1	\$126.27	\$50.51	\$75.76	Employee + 1	\$99.56	\$39.82	\$59.74
Family	\$175.51	\$84.24	\$91.27	Family	\$139.38	\$66.48	\$72.90

Employee's Salary: \$100,001+

Kaiser (HMO) Dental Plan				The Standard (PPO) Dental Plan			
	Total	Employee Pays	WU Pays		Total	Employee Pays	WU Pays
Employee	\$63.14	\$9.47	\$53.67	Employee	\$49.76	\$7.56	\$42.20
Employee + 1	\$126.27	\$63.14	\$63.14	Employee + 1	\$99.56	\$49.78	\$49.78
Family	\$175.51	\$87.76	\$87.76	Family	\$139.38	\$69.69	\$69.69



Healthcare Comparison

Willamette University 2024-25

Plan Name & Provider Network	Option 1: Kaiser Medical HMO	Option 2: Added Choice PPO		
	Kaiser Providers	Tier 1 Kaiser Providers	Tier 2 First Choice PPO Providers	Tier 3 Non-Participating Providers
Annual Deductible (January – December)	Individual \$500 Family \$1,500	Individual \$1000 Family \$3,000	Individual \$2,000 Family \$6,000	Individual \$3,000 Family \$9,000
Annual Out-of-Pocket Maximum <i>*Tier 1 & 2 cross accumulate</i>	Individual \$3,000 Family \$9,000	Individual \$4,000* Family \$8,000*	Individual \$6,000* Family \$12,000*	Individual \$7,500 Family \$15,000
Preventive Care	\$0	\$0	\$0	40% coinsurance after deductible
Primary Care / Naturopathic Care	\$15	\$25	\$35	40% coinsurance after deductible
Specialty Care	\$25	\$35	\$45	40% coinsurance after deductible
Urgent Care	\$35	\$45	\$55	40% coinsurance after deductible
Diagnostic Lab & X-Ray	\$15 per department visit	\$25 per department visit	\$35 per department 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% Coinsurance after deductible	40% coinsurance after deductible
Outpatient Surgery	20% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	40% coinsurance after deductible
Emergency Room	20% Coinsurance after deductible	\$200 after deductible (waived if admitted)		
Ambulance Services	20% Coinsurance after deductible	20% Coinsurance after deductible		
Durable Medical Equipment	20% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	40% coinsurance after deductible
Alternative Care <i>(Acupuncture, Chiropractic, Massage Therapy)</i>	\$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	20% Coinsurance	40% coinsurance
Prescription Retail <i>(Up to 30 – day supply)</i>	\$20 generic \$40 preferred \$60 non-preferred	\$20 generic \$40 preferred \$60 non-preferred		
Mail Order Prescriptions <i>(Up to 90 – day supply)</i>	\$40 generic \$80 preferred \$120 non-preferred	<i>Kaiser Mail Order</i> \$40 generic \$80 preferred \$120 non-preferred	<i>Med Impact Mail Order</i> \$60 generic \$120 preferred \$180 non-preferred	
Routine Eye Exam	\$15 co-pay	\$25 co-pay	\$35 co-pay	40% coinsurance after deductible
Vision Hardware and optical services	\$250 annual allowance	\$250 annual allowance		



Dental Comparison

Willamette University 2024-2025

Plan Name & Provider Network	Option 1: Kaiser Dental HMO Kaiser Providers	Option 2: The Standard Dental PPO Provider network: Classic Network
Annual Deductible	None	\$0 for preventive care \$50 per calendar year for other
Annual Maximum Benefit	\$1,500 per person (preventive services do not apply)	\$1,500 per person per calendar year
Office Visits	\$15 co-pay	None
Preventive Services <i>Exams, cleanings, x-rays, fluoride treatment</i>	Fully covered after office visit charge	Employee pays 0% (deductible waived)
Basic Services <i>Fillings, simple extractions</i>	Fully covered after office visit charge	Employee pays 20% after deductible is met
Major Services <i>Crowns, Bridges, Dentures</i>	Employee pays 20%	Employee pays 50% after deductible is met
Emergency Treatment/ Out-of-Area Treatment (The Standard Only)	Plan pays up to \$100 for out-of-area emergency	Employee pays same percentages as above for Preventive/Basic/Major services Non-network provider services are subject to Usual and Customary allowances
Orthodontia <i>No age limit</i>	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

The Employee Assistance Program (**EAP**) is a **FREE** and **CONFIDENTIAL** benefit for you and your family members provided by **Willamette University**

Counseling

Five (5) sessions in-person, on the phone or virtually for concerns such as:

- **Depression**
- **Anxiety**
- **Relationships and family**
- **Workplace challenges**
- **Stress management**
- **Alcohol or substance misuse**
- **Grief and loss**
- **Professional development**

Resources for Life

Assistance in finding childcare, eldercare, caregiving resources, and more.

Legal Consultations/Mediation

Free 30-minute consultation and a 25% discount on services thereafter.

Financial Coaching

Unlimited guidance to improve spending, debt reduction, credit enhancement, savings, and retirement planning.

Identity Theft

60-minute consultation with a Fraud Resolution Specialist™ to restore identity and credit.

Home Ownership and Housing Support

Aid and discounts for home transactions and housing assistance resources.

Coaching

Three (3) phone or video sessions with a Coach for goal setting, healthy habits, and personal development.

Pet Parent Resources

Information, support, and discounts for pet owners.

Wellbeing Tools

Fertility health support, wellness resources, and gym discounts.

Member Site

Personal and professional development videos, webinars, self-assessments, online legal tools and more at **my.canopywell.com**. Register as a new user or log-in with company name: **Willamette University**

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**.

Canopy is committed to creating a safe, inclusive, and equitable society for all.

Crisis Counselors are available by phone
24/7/365



800-433-2320



503-850-7721



my.canopywell.com



canopy

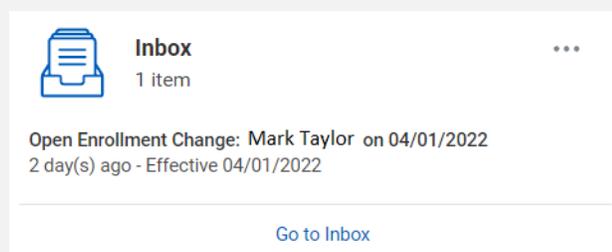
Workday Open Enrollment Instructions

Introduction

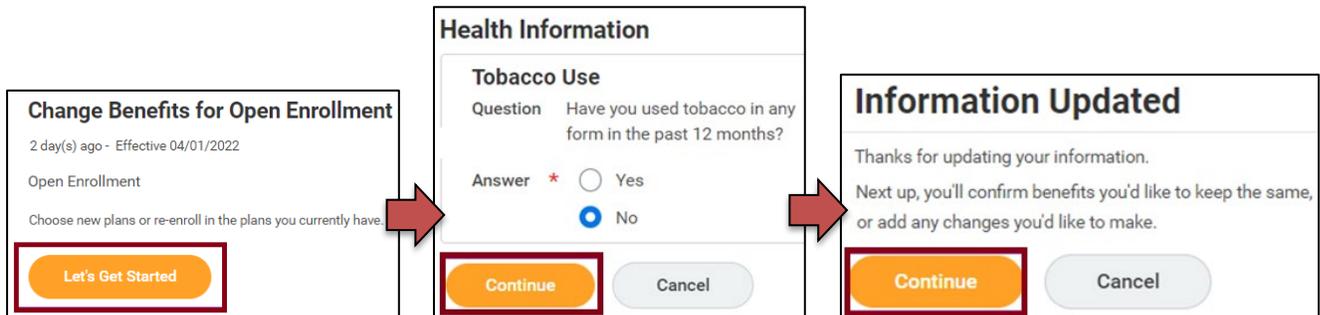
This guide will assist you in making changes to your benefit elections. You will be using the Willamette Workday system to view and make changes to your benefits as desired. Note that if you don't wish to make any changes, no action is necessary, but if you participate in a flexible spending account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

Step 1: Login to Workday and Initiate Open Enrollment

1. Go to workday.willamette.edu.
Enter your login credentials as needed.
Click the **Open Enrollment** message



2. On the subsequent screens, click **Let's Get Started**, indicate your tobacco use, and click **Continue**.



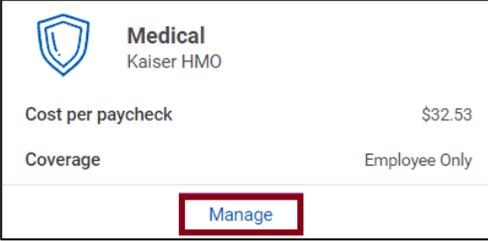
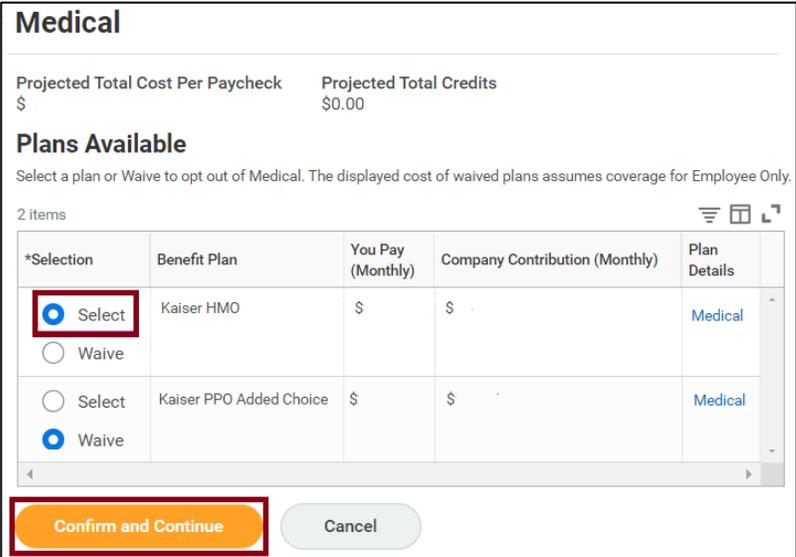
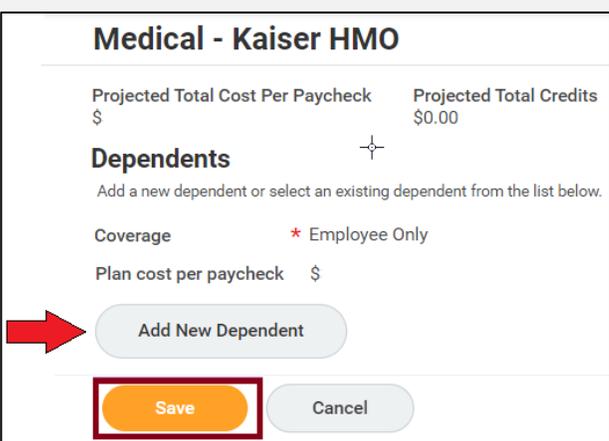
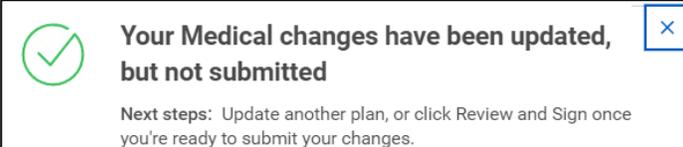
3. On the following screen, you will be presented with a series of tiles organized into three sections:
 - Health Care and Accounts
 - Insurance
 - Additional Benefits

To make changes or enroll in a new plan, click **Manage** or **Enroll** at the bottom of each tile. The following sections will provide you with more detail for working with each benefit.

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 [here](#).

<p>1. Click Manage or Enroll at the bottom of the Medical tile.</p>																										
<p>2. Click the Select radio button next to the plan you wish to enroll in. In this example, the Kaiser HMO button is selected.</p> <p>Click Confirm and Continue.</p>	 <p>Medical</p> <p>Projected Total Cost Per Paycheck \$ Projected Total Credits \$0.00</p> <p>Plans Available</p> <p>Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.</p> <p>2 items</p> <table border="1"><thead><tr><th>*Selection</th><th>Benefit Plan</th><th>You Pay (Monthly)</th><th>Company Contribution (Monthly)</th><th>Plan Details</th></tr></thead><tbody><tr><td><input checked="" type="radio"/> Select</td><td>Kaiser HMO</td><td>\$</td><td>\$</td><td>Medical</td></tr><tr><td><input type="radio"/> Waive</td><td></td><td></td><td></td><td></td></tr><tr><td><input type="radio"/> Select</td><td>Kaiser PPO Added Choice</td><td>\$</td><td>\$</td><td>Medical</td></tr><tr><td><input checked="" type="radio"/> Waive</td><td></td><td></td><td></td><td></td></tr></tbody></table> <p>Confirm and Continue Cancel</p>	*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)	Plan Details	<input checked="" type="radio"/> Select	Kaiser HMO	\$	\$	Medical	<input type="radio"/> Waive					<input type="radio"/> Select	Kaiser PPO Added Choice	\$	\$	Medical	<input checked="" type="radio"/> Waive				
*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)	Plan Details																						
<input checked="" type="radio"/> Select	Kaiser HMO	\$	\$	Medical																						
<input type="radio"/> Waive																										
<input type="radio"/> Select	Kaiser PPO Added Choice	\$	\$	Medical																						
<input checked="" type="radio"/> Waive																										
<p>3. Your cost per paycheck for enrolling in the plan will display.</p> <p>If you wish to add dependents to the plan, click Add New Dependents and follow the instructions later in this guide.</p> <p>When you are done, click Save.</p>	 <p>Medical - Kaiser HMO</p> <p>Projected Total Cost Per Paycheck \$ Projected Total Credits \$0.00</p> <p>Dependents</p> <p>Add a new dependent or select an existing dependent from the list below.</p> <p>Coverage * Employee Only</p> <p>Plan cost per paycheck \$</p> <p>Add New Dependent</p> <p>Save Cancel</p>																									
<p>4. You will receive a confirmation that your changes have been updated.</p>	 <p>Your Medical changes have been updated, but not submitted</p> <p>Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.</p>																									

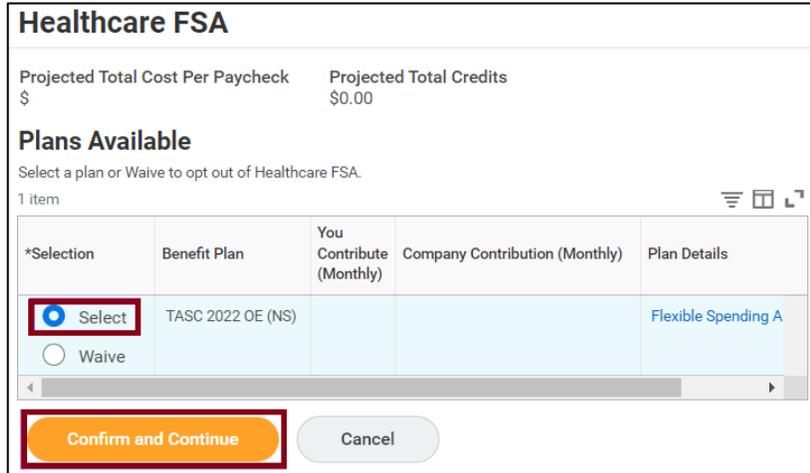
Flexible Spending Account Elections

Willamette offers healthcare, dependent care, and mass transit flexible spending account programs. For more information about these programs, click [here](#). 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**.



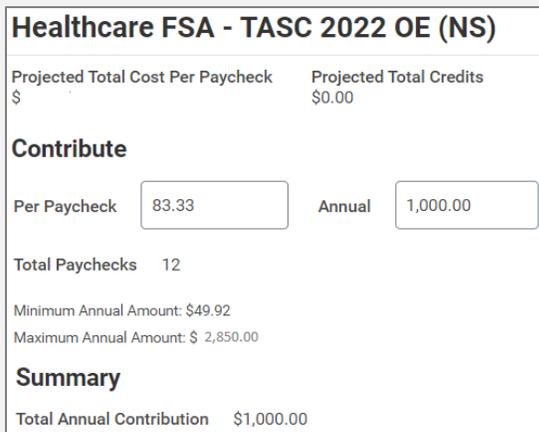
2. On the following screen, click the **Select** and then the **Confirm and Continue** button.



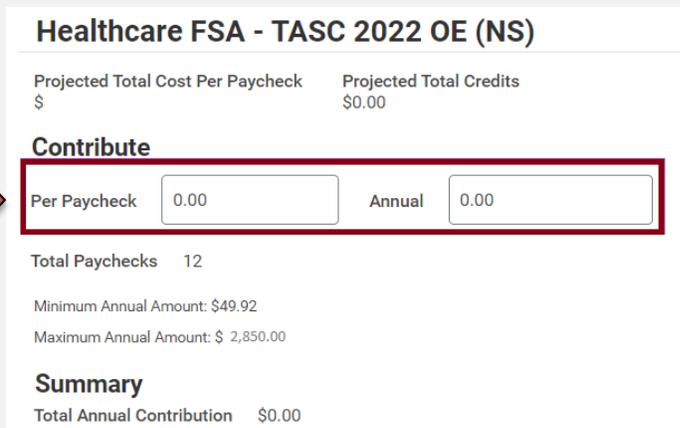
The screenshot shows the 'Healthcare FSA' enrollment screen. It displays 'Projected Total Cost Per Paycheck \$' and 'Projected Total Credits \$0.00'. Under 'Plans Available', there is a table with one item: 'TASC 2022 OE (NS)' with a 'Flexible Spending A' plan detail. A radio button labeled 'Select' is highlighted with a red box. Below the table is a 'Confirm and Continue' button, also highlighted with a red box, and a 'Cancel' button.

*Selection	Benefit Plan	You Contribute (Monthly)	Company Contribution (Monthly)	Plan Details
<input checked="" type="radio"/> Select	TASC 2022 OE (NS)			Flexible Spending A
<input type="radio"/> Waive				

3. You may enter either a per paycheck amount or the annual amount you wish to contribute. Entering either input area will populate the other and provide a total annual contribution. In this example, \$1,000 was entered as the annual amount.



The screenshot shows the 'Healthcare FSA - TASC 2022 OE (NS)' contribution screen. It displays 'Projected Total Cost Per Paycheck \$' and 'Projected Total Credits \$0.00'. Under 'Contribute', the 'Annual' amount is set to 1,000.00. The 'Per Paycheck' amount is 83.33. The 'Total Paychecks' is 12. The 'Summary' shows a 'Total Annual Contribution' of \$1,000.00.

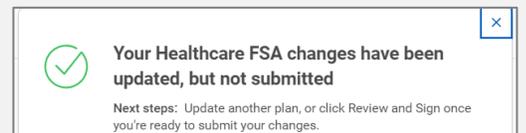


The screenshot shows the 'Healthcare FSA - TASC 2022 OE (NS)' contribution screen. It displays 'Projected Total Cost Per Paycheck \$' and 'Projected Total Credits \$0.00'. Under 'Contribute', the 'Per Paycheck' and 'Annual' amounts are both set to 0.00. The 'Total Paychecks' is 12. The 'Summary' shows a 'Total Annual Contribution' of \$0.00.

4. Click **Save** at the bottom of the screen after your selection is made.



5. When finished you will receive a confirmation of your choice.



Step 3: Insurance and Retirement Elections

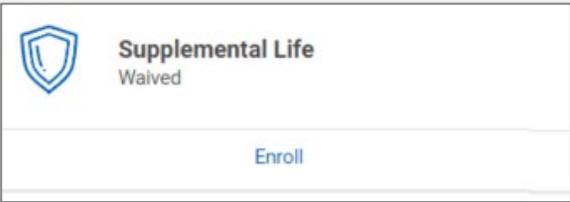
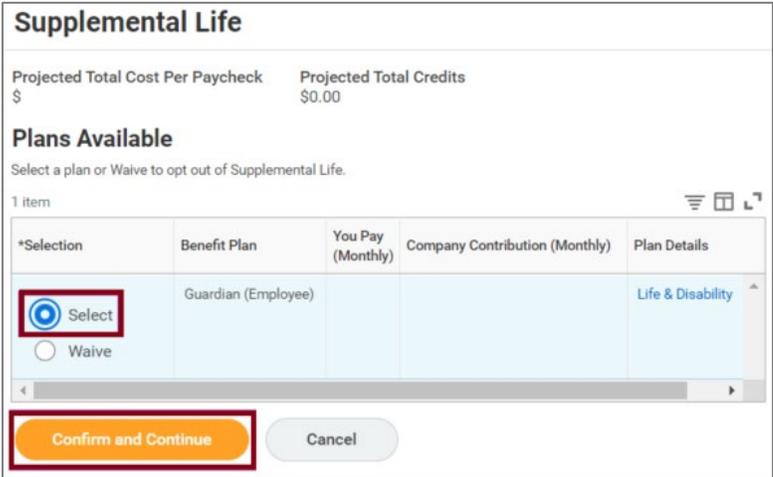
Willamette Sponsored Benefits

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 [here](#).

 Basic Life Guardian (Employee)	 Basic Accidental Death and Dismemberment (AD&D) Guardian (Employee)	 Long Term Disability (LTD) Guardian (Employee)
Cost per paycheck Coverage	Cost per paycheck Coverage	Cost per paycheck Coverage
Included 2 X Salary	Included 2 X Salary	Included 60% of Salary
Manage	Manage	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 [here](#).

<p>1. Click Manage or Enroll on the Supplementary Life tile.</p>	
<p>2. Click the Select button and then Confirm and Continue.</p>	

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, \$100,000 is chosen.

Supplemental Life - Guardian (Employee)

Projected Total Cost Per Paycheck \$ Projected Total Credits \$0.00

Coverage

Calculated Coverage

Coverage * 

Plan cost per paycheck

Coverage * 

Plan cost per paycheck

Search

- \$10,000
- \$20,000
- \$30,000
- \$40,000
- \$50,000
- \$60,000
- \$70,000
- \$80,000
- \$90,000
- \$100,000
- \$110,000

4. If you have not entered beneficiaries for this benefit, do so in the following section. You can find detailed directions for adding beneficiaries later in this booklet. When done, click **Save** and you will receive a confirmation message that your changes were successful.

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 0 items   

Beneficiary	Percentage
No Data	

Secondary Beneficiaries 0 items   

Beneficiary	Percentage
No Data	

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**.

Supplemental Accidental Death and Dismemberment (AD&D) - Guardian (Employee)

Projected Total Cost Per Paycheck \$ Projected Total Credits \$0.00

Coverage

Calculated Coverage

Coverage * 

Plan cost per paycheck

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 0 items   

Beneficiary	Percentage
No Data	

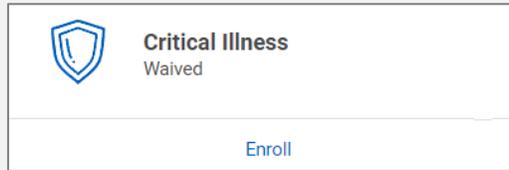
Secondary Beneficiaries 0 items   

Beneficiary	Percentage
No Data	

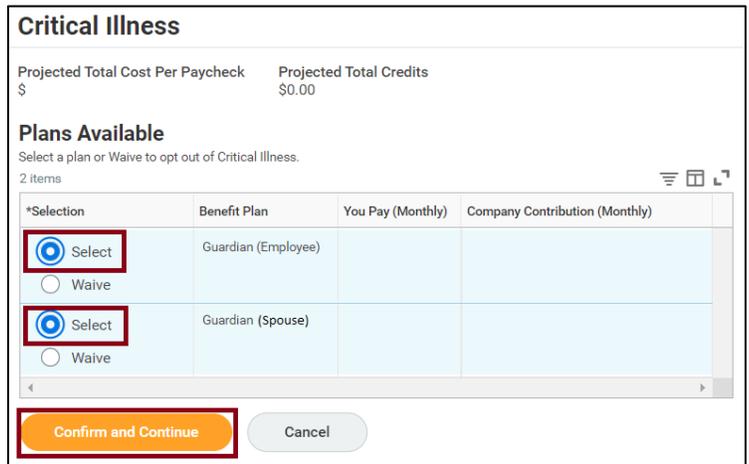
Critical Illness

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 [here](#), and scroll down to Guardian Accident and Critical Illness section. The process for signing up for Critical Illness is similar to Supplemental Life Insurance.

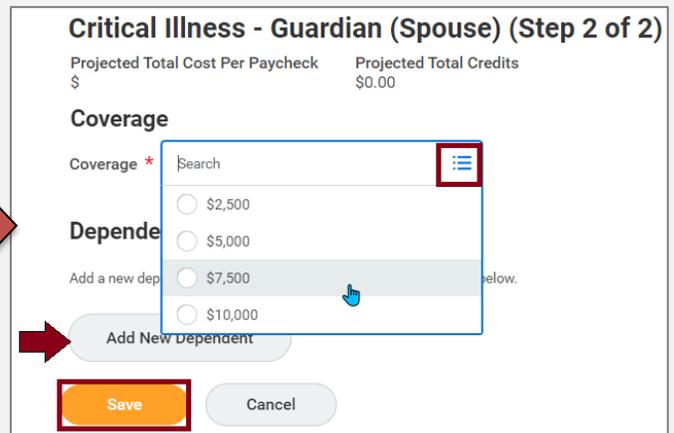
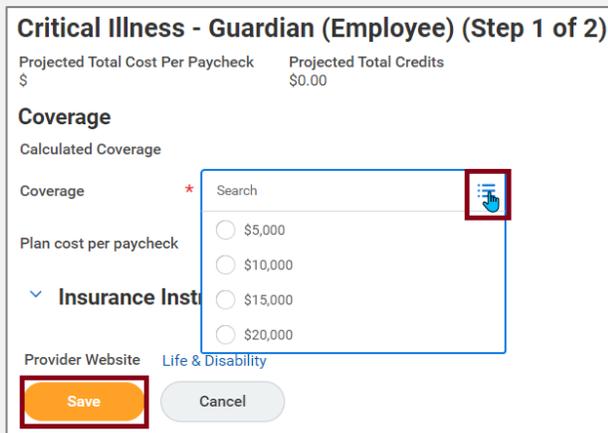
1. Click **Enroll** to join the benefit or **Manage** to make changes.



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.



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**.



4. You will receive the standard confirmation pop-up window indicating you have finished.

Step 4: Additional Benefits

Willamette Sponsored Benefits

Additional Benefits

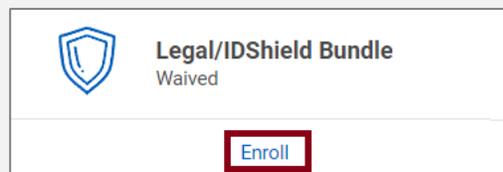
 Employee Assistance Program Canopy	 Travel Accident ACE
Cost per paycheck	Cost per paycheck
Included	Included
Manage	Manage

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 [here](#) and scroll down to Employee Assistance Program. You may also find out more information about the ACE Travel Accident program [here](#).

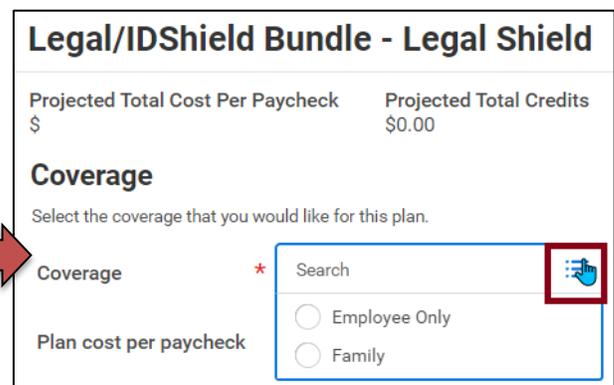
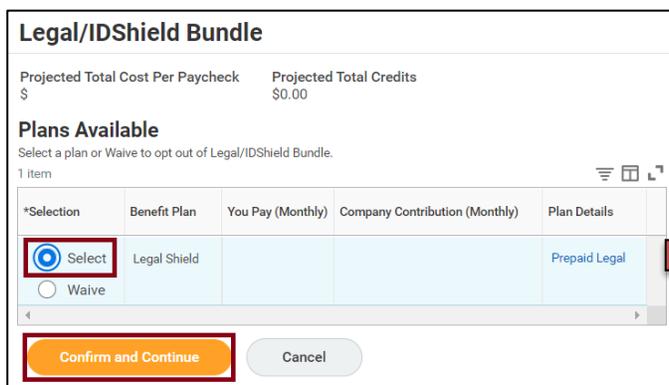
Legal Shield/ID Shield

Legal Shield and ID Shield provide additional personal protection for 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 [here](#), then scroll down to Legal Services and Identity Theft.

1. Click **Enroll** in the Legal/ID Shield Bundle tile.



2. Click **Select** and then **Confirm and Continue**. On the following screen, select whether you are covering yourself only or if you wish to cover yourself and your family.

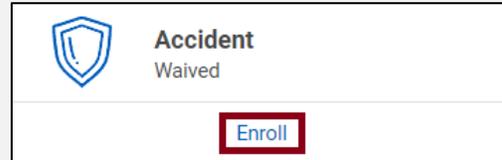


3. When done, click the **Save** button, and you will receive a confirmation message.

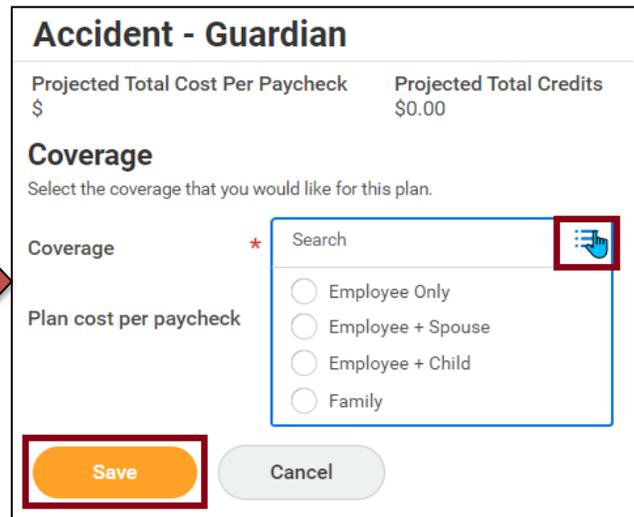
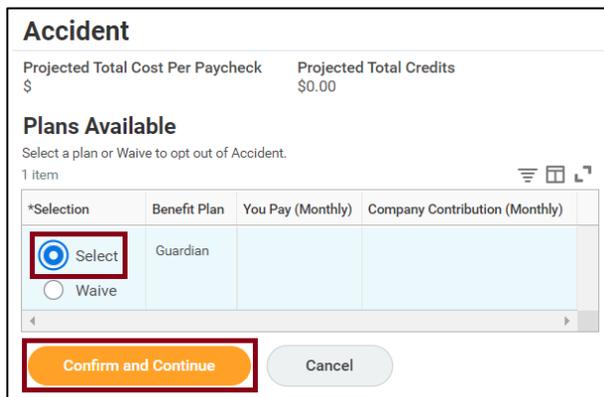
Accident Insurance

Accident Insurance can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments, and childcare, due to an accident. For more information about this benefit, click [here](#).

1. Click **Enroll** in the Accident tile.



2. Click **Select**, then click **Confirm and Continue**. On the following screen, click the menu button in the coverage field and select the level of coverage from the drop-down menu. Click **Save**.



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

3. After the summary of your current elections, you will see a section showing which benefits you have waived, messages regarding any further action needed, and a summary of your total cost share.

4. If you are satisfied with your elections and are ready to complete your Open Enrollment, scroll down to the **I Accept** checkbox and select the box after reading through the Electronic Signature message. Click the **Submit** button.

I Accept

Submit **Cancel**

5. You will receive a confirmation of submission message. Click **Done** to complete the open enrollment process.

Submitted

You've submitted your elections.

These elections will be in effect through the end of the plan year, March 31, unless you experience a life event and choose to make changes.

Important Dates:

Benefits go into effect 04/01/2022
Final day to update benefits 02/25/2022

[View 2022 Benefits Statement](#)

Done

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

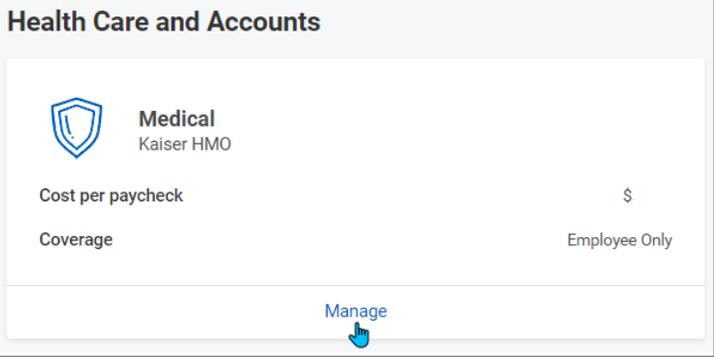
Additional Workday Instructions

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 screen displaying benefit tiles, click **Manage** on the tile you wish to add a dependent to.

Health Care and Accounts



The tile shows a shield icon, the text "Medical Kaiser HMO", "Cost per paycheck" with a dollar sign, "Coverage" with "Employee Only" below it, and a "Manage" button with a hand cursor.

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 displayed cost of waived plans assumes coverage for Employee Only.

2 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)	Plan Details
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Kaiser HMO	\$	\$	Medical
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser PPO Added Choice	\$	\$	Medical

Confirm and Continue Cancel

3. If you have existing dependents they will display. To add a new dependent, click **Add New Dependent**.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee Only

Plan cost per paycheck \$65.07

Add New Dependent

4. If you also wish to add the dependent as a beneficiary option for life, disability, and retirement plans, click the **Use as Beneficiary** box. Click **OK**.

Add My Dependent From Enrollment ⋮

Use as Beneficiary

Instructional Text
Click OK to add dependents.

OK
Cancel

5. Enter dependent information. A portion of the entry screen is shown below. You will also need to enter a social security number and contact information.

Add My Dependent From Enrollment ⋮

Name

Country * x United States of America ⋮

Prefix ⋮

First Name *

Middle Name

Last Name *

Suffix ⋮

Personal Information

Relationship * ⋮

Date of Birth * MM/DD/YYYY 📅

Age (empty)

Biological Sex * select one ▼

Tobacco Use
Uses Tobacco
* Yes
 No

Click the **Save** button when you are finished.

6. Your dependent will appear with the check box selected next to their name.

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Alex Anderson	Spouse	01/01/1980

7. After clicking the blue check box, a field will open under it prompting you to enter the Social Security Number for the dependent.

Click **Save** when done.

Dependent Social Security Numbers 1 item

Dependent	*Social Security Number
Elizabeth Jones	<input type="radio"/> Social Security Number (SSN) _ - _ - _ -
	<input type="radio"/> Reason SSN is Not Available

Save
Cancel

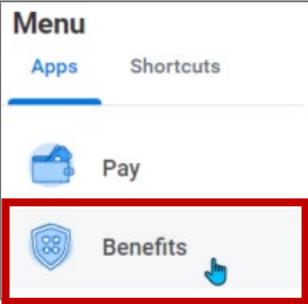
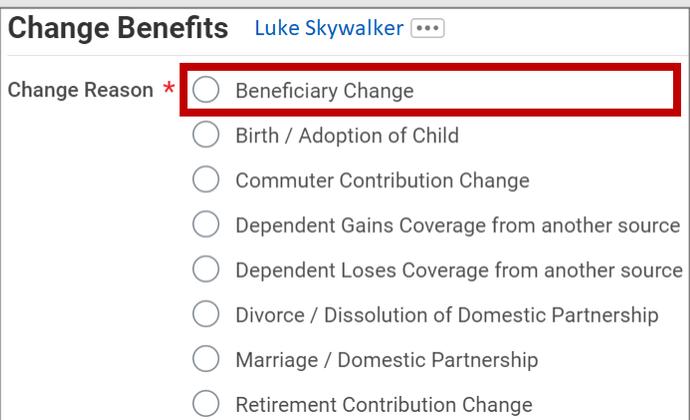
8. You will receive a confirmation message and your benefit will update to show that a dependent has been added plus any additional cost.

Your Medical changes have been updated, but not submitted

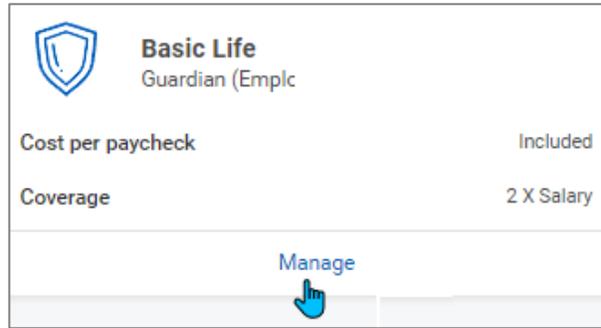
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

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.

<p>1. Select the Benefits– worklet to access emergency contact information.</p>	 <p>The screenshot shows a 'Menu' with two tabs: 'Apps' and 'Shortcuts'. Under 'Apps', there are two items: 'Pay' with a wallet icon and 'Benefits' with a shield icon. The 'Benefits' item is highlighted with a red rectangular box.</p>
<p>2. Select Benefits under the box labeled Change</p>	 <p>The screenshot shows a 'Change' dropdown menu with four options: 'Benefits', 'Beneficiaries', 'Dependents', and 'Retirement Savings'. The 'Benefits' option is highlighted with a red rectangular box.</p>
<p>3. Select Beneficiary Change as the Change Reason. Enter the effective date of the change in the Benefit Event Date box. Click Submit.</p>	 <p>The screenshot shows the 'Change Benefits' form for 'Luke Skywalker'. The 'Change Reason' field is marked with a red asterisk and has a red box around the 'Beneficiary Change' radio button. Other options include 'Birth / Adoption of Child', 'Commuter Contribution Change', 'Dependent Gains Coverage from another source', 'Dependent Loses Coverage from another source', 'Divorce / Dissolution of Domestic Partnership', 'Marriage / Domestic Partnership', and 'Retirement Contribution Change'.</p>

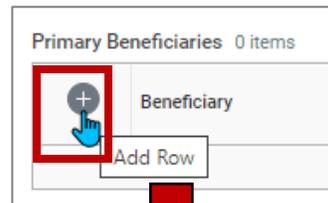
4. Select the tile you wish to add a beneficiary to and click **Manage**.



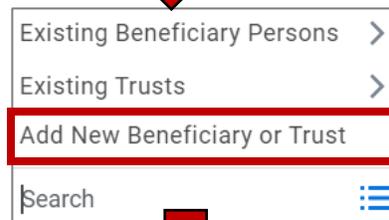
5. You will first be presented with your benefit enrollment information. Select **Confirm and Continue** to go to the next screen.



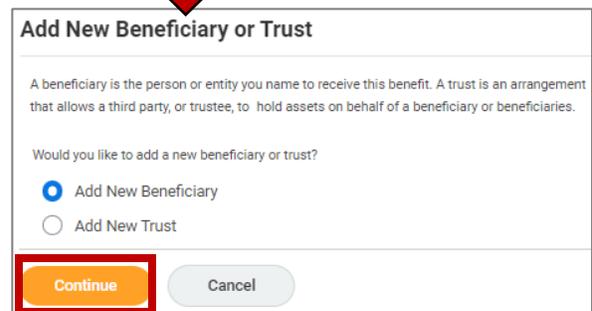
6. Click on the + button, then select the type of beneficiary you wish to add. You can choose from an existing list of previously entered beneficiaries or add a new one.



If you have an existing beneficiary listed and wish to remove them, select the minus button next to their name.



In this example, we will add a new beneficiary. Click the plus sign, select **Add New Beneficiary or Trust**, select **Add New Beneficiary**, and click **Continue**.



7. Legal Name

Enter information in the Legal Name area, then click on the Contact Information link.

Contact Information

Enter phone, address and email information by clicking on **Edit** in each section. These fields all need to be completed to submit the form.

National IDs

Enter Social Security Number of your beneficiary.

Relationship *

Use as Beneficiary

Date of Birth MM/DD/YYYY

Age (empty)

Biological Sex select one

Allow Duplicate Name

Legal Name Contact Information National IDs Address

Country * x United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

8. Once done entering your beneficiary's information, click **Save** at the bottom of the page.

9. Your beneficiary will now display for the benefit. Enter a percentage of the benefit that you wish to allocate to the beneficiary.

Primary Beneficiaries		
	Beneficiary	Percentage
+	x Han Solo	100

10. Repeat this process to add a secondary beneficiary.

Secondary Beneficiaries 0 items		
	Beneficiary	Percentage
No Data		

- 11.** When finished, click the **Submit** button at the bottom left-side of the screen.

An orange rounded rectangular button with the word "Submit" in white text.

If you are done updating beneficiaries be sure to select **Review and Sign** at the bottom left-side of the screen. If you do not do this your changes will not be finalized.

An orange rounded rectangular button with the text "Review and Sign" in white text.

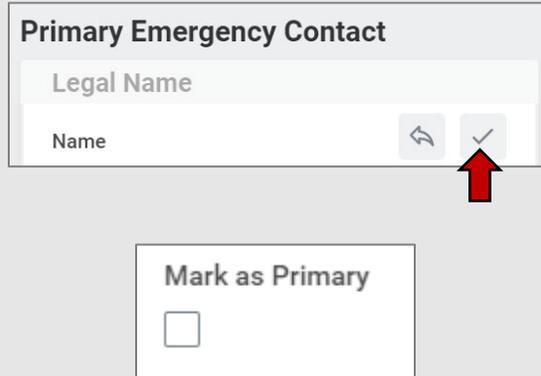
Please note: If you remove a primary beneficiary and have a contingent beneficiary remaining, you must change the contingent beneficiary to the primary, or remove all beneficiaries attached to the plan. If you have more than one primary beneficiary, the primary percentage totals must equal 100%.

Updating Emergency Contact Information

<p>1. Select the Personal Information worklet to access emergency contact information.</p>	 Personal Information						
<p>2. Under Change, click on Emergency Contacts.</p>	<div data-bbox="829 443 1317 909"> <p>Change</p> <ul style="list-style-type: none"> Contact Information Personal Information Emergency Contacts Legal Name Preferred Name </div>						
<p>3. If entered, you will be able to see your current emergency contact(s) listed. You can change existing contacts or add additional contacts using the Edit button.</p>	<div data-bbox="841 951 1417 1224"> <p>My Emergency Contacts Andrea Jones</p> <p>Edit</p> <p>Emergency Contacts 1 item</p> <table border="1"> <thead> <tr> <th>Priority</th> <th>Emergency Contact</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Alice Anderson</td> <td>Sibling</td> </tr> </tbody> </table> </div>	Priority	Emergency Contact	Relationship	1	Alice Anderson	Sibling
Priority	Emergency Contact	Relationship					
1	Alice Anderson	Sibling					
<p>4. From the Change My Emergency Contacts screen that populates after selecting Edit in the previous step, you can modify existing information by clicking directly on the area you want to change – it will expand and allow you to update it. You may include up to 2 phone numbers for each contact.</p>	<div data-bbox="964 1262 1292 1524"> <p>Relationship</p> <p>Relationship *</p> <p>Parent </p> </div>						
<p>5. If you want additional emergency contacts, scroll down to the bottom of the screen and click on Add under Alternate Emergency Contacts. The box will expand and you can then enter secondary contact information.</p>	<div data-bbox="911 1619 1341 1875"> <p>Alternate Emergency Contacts</p> <p>Alternate Emergency Contacts</p> <p>Add</p> </div>						

After entering in the required information, select the **check mark** icon to save.

Note: If you would like to move a secondary contact into the primary position, you can do so by checking the **Mark as Primary** box.



The image shows a form titled "Primary Emergency Contact". It has a "Legal Name" field and a "Name" field. To the right of the "Name" field are two icons: a circular arrow and a checkmark. A red arrow points to the checkmark icon. Below the form is a button labeled "Mark as Primary" with an unchecked checkbox.

6. To remove an alternate emergency contact, use the **X** icon on the upper right-hand side of the contact information box.

Note: If you want to remove a primary emergency contact, you must first designate another primary, then you may remove them as an alternate.



The image shows a form titled "Alternate Emergency Contacts". It has a "Legal Name" field with the text "Pepper Potts" below it. To the right of the "Legal Name" field are two icons: an 'X' and a pencil. A red arrow points to the 'X' icon.

7. When finished, click the **Submit** button at the bottom left-side of the screen.



An orange rounded rectangular button with the text "Submit" in white.

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			
<input type="checkbox"/> Workday	workday.willamette.edu	N/A	N/A
Health Insurance			
<input type="checkbox"/> Added Choice Medical Plan	http://willamette.edu/offices/hr/benefits/healthcare_coverage/index.html	02014	1-866-616-0047
<input type="checkbox"/> Kaiser Medical Plan		02014	1-800-813-2000
Dental Insurance			
<input type="checkbox"/> The Standard Dental Plan	http://willamette.edu/offices/hr/benefits/healthcare_coverage/index.html	160-762267	1-800-547-9515
<input type="checkbox"/> Kaiser Dental Plan		02014	1-800-813-2000
Life Insurance - Guardian			
<input type="checkbox"/> Optional Group Term Life and AD&D (Buy-up)	http://willamette.edu/offices/hr/benefits/insurance_plans/index.html	00510968	1-888-600-1600
Flexible Spending Account - TASC			
<input type="checkbox"/> Health Care <input type="checkbox"/> Dependent Care <input type="checkbox"/> Mass Transit	http://willamette.edu/offices/hr/benefits/spending_account_plans/index.html	4907-2738-1332	1-800-422-4661
Retirement Plans - Fidelity			
<input type="checkbox"/> Voluntary Contributions	http://willamette.edu/offices/hr/benefits/retirement/voluntary.html	92040	1-800-343-0860
Accident - Guardian			
<input type="checkbox"/> Accident Lump Sum <input type="checkbox"/> Critical Illness with Cancer	http://willamette.edu/offices/hr/benefits/additional_benefit_plans/index.html	00510968	1-888-600-1600
Legal Services and Identity Theft – LegalShield			
<input type="checkbox"/> Legal Plan <input type="checkbox"/> Identity Theft	http://willamette.edu/offices/hr/benefits/additional_benefit_plans/index.html	willametteuniversity	1-800-654-7757

Still have questions? We are happy to help you:

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

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" is 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).

THE GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

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

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (MHPAEA)

The Mental Health Parity and Addiction Equity Act requires that, if a group health plan provides coverage for mental health conditions or for substance use disorders, benefits for such conditions must be provided in the same manner as benefits for any illness. Also, the Plan may not have separate cost-sharing arrangements that apply only to mental health or substance use disorder benefits.

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

PATIENT PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn’t in your health plan’s network.

“Out-of-network” describes providers and facilities that haven’t signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing”. This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care – like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You can’t be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

There are some states that have surprise bill or balance billing laws. These laws apply to fully insured plans and may impact self-funded plans, including state or municipal government plans and church group plans. Please check with your plan administrator and/or insurance certificate/booklet to see if state law applies to your coverage.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can’t balance bill you and may not ask you to give up your protections not to be balance billed. When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

If you get other services at these in-network facilities, out-of-network providers can’t balance bill you, unless you give written consent and give up your protections.

You’re never required to give up your protections from balance billing. You also aren’t required to get care out-of-network. You can choose a provider or facility in your plan’s network.

There are some states that have surprise bill or balance billing laws. These laws apply to fully insured plans and may impact self-funded plans, including state or municipal government plans and church group plans. Please check with your plan administrator and/or insurance certificate/booklet to see if state law applies to your coverage.

When balance billing isn’t allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you’ve been wrongly billed, you may contact:

The US Department of Health and Human Services at:

Phone: 800-985-3059

Website: <https://www.cms.gov/nosurprises/consumers>

Your state agency, which can be found at:

<https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants>

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.

MEDICARE PART D NOTICE

Medical Plan: Willamette University Health Plan

About Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage 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. We have determined the prescription drug coverage offered by Willamette University 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. Plan participants are eligible if they are within three months of turning age 65, are already 65 years old or if they are disabled. 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 coverage will not be affected, and benefits will be coordinated with Medicare. Refer to your plan documents provided upon eligibility and open enrollment or contact your provider or the plan administrator for an explanation and/or copy of the prescription drug coverage plan provisions/options under the plan available to Medicare eligible individuals when you become eligible for Medicare Part D.

Visit <http://www.cms.hhs.gov/CreditableCoverage/> which outlines the prescription drug plan provisions/options Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and current coverage is dropped, be aware you and your dependents will not be able to get this coverage back. Refer to plan documents or contact your provider or the plan administrator before making any decisions.

Note: In general, different guidelines exist for retirees regarding cancelation of coverage and the ability to get that coverage back. Retirees who terminate or lose coverage will not be able to get back on the plan unless specific contract language or other agreement exists. Contact the plan administrator for details.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know if you drop or lose your current coverage 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 19 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 person listed in this notifications report. You will get this notice each year. You will also get it before the next Medicare part D drug plan enrollment period and if this coverage 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 or 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 800-MEDICARE (800-633-4227). TTY users should call (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 (800) 772-1213 (TTY 1-800-325-0778).

Remember to 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).

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 from another plan, you may be entitled to a reduction or elimination of exclusionary periods (if applicable) of 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 ceases, if you request before losing 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:

Tiffany DeGroat
Benefits Manager
Willamette University
900 State Street
Salem, OR 97301



Important-Time Sensitive

Open Enrollment Information

2024