



GARDNER-WEBB  
UNIVERSITY

Your Benefits. Your Options.  
*Get educated in what matters most.*

# Benefits Enrollment Guide 2025

**JANUARY 1, 2025 – DECEMBER 31, 2025**





# Welcome

Gardner-Webb University is committed to providing our employees with a benefits package that is both comprehensive and competitive. Our program offers a broad range of plan options to meet the needs of our diverse workforce. This program is designed to assist you in providing for the health, well-being and financial security of you and your family.

This guide provides a general overview of your benefit choices to help you select the coverage that is right for you. The University has also implemented an employee benefits website that provides more details of the plans offered as well as an online enrollment tool. This website allows you to access your specific benefits information at any time, and is the method used to enroll or make changes to your benefit elections. Please be sure to access the employee benefits website and learn how to use it. Website access and login instructions are included in this booklet.

Please be sure to review the information contained in this booklet. It's important that you have an understanding of each benefit as you determine which plans and benefit levels are right for you and your family. Contact information for the specific insurance companies and administrators of these benefit plans can be found in the back of the booklet.

Our employees are our most important resource at Gardner-Webb University and we are happy to make these benefits available. Please contact a member of our Human Resources department listed below if you have any questions concerning benefits or the enrollment process.

**Jason Hunt - HR Specialist**

Call: (704) 406-3839

Email: [jhunt7@gardner-webb.edu](mailto:jhunt7@gardner-webb.edu)

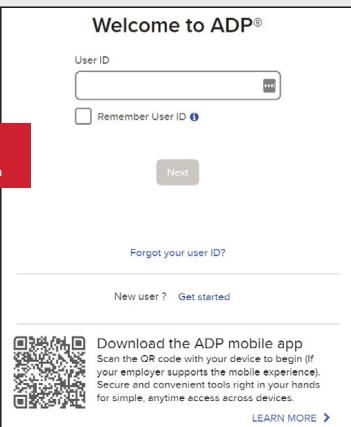
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# Enrollment Instructions

Gardner-Webb University makes enrolling in employee benefits as easy as 1-2-3-4 with the help of the ADP Portal. Employees should be sure to review this enrollment guide and discuss the various coverage options with any dependents that they may be covering. Once they are confident in their benefits choices, they can log-on to the Gardner-Webb University enrollment site at [www.workforcenow.adp.com](http://www.workforcenow.adp.com) and follow the steps below to complete their online enrollment.

## STEPS TO COMPLETE ONLINE ENROLLMENT IN ADP:



1

Welcome to ADP®

User ID

Remember User ID ?

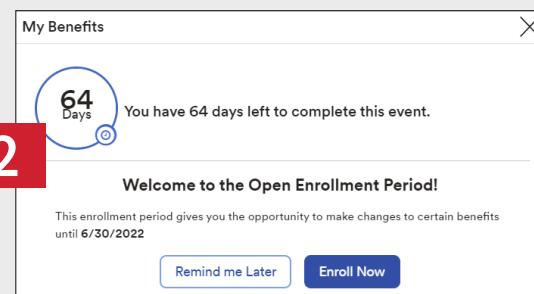
Next

Forgot your user ID? [Forgot your user ID?](#)

New user? [Get started](#)

Download the ADP mobile app  
Scan the QR code with your device to begin (if your employer supports the mobile experience). Secure and convenient tools right in your hands for simple, anytime access across devices.

LEARN MORE >



2

My Benefits

64 Days You have 64 days left to complete this event.

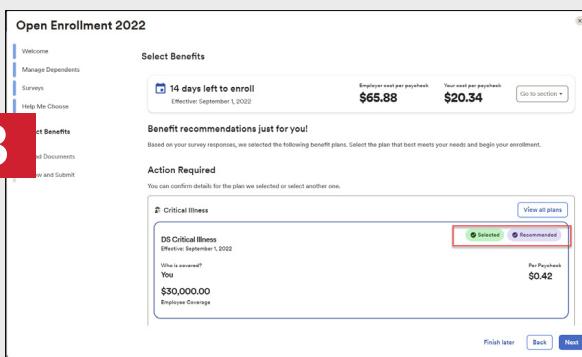
Welcome to the Open Enrollment Period!

This enrollment period gives you the opportunity to make changes to certain benefits until 6/30/2022

Remind me Later [Enroll Now](#)

- › Go to [www.workforcenow.adp.com](http://www.workforcenow.adp.com);
- › Enter Username and Password;
- › If this is your first time logging in, click 'Create Account.' If you are unsure of the registration code, please contact your HR team.

- › Review the Homepage;
- › For Open Enrollment, a pop-up is displayed, where you can click 'Enroll Now';
- › For New Hire Enrollment, ensure go to 'Myself - Benefits - Enrollments' where you will see a New Hire Enrollment event.



3

Open Enrollment 2022

Select Benefits

14 days left to enroll Effective: September 1, 2022

Employee cost per paycheck \$65.88 Year cost per paycheck \$20.34

View all plans

Action Required

Benefit recommendations just for you!

You can confirm details for the plan we selected or select another one.

2 Critical Illness Effective: September 1, 2022

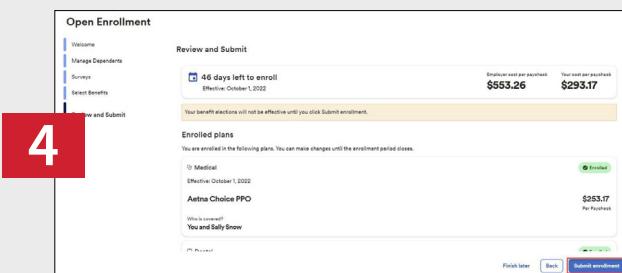
What is covered? You \$30,000.00 Employee Coverage

Selected Recommended

Per Paycheck \$0.42

Finish later Back Next

- › The next step is 'Select Benefits,' where you can elect/waive each benefit offered;
- › Ensure the information entered is accurate for each step.



4

Open Enrollment

Review and Submit

46 days left to enroll Effective: October 1, 2022

Employee cost per paycheck \$553.26 Year cost per paycheck \$293.17

Your benefit elections will not be effective until you click Submit enrollment.

Enrolled plans

You are enrolled in the following plans. You can make changes until the enrollment period closes.

Medical Effective: October 1, 2022

Aetna Choice PPO

What is covered? You and Sally Snow

Present

Finish later Back Submit enrollment

- › Review information on the 'Review and Submit' tab;
- › Be sure to click the 'Submit Enrollment' button to confirm enrollment;
- › Print a copy of the Confirmation Statement.

# Eligibility

Employee eligibility for all of the benefits described in this book requires full-time employment status working an average of 30 hours or more per week. For newly hired employees, benefits become effective on the first of the month following or coinciding with the date of hire.

You also have the option to enroll your eligible dependents.

Eligible dependents may include:

- › Your legal spouse;
- › Your dependent children to age 26, regardless of full-time student status or marital status; and;
- › Your unmarried children of any age who are incapable of self-support due to a mental or physical disability and who are totally dependent on you.

## **VARIABLE HOUR EMPLOYEES**

- › For variable hour employees, Gardner-Webb has established measurement periods to determine if the total hours worked average 30 or more hours per week. If yes, GWU will notify any qualifying employee of eligibility for medical insurance.

# Change in Status

Once you have made your new hire elections or at the annual open enrollment period in November, you cannot make changes until the next open enrollment period unless you experience a qualified change in status, also referred to as a life event, such as:

- › A change in your legal marital status (such as marriage, divorce or death of a spouse);
- › A change in the number of dependents (such as birth or adoption of a child, or death of a dependent);
- › A change in your spouse's employment status (including commencement or termination of employment, a change from full-time to part-time status or vice versa);
- › Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent.

You have 30 days from the date of the qualifying event to notify Human Resources and provide appropriate documentation to change your benefits. Requests received after 30 days will not be accepted.

**Please note:** Not every change in status permits a change in benefit plan elections. A change in election is permitted only when it is determined that the change in status affects eligibility for coverage of the employee, a spouse, or a dependent under a benefit plan. The event must be consistent with the change requested.

If your change in status includes adding a new dependent, you will be required to submit appropriate supporting documentation to Human Resources to verify their dependent status.

# Express Scripts Prescription Drug Benefits

Express Scripts includes a network of participating pharmacies which will accept the required copayment and file the claim directly. Claims for expenses incurred at non-participating pharmacies, and claims for prescriptions purchased without a drug card will not be covered by the Plan for members who have a valid drug card.

## SPECIALTY PRESCRIPTIONS

- › Contact Rx Solutions at (888) 201-9175 for assistance with your specialty medications.

## HELPFUL TIPS

- › Lower cost pharmacies, including local pharmacies and discount stores such as Walmart and Costco, are typically less expensive.
- › Fill or refill prescriptions as needed close to and before January 1, 2025, to ensure that there is as little disruption as possible.

## EXPRESS SCRIPTS NATIONAL PREFERRED FORMULARY

- › The standard formulary is a list of preferred medications. If you are currently taking a drug that will be excluded from Express Scripts 2025 Formulary, you will receive a disruption letter from Express Scripts in December specifying the drug, along with the covered alternative.
- › To get detailed information via the web and learn about the Express Scripts programs and services, visit [www.express-scripts.com](http://www.express-scripts.com) or call Customer Service at (800) 818-6634.

## MAIL-ORDER PRESCRIPTIONS AND 90-DAY RETAIL PRESCRIPTIONS

- › Mail-prescriptions are filled through Express Scripts.
- › You can choose one of these easy methods to begin using Express Scripts Home Delivery:
  - › Call the toll-free number (800) 698-3757 to talk with a prescription plan specialist (7:30 a.m. – 5 p.m., Mon. through Fri., EST). For most medications, ESI is able to contact your doctor and arrange for your first mail-order supply.
  - › Visit [www.express-scripts.com/StartHD](http://www.express-scripts.com/StartHD). After logging in, select “Transfer your retail prescriptions” to get started. The Express Scripts Pharmacy will contact your doctor for you to obtain a 90-day prescription.
  - › Ask your doctor for a new prescription for up to a 90-day supply, plus refills for up to 1 year (if appropriate). Then, ask your doctor to e-prescribe or fax the prescription to the Express Scripts Pharmacy. (Only your doctor can fax your prescriptions; the fax number is (800) 837-0959.)
  - › 90-day prescriptions are also available at retail. Using a retail pharmacy allows you to speak with your pharmacist and have your questions answered when you pick up your prescription.

## HELPFUL RESOURCES

- › Healthgram: (866) 904-9081
- Express Scripts Customer Service: (877) 324-8873
- › Visit [www.express-scripts.com](http://www.express-scripts.com)
- › Express Scripts Home Delivery: (800) 698-3757



# Medical Premium Discounts – Wellness and Tobacco

Gardner-Webb University is dedicated to helping you and your family maintain and improve your health. In order to be eligible for a premium discount on your Medical coverage for 2025 under the Gardner-Webb University Employee Benefit Plan (the “Plan”), you must complete the requirements every year. New Hires must complete requirements by Dec 31st of their first year in order to qualify for the wellness rate in the following plan year.

If hired in the 4th quarter (Oct - Dec), you have until Dec 31st of the following year to complete the wellness criteria listed below to maintain the premium discounts.



## WELLNESS

**Definition of Wellness:** An employee will have satisfied the wellness criteria when he/she has:

- › Completed a Health Risk Assessment (HRA) by logging into the [Healthgram.com](https://Healthgram.com) member portal.
- › Has seen a health care provider for a physical exam;
- › Has submitted the lab results through the Healthgram member portal using the form provided by HR.
- › Is compliant with Health Coach guidelines, if applicable.

## Notice of Availability of Reasonable Alternative Standard:

Gardner-Webb is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## TOBACCO USE

**Definition of Tobacco Free** - Does not use any tobacco products. This includes cigarettes, e-cigarettes, pipes, cigars, chewing tobacco, smokeless tobacco, nicotine replacement, or any other tobacco products.

**Tobacco Cessation** - The prescription drug plan covers all Federal Drug Administration (FDA) approved tobacco cessation medications. Members will pay a \$50 copay for tobacco cessation medications with a prescription and are limited to a lifetime maximum of 180 days.

**Tobacco Surcharge** - If you are a tobacco or nicotine user (including but not limited to cigarettes, cigars, chewing tobacco, dip, snuff, nicotine patches or gum and vapes/electronic cigarettes), a \$30 monthly surcharge will be added to your paycheck. If your covered spouse is also a tobacco or nicotine user, an additional \$30 monthly surcharge will apply.

# Your 2025 Medical Plan Costs

You have two medical and prescription drug plans from which to choose to best fit your needs, budget and lifestyle. We encourage you to review both of your plan choices, below and on the following page, to be an informed consumer of your health care choices. Once you make your election, you will not have another opportunity to change your election until our next annual open enrollment unless you experience a qualified change in status as described on page 4 of this Benefit Guide.

**Payroll deductions for our Medical Plans are changing.** See below the 2025 payroll deduction premiums based on each Medical Plan. Be sure to review the differences in discounted premiums offered which are based on your wellness participation. The potential savings is worth participation in the wellness incentives and not using tobacco products.

## STANDARD PLAN MONTHLY PAYROLL DEDUCTIONS

Effective January 1, 2025 Monthly Rates	Non-Wellness Rates*	Wellness Rates*
Employee	\$161.00	\$101.00
Employee + 1 Child	\$309.00	\$249.00
Employee + Children	\$450.00	\$390.00
Employee + Spouse	\$502.00	\$442.00
Family	\$582.00	\$522.00
Family (2 GWU Employees)	\$410.00	\$350.00

## PREMIUM PLAN MONTHLY PAYROLL DEDUCTIONS

Effective January 1, 2025 Monthly Rates	Non-Wellness Rates*	Wellness Rates*
Employee	\$242.00	\$152.00
Employee + 1 Child	\$464.00	\$374.00
Employee + Children	\$674.00	\$584.00
Employee + Spouse	\$753.00	\$663.00
Family	\$874.00	\$784.00
Family (2 GWU Employees)	\$616.00	\$526.00

\*If you are a tobacco or nicotine user (including but not limited to cigarettes, cigars, chewing tobacco, dip, snuff, nicotine patches or gum and vapes/electronic cigarettes), a \$30 monthly surcharge will be added to your paycheck. If your covered spouse is also a tobacco or nicotine user, an additional \$30 monthly surcharge will apply.

# Standard Medical Plan

Below is a summary of benefits for the Standard Medical Plan choice, administered through Healthgram. The plan offers both in-network and out-of-network benefits, although you will realize your biggest savings when utilizing in-network providers. We encourage the use of Retail Clinics (CVS Minute Clinics) and Urgent Care facilities instead of Emergency Room visits when appropriate, as this will save on your out-of-pocket expenses. The prescription drug portion of the plan will be administered through Express Scripts. Be sure to talk to your physician about the use of generic drugs or a lower-cost brand drug when appropriate for your medical needs. For more detailed plan information, please consult the Summary Plan Description (SPD). You may also call Healthgram for more information or to find an in-network participating provider in your area. Contact Healthgram directly at (800) 446-5439 or visit online at [www.healthgram.com](http://www.healthgram.com).

Visit [www.healthgram.com](http://www.healthgram.com) select Members in the top-right hand corner of the home screen. Under Resource Links, select Find a Doctor. Select the Cigna PPO Network that matches the one on your ID Card. You'll be redirected to the website of the network you select.

Service	Standard PPO Plan	
	In-Network (You Pay)	Out-of-Network** (You Pay)
<b>Lifetime Maximum</b>	Unlimited	
<b>Calendar Year Deductible</b>	\$1,000 individual \$2,000 family	\$3,000 individual \$6,000 family
<b>Out-of-Pocket Maximum</b> (includes deductible, coinsurance and copays)	\$7,750 individual \$12,500 family	\$10,000 individual \$20,000 family
<b>*Preventive Services as defined by ACA</b> (see website for covered services) <a href="http://www.healthcare.gov/preventive-care-benefits">www.healthcare.gov/preventive-care-benefits</a>	100%	
<b>Retail Clinic</b>	\$25 copay per visit	50% after deductible**
<b>Primary Care Physician Office Visit</b>	\$25 copay per visit	50% after deductible**
<b>Specialist Physician Office Visit</b>	\$75 copay per visit	50% after deductible**
<b>Urgent Care Center</b>	\$75 copay	\$75 copay, then 50%, no deductible
<b>Emergency Room</b>	\$250 copay, then 30%, no deductible	
<b>Outpatient Services</b>	30% after deductible	50% after deductible**
<b>Inpatient Hospitalization</b>	\$250 per admit, then 30% after deductible	\$350 per admit, then 50% after deductible**
<b>Prescription Drugs - Retail (30-day supply)</b> › Generic › Preferred › Non-Preferred › Specialty Generic › Specialty Brand Name	\$10 copay \$25 copay \$50 copay 25% copay (\$25 min./\$150 max.) 20% coinsurance (Manufacturer coupon assistance available)	Not available
<b>Prescription Drugs - Mail Order (90-day supply)</b> › Generic › Preferred › Non-Preferred	2 times retail copay	Not available

\* When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay the appropriate cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost-sharing applies.

\*\* Out-of-Network coinsurance paid at Reasonable & Customary.

Your Group Medical Health Plan is compliant under the Affordable Care Act (ACA).

# Premium Medical Plan

Below is a summary of benefits for the Premium Medical Plan choice, administered through Healthgram. The plan offers both in-network and out-of-network benefits, although you will realize your biggest savings when utilizing in-network providers. We encourage the use of Retail Clinics (CVS Minute Clinics) and Urgent Care facilities instead of Emergency Room visits when appropriate, as this will save on your out-of-pocket expenses. The prescription drug portion of the plan will be administered through Express Scripts. Be sure to talk to your physician about the use of generic drugs or a lower cost brand drug when appropriate for your medical needs. For more detailed plan information, please consult the Summary Plan Description (SPD). You may also call Healthgram for more information or to find an in-network participating provider in your area. Contact Healthgram directly at (800) 446-5439 or visit online at [www.healthgram.com](http://www.healthgram.com).

Visit [www.healthgram.com](http://www.healthgram.com), select Members in the top right hand corner of the home screen. Under Resource Links, select Find a Doctor. Select the Cigna PPO Network that matches the one on your ID Card. You'll be redirected to the website of the network you select.

Premium PPO Plan		
Service	In-Network (You Pay)	Out-of-Network** (You Pay)
<b>Lifetime Maximum</b>	Unlimited	
<b>Calendar Year Deductible</b>	\$500 individual \$1,000 family	\$2,000 individual \$4,000 family
<b>Out-of-Pocket Maximum</b> (Includes deductible, coinsurance and copays)	\$5,500 individual \$11,000 family	\$7,000 individual \$14,000 family
<b>*Preventive Services as defined by ACA</b> (see website for covered services) <a href="http://www.healthcare.gov/preventive-care-benefits">www.healthcare.gov/preventive-care-benefits</a>	100%	
Retail Clinic	\$25 copay per visit	40% after deductible**
Primary Care Physician Office Visit	\$25 copay per visit	40% after deductible**
Specialist Physician Office Visit	\$75 copay per visit	40% after deductible**
Urgent Care Center	\$75 copay	\$75 copay, then 40%, no deductible
Emergency Room	\$100 copay, then 20%, no deductible	
Outpatient Services	20% after deductible	40% after deductible**
Inpatient Hospitalization	\$250 per admit, then 20% after deductible	\$350 per admit, then 40% after deductible**
<b>Prescription Drugs - Retail (30-day supply)</b> › Generic › Preferred › Non-Preferred › Specialty Generic › Specialty Brand Name	\$10 copay \$25 copay \$50 copay 25% copay (\$25 min./\$150 max.) 20% coinsurance (Manufacturer coupon assistance available)	Not available
<b>Prescription Drugs - Mail Order (90-day supply)</b> › Generic › Preferred › Non-Preferred	2 times retail copay	Not available

\* When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay the appropriate cost share for the diagnostic or therapeutic services.

Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost-sharing applies.

\*\* Out-of-Network coinsurance paid at Reasonable & Customary.

Your Group Medical Health Plan is compliant under the Affordable Care Act (ACA).

# Voluntary Dental Plan

The Gardner-Webb University dental plan is insured by MetLife. We recommend utilizing in-network providers whenever possible to best manage your plan expenses. The charts below provide a brief summary of the dental plan benefits as well as monthly payroll deductions.

Benefit Detail	Dental Plan
<b>Deductible</b> (Waived for Type I services)	\$50 per individual / \$150 per family
<b>Contract Year Maximum (per person)</b>	\$1,000
<b>Type I: Preventive Services</b> (Oral exams, cleanings, space maintainers, pain treatment, sealants and full-mouth X-rays)	100%
<b>Type II: Basic Services</b> (Fillings, anesthesia, root canal, simple and surgical extractions, oral surgery and periodontics)	80% (No benefit waiting period)
<b>Type III: Major Services</b> (Crowns, inlays, onlays, dentures, bridges, and implants)	50% (No benefit waiting period)
<b>Type IV: Orthodontia</b> (Children up to age 19)	MetLife will cover lifetime maximum of \$1,000, no deductible (No benefit waiting period)

Rate Tier	2025 Monthly Rates
Employee	\$41.83
Employee + Spouse	\$83.62
Employee + Child(ren)	\$96.54
Employee + Family	\$138.23

# Voluntary Vision

The Gardner-Webb University vision plan is offered through EyeMed. Utilizing in-network providers will save you money on your out-of-pocket expenses. When searching the EyeMed provider directory online at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), search within the "Access" network. The charts below provide a summary of your vision plan benefits as well as monthly payroll deductions.

Benefit Detail	In-Network	Out-of-Network
<b>Exam</b> (With dilation as necessary)	\$10 copay	\$40 allowance
<b>Frames</b>	\$100 allowance, 20% off balance over allowance	\$70 allowance
<b>Standard Plastic Lenses</b> (every 12 months*) › Single › Bifocal › Trifocal	\$10 copay \$10 copay \$10 copay	\$30 allowance \$50 allowance \$70 allowance
<b>Lens Options</b> › UV Treatment › Tint (Solid and Gradient) › Standard Scratch Resistant Coating › Standard Polycarbonate - Adults › Standard Polycarbonate - Kids under 19 › Standard Anti-Reflective Coating › Polarized › Photocromatic / Transitions Plastic › Premium Anti-Reflective	\$15 copay \$15 copay \$15 copay \$40 copay \$40 copay \$45 copay 20% off retail \$75 copay See attached Fixed Premium Anti-Reflective Coating list 20% off retail price	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
<b>Other Add-Ons</b>		N/A
<b>Contact Lens Fit and Follow-up</b>	\$55 allowance	N/A
<b>Contact Lenses</b> (Contact lens allowance includes materials only) › Conventional › Disposable › Medically Necessary	\$0 copay; \$100 allowance, 15% off balance over \$100 \$0 copay; \$100 allowance, plus balance over \$100 \$0 copay, paid-in-full	\$100 allowance \$100 allowance \$210 allowance
<b>Frequency*</b> › Exam › Frame › Lens › Contacts		12 months 24 months 12 months 12 months

\*Defined by last date of service.

Rate Tier	2025 Monthly Rates
Employee	\$5.70
Employee + 1 (Spouse or Child)	\$10.82
Employee + 2 (Spouse and 1 Child or 2 Children)	\$11.39
Employee + Family (Spouse and 2+ Children)	\$16.75

# Flexible Spending Accounts (FSAs)

**What is an FSA:** Flexible Spending Accounts help you save money by providing a way to pay for certain types of health care and dependent care on a pre-tax basis. There are two types of Flexible Spending Accounts: Health Care and Dependent Care.

**How an FSA Works:** During the open enrollment period, you decide how much money you want to contribute for the year (see IRS limits below). The amount you designate for the year is taken out of your paycheck in equal installments each pay period and placed in the appropriate FSA account type. The contributions you make to an FSA are deducted from your pay BEFORE your federal, state, or Social Security taxes are calculated. You do not need to be enrolled in the Gardner-Webb's medical plan to take advantage of an FSA account. You may enroll in either account or both - you decide!

**Note:** To learn more about FSA or to download a direct deposit form go to [www.letscataapult.org](http://www.letscataapult.org).

IRS Annual Contribution Limits	Minimum	Maximum *
Health Care FSA	\$100	\$3,300
Health Care FSA Rollover	\$0	\$660
Dependent Care FSA	\$100	\$5,000 (\$2,500 if you are married and filing separately)

\* As adjusted by the Internal Revenue Service and Department of Labor

FSA	Expense Incurred	Submit Expense for Reimbursement
Health Care	January 1, 2025 - December 31, 2025	January 1, 2025 - March 31, 2026
Dependent Care	January 1, 2025 - December 31, 2025	

## HEALTH CARE FSA

Health Care FSAs allow you to set aside pre-tax dollars through payroll deductions to pay for expenses not covered by a medical, dental, or vision plan in which you may be enrolled. Team members electing a Health Care FSA will receive a debit card to pay for eligible purchases, making reimbursements quicker and easier. If you do not use the full amount contributed to your FSA, employees who elect to participate in the Health Care FSA for the next plan year may roll over up to \$660 to the next Plan Year. Any remaining balance above that \$660 will be forfeited according to IRS regulations. **Use it or lose it!**

Health Care Expense Worksheet					
Medical/Rx		Vision		Dental	
Deductibles	\$	Deductibles	\$	Deductibles	\$
Copays	\$	Copays	\$	Copays	\$
Prescriptions	\$	Prescriptions	\$	Prescriptions	\$
Other	\$	Other	\$	Other	\$
Total	\$	Total	\$	Total	\$
ESTIMATE CAREFULLY - \$660 ROLLOVER		Health Care Total:			\$

## DEPENDENT CARE FSA

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child or adult dependent who are claimed as exemptions on your federal income tax return.

Dependent Day Care Expense Worksheet					
		Dependent 1	Dependent 2	Dependent 3	Total
Child Care Centers	\$	\$	\$	\$	\$
Before/After School Care	\$	\$	\$	\$	\$
Adult Daycare	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
ESTIMATE CAREFULLY	DEPENDENT CARE TOTAL:				\$

# Voluntary Short-Term Disability

Short-Term Disability Income Benefits are provided in the event that a full-time employee becomes disabled for more than seven days due to a non-work related sickness or injury, or pregnancy\*. The plan, insured by MetLife, pays 60% of an eligible employee's weekly earnings, to a maximum of \$1,000 per week for a qualified disability. Plan coverage does not extend to occupational disabilities or pre-existing conditions. The benefits pay in addition to salary continuation, sick leave, or PTO.

Benefit Detail	Voluntary Short-Term Disability Income
Elimination Period	7 days
Benefits Payable/Duration	12 weeks
Percentage of Income Replaced	60% of weekly earnings
Maximum Benefit Amount	\$1,000
Pre-existing Limitation	<p><b>Pre-Existing: 3/12</b>  This means you have a pre-existing condition if:</p> <ul style="list-style-type: none"> <li>› You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and</li> <li>› The disability begins in the first 12 months after your effective date of coverage.</li> </ul>
Definition of Disability	You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury and you have a 20% or more loss in weekly earnings due to the same sickness or injury
Rehabilitation and Return to Work Assistance Program	A voluntary rehabilitation and return to work assistance for those disabled employees who are receiving short-term disability payments and who are medically able to participate.

\*Please see Plan Document for Pregnancy benefit

Age	Monthly Rates (Per \$10 of weekly benefit)
15-24	\$0.426
25-29	\$0.426
30-34	\$0.398
35-39	\$0.327
40-44	\$0.348
45-49	\$0.327
50-54	\$0.405
55-59	\$0.483
60-64	\$0.604
65-69	\$0.639
70+	\$0.639

<b>SAMPLE PREMIUM CALCULATION</b>	
(Employee age 37)	
Voluntary STD Rate:	\$0.327
Yearly Salary .....	\$30,000
Weekly Income (\$30,000 / 52 weeks)).....	\$576.92
Weekly Benefit Amount (\$576.92 x 60%).....	\$346.15
Monthly Premium (\$346.15 x 0.327 / \$10 of benefit) .....	\$11.32

# Voluntary Long-Term Disability

Long-Term Disability Income Benefits are provided in the event that a full-time employee becomes disabled for more than 90 days due to a non-work related sickness or injury. The plan, administered by MetLife, pays 60% of an eligible employee's monthly salary, to a maximum of \$6,000 per month for a qualified disability.

Benefit Detail	Voluntary Long-Term Disability Income
Elimination Period	90 days
Benefits Payable/Duration	To age 65 with a reduced duration after age 65*
Percentage of Income Replaced	60% of monthly salary
Maximum Benefit Amount	\$6,000
Pre-existing Limitation	<p><b>Pre-Existing: 3/12</b>  This means you have a pre-existing condition if:</p> <ul style="list-style-type: none"> <li>› You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and;</li> <li>› The disability begins in the first 12 months after your effective date of coverage.</li> </ul>
Work Incentive Benefit	A disabled employee is allowed to be paid their full benefit and any part-time earnings for one year of a disability as long as the total does not exceed 100% of their pre-disability income. After one year, a partial benefit will be paid based on earnings lost.
Three Month Survivor Benefit	Upon death, if an employee was receiving/entitled to receive disability payments and their disability had continued for 180 or more consecutive days, survivors are entitled to a payment of 3 times the employee's gross monthly disability payment.
Rehabilitation and Return to Work Assistance Program	A voluntary rehabilitation and return to work assistance for those disabled employees who are receiving short-term disability payments and who are medically able to participate.
Dependent Care Benefit	Pays an additional \$350/dependent per month, to an overall maximum of \$1,000 to disabled employees who are receiving long-term disability payments while participating in the Rehabilitation and Return to Work Assistance Program.
Worldwide Emergency Travel Assistance Services	Delivers global travel assistance, including medical and legal emergency support for employees and their families for business or pleasure more than 100 miles from home.

Age	Monthly Rates (Per \$100 of covered payroll)
< 24	\$0.068
25-29	\$0.081
30-34	\$0.108
35-39	\$0.121
40-44	\$0.135
45-49	\$0.202
50-54	\$0.310
55-59	\$0.580
60-64	\$0.891
65-69	\$1.714
70+	\$2.780

SAMPLE PREMIUM CALCULATION (Employee age 37)	
Voluntary LTD Rate per \$100 of monthly salary.....	<b>\$0.121</b>
Yearly Salary .....	<b>\$30,000</b>
Monthly Income (\$30,000 / 12 months).....	<b>\$2,500.00</b>
Monthly Premium (\$2,500 / 100 x \$0.121) .....	<b>\$3.03</b>

*Maximum LTD Benefit Period	
The later of: Your Normal Retirement Age or the period shown below:	
Age on Date of Your Disability	Benefit Period
Less than 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

# Group Basic Term Life and AD&D Insurance

Gardner-Webb University provides eligible full-time employees with \$40,000 of Life and Accidental Death & Dismemberment (AD&D) insurance through MetLife. Gardner-Webb University pays the full cost of this benefit for all eligible employees. The cost for dependent child(ren) coverage is \$1.23 per month and is paid for by the employee through payroll deductions. Be sure to consult the Certificate of Coverage for additional limitations and exclusions which may apply to any of the various options, below or otherwise. Below is an outline of the Group Basic Term Life and AD&D Insurance benefits.

Benefit Detail	Basic Term Life and AD&D Insurance
<b>Employee Benefit Amount</b>	\$40,000 (matching AD&D)
<b>Employee Benefit Reductions</b>	Reduced to 65% at age 65, 50% at age 70, 35% at age 75
<b>Dependent Benefit Amount (employee-paid)</b> • Live birth - 6 months • 6 months - 19 years (26 years if full-time student) Monthly employee cost: \$1.23 for child(ren)	\$1,000 \$10,000
<b>Accelerated Death Benefit</b>	In the event that an insured employee or dependent becomes terminally ill and the employee's life expectancy has been reduced to less than 12 months, a portion of the insured employee's Life benefit will be paid. The payable benefit upon death will be reduced by the Accelerated Life Benefit paid. NOTE: Receipt of these accelerated benefits may be taxable. Assistance should be sought from a personal tax advisor.
<b>Waiver of Premium</b>	Premium Waiver: 9 months elimination period being disabled Your life insurance premium will be waived if you meet these conditions: › You are less than 60 and insured under the plan; › You become disabled and remain disabled during the elimination period, with premiums payments continued; › You meet the notice and proof of claim requirements for disability while your life insurance is in effect or within three months after it ends; › Your claim is approved by MetLife.
<b>Seatbelt and Airbag Rider</b>	An additional accidental death benefit is paid if an insured employee dies while properly wearing a seat belt and/or airbag Seatbelt(s): 10% of the Full Amount of your accidental death and dismemberment insurance benefit. Air Bag: 5% of the Full Amount of your accidental death and dismemberment insurance benefit. Maximum Benefit: › Seat Belt: \$25,000; › Airbag: \$5,000.
<b>Conversion</b>	Available to employees and dependents within 31 days after employment ends or eligibility ends under the group plan.
<b>Portability</b>	A voluntary rehabilitation and return to work assistance for those disabled employees who are receiving short-term disability payments and who are medically able to participate.
<b>Dependent Care Benefit</b>	An insured employee and dependents are able to elect portable coverage, at group rates, if the employee terminates employment, reduces hours, or retires from the employer. Children cannot become insured for portable coverage unless the employee elects portable coverage.
<b>Life Planning Financial and Legal Resources</b>	A personalized financial counseling service that provides expert, objective financial counseling to survivors and terminally ill employees at no cost. This service is also extended to employees upon the death or terminal illness of their covered spouse. The financial consultants are master level consultants employees develop strategies needed to protect resources, preserve current lifestyles and build future security.

# Group Voluntary Term Life Insurance

In addition to Basic Life Insurance coverage described on the previous page, Gardner-Webb University offers all full-time employees the opportunity to purchase supplemental life insurance for themselves and their dependents through MetLife. In order to elect dependent coverage, employees must also elect coverage for themselves.

Benefit Detail	Voluntary Life Insurance
Employee Amount	\$10,000 increments; Up to the lesser of 7x employee's salary or \$500,000
Employee Guarantee Issue Amount	\$150,000
Spouse Amount	\$5,000 increments; Up to 100% of employee amount to a maximum of \$350,000
Spouse Guarantee Issue Amount	\$20,000
Accelerated Death Benefit	In the event that an insured employee or dependent becomes terminally ill and the employee's life expectancy has been reduced to less than 12 months, a portion of the insured employee's Life benefit will be paid. The payable benefit upon death will be reduced by the Accelerated Life Benefit paid. NOTE: Receipt of these accelerated benefits may be taxable. Assistance should be sought from a personal tax advisor.
Waiver of Premium	<p>Premium Waiver: 9 months elimination period being disabled</p> <p>Your life insurance premium will be waived if you meet these conditions:</p> <ul style="list-style-type: none"> <li>› You are less than 60 and insured under the plan;</li> <li>› You become disabled and remain disabled during the elimination period, with premiums payments continued;</li> <li>› You meet the notice and proof of claim requirements for disability while your life insurance is in effect or within three months after it ends;</li> <li>› Your claim is approved by MetLife.</li> </ul>
Conversion	Available to employees and dependents. <u>You must contact MetLife within 31 days after employment ends or eligibility ends under the group plan.</u>
Portability	An insured employee and dependents are able to elect portable coverage, at group rates, if the employee terminates employment, reduces hours, or retires from the employer. Children cannot become insured for portable coverage unless the employee elects portable coverage. <u>You must contact MetLife within 31 days after employment or eligibility ends.</u>

Below you will find the monthly rate chart for Group Voluntary Term Life Insurance along with a sample calculation for your reference.

Age	Monthly Employee Rates (Per \$1,000 of benefit)	Monthly Spouse Rates (Per \$1,000 of benefit)
< 29	\$0.060	\$0.060
30-34	\$0.081	\$0.081
35-39	\$0.091	\$0.091
40-44	\$0.101	\$0.101
45-49	\$0.152	\$0.152
50-54	\$0.233	\$0.233
55-59	\$0.435	\$0.435
60-64	\$0.668	\$0.668
65-69	\$1.286	\$1.286
70+	\$2.085	\$2.085
Monthly Child(ren) Rate (for a \$10,000 benefit)		\$1.23

**SAMPLE PREMIUM CALCULATION**  
(Employee age 37)



Supplemental Life Rate per \$1,000 of benefit **\$0.091**  
Supplemental Life Election.....**\$50,00**  
Monthly Premium (\$50,000 / \$1,000 (x .091 .. **\$4.55**

# Statement Of Health

## THE METLIFE STATEMENT OF HEALTH (SOH)

is a form that requires you to answer a limited number of medical questions in order to be considered, then approved or denied for certain life and disability coverages. A general outline of when you are required to complete an **SOH** form, is outlined below:

- › Opportunities to enroll for Short-Term and/or Long-Term Disability benefits:
  - › If Short-Term and/or Long-Term disability coverage was not purchased when you first became eligible for coverage, you will always be required to complete an **SOH** form for disability benefits.
- › Opportunities to enroll for Voluntary Term Life Insurance benefits:
  - › If coverage was not purchased when you first became eligible for coverage, you will always be required to complete an **SOH** form for Voluntary Term Life benefits;
  - › If you are currently enrolled in this coverage and wish to purchase additional coverage for yourself, your spouse or your children during annual enrollment, you may do so by following the guidelines below:
    - › If you are currently insured for an amount below the guarantee issue amount, you may purchase an additional \$10,000 of coverage without providing **SOH**;
    - › If you are currently insured for an amount below the guarantee issue amount, and wish to enroll for more than \$10,000 of additional coverage, you may apply for the additional coverage by completing the SOH for approval by MetLife.
    - › If you are currently insured for an amount at or above the guarantee issue amount, you may apply for additional coverage by completing the **SOH** for approval by MetLife.
    - › You may apply for coverage on your spouse and/or children by completing the **SOH** for approval by MetLife.

# Voluntary Supplemental Benefits

## ACCIDENT INSURANCE

MetLife Accident Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose. You have two plan options to choose from, the Low Plan and the High Plan. Employees may choose to elect coverage for themselves and their families.

Some examples of covered injuries include:

- › Fractures
- › Burns
- › Ruptured Discs
- › And More!
- › Dislocations
- › Concussions
- › Lacerations

Accident - Low Plan	2025 Monthly Rates	Accident - High Plan	2025 Monthly Rates
Employee	\$9.51	Employee	\$12.44
Employee + Spouse	\$18.87	Employee + Spouse	\$24.56
Employee + Child(ren)	\$22.58	Employee + Child(ren)	\$29.35
Employee + Family	\$26.75	Employee + Family	\$34.76

## CRITICAL ILLNESS INSURANCE

Critical Illness Insurance through MetLife pays a lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date. It provides a fixed benefit and you are able to spend the benefit payment as you would like to help navigate back to health and work.

Employees may choose \$10,000 or \$20,000 of coverage. If you elect Critical Illness for yourself, you may choose to cover your spouse and/or your dependent children. Each is eligible for 50% of the employee coverage amount.

Examples of covered illnesses:

- › Heart Attack
- › Cancer
- › Transplants
- › Alzheimer's
- › Stroke
- › Kidney Failure
- › Paralysis
- › Parkinson's

Critical Illness Premium per \$1,000 of Coverage				
Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
< 25	\$0.50	\$0.85	\$0.78	\$1.13
25 - 29	\$0.55	\$0.92	\$0.82	\$1.20
30 - 34	\$0.62	\$1.03	\$0.90	\$1.31
35 - 39	\$0.79	\$1.28	\$1.07	\$1.56
40 - 44	\$1.01	\$1.61	\$1.28	\$1.88
45 - 49	\$1.32	\$2.07	\$1.59	\$2.34
50 - 54	\$1.74	\$2.70	\$2.01	\$2.98
55 - 59	\$2.33	\$3.61	\$2.61	\$3.88
60 - 64	\$3.01	\$4.63	\$3.28	\$4.90
65 - 69	\$3.76	\$5.76	\$4.03	\$6.03
70 - 74	\$4.86	\$7.42	\$5.14	\$7.69
75+	\$6.63	\$10.07	\$6.90	\$10.34

# Required Notices

## NOTICE OF AVAILABILITY OF REASONABLE ALTERNATIVE STANDARD

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Healthgram at (800) 446-5439 and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## HIPAA 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 towards 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).

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 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT NOTICE

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. The deductibles and coinsurance that apply can be found on pages 8 and 9 of this guide. If you would like more information on WHCRA benefits, contact Human Resources.

# Required Notices

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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](http://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](http://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.askaebsa.dol.gov](http://www.askaebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility.

State	Program	Website	Phone Number
Georgia	Medicaid	<a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162, Press 1 678-564-1162, Press 2
North Carolina	Medicaid	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	1-919-855-4100
South Carolina	Medicaid	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
Tennessee		This state does not currently participate.	
Virginia	Medicaid & CHIP	<a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>	1-800-432-5924

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either: U.S. Department of Labor Employee Benefits Security Administration [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) **1-866-444-EBSA (3272)** or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services [www.cms.hhs.gov](http://www.cms.hhs.gov) **1-877-267-2323, Menu Option 4, Ext. 61565**.

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources. The employee premiums included in this Enrollment Guide are based on full-time employment. Please contact Human Resources for part-time eligibility and premiums.

# Required Notices

## **EQUAL EMPLOYMENT OPPORTUNITY COMMISSION NOTICE REGARDING WELLNESS PROGRAM**

Gardner-Webb offers a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive for completion of the requirements as outlined in your benefits guide. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Healthgram at (800) 446-5439.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You are also encouraged to share your results or concerns with your own doctor.

## **PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION**

Your health plan is committed to helping you achieve your best health. The rewards for participating in the wellness program are discounted employee health plan premiums. We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Gardner-Webb University may use aggregate information it collects to design a program based on identified health risks in the workplace, Gardner-Webb University's Employee Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a doctor or health coach in order to provide you with services under the wellness program. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

# Notice of Privacy Practices

## PROTECTED HEALTH INFORMATION NOTICE

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully. If you have any questions about this Notice, please contact Human Resources. This Notice is effective on January 1, 2023.

## OUR COMMITMENT REGARDING YOUR PERSONAL HEALTH INFORMATION

Gardner-Webb University is committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices applies to the Gardner-Webb University Health and Welfare Plans (collectively, the Plans). The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

HIPAA Notice of Privacy Practices, Effective Date: January 1, 2023

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Human Resources.

### OUR OBLIGATIONS:

We are required by law to:

- › Maintain the privacy of protected health information,
- › Give you this notice of our legal duties and privacy practices regarding health information about you
- › Follow the terms of our notice that is currently in effect

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION

The following describes the ways we may use and disclose health information that identifies you (Health Information). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

**For Treatment.** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**For Payment.** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

# Notice of Privacy Practices

**For Health Care Operations.** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

**Special Situations.** As required by law, we will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

# Notice of Privacy Practices

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

## Changes to This Notice:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Human Resources. All complaints must be made in writing. You will not be penalized for filing a complaint. You may contact our office at:

## Jason Hunt - HR Specialist

Call: (704) 406-3839

Email: [jhunt7@gardner-webb.edu](mailto:jhunt7@gardner-webb.edu)

The Plans may change the terms of this Notice at any time. If the Plans change this Notice, the Plans may make the new Notice terms effective for all of your PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you. Revised 01/2024.

# Notice of Privacy Practices

## USE AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AND OPPORTUNITY TO OBJECT AND OPT OUT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes, and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. Disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## Your Rights:

You have the following rights regarding Health Information we have about you:

**Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Human Resources. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Human Resources.

# Notice of Privacy Practices

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Human Resources.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Human Resources. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Human Resources. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact Human Resources.

# Contact Information

## HUMAN RESOURCES CONTACTS

### Jason Hunt - HR Specialist

Call: (704) 406-3839

Email: [jhunt7@gardner-webb.edu](mailto:jhunt7@gardner-webb.edu)

### ADP Self-Service Portal

Website: [www.workforcenow.adp.com](http://www.workforcenow.adp.com)



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## PROVIDER CONTACTS

### Healthgram

Group Health Plan

Customer Service: (800) 446-5439

Connect Advisor: (980) 201-3020

Website: [www.healthgram.com](http://www.healthgram.com)



### Express Scripts

#### Prescription Drug Plan

Call: (877) 324-8873

Website: [www.express-scripts.com](http://www.express-scripts.com)



### To Find a Doctor or Hospital

Website: [https://members.healthgram.com/third\\_party\\_ppopage.cfm](https://members.healthgram.com/third_party_ppopage.cfm)

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### MetLife

Dental

Website: [www.metlife.com/dental](http://www.metlife.com/dental)

Customer Service: (800) 275-4638



### EyeMed

Voluntary Vision

Customer Service: (866) 723-0513

Provider Locator: (866) 723-0596

Email: [onclaims@eyemedvisioncare.com](mailto:onclaims@eyemedvisioncare.com)

Website: [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)



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### Catapult

Flexible Spending Accounts (FSAs)

Customer Service: (866) 271-4305

Fax: (704) 944-6076

Website: [www.letscatapult.org](http://www.letscatapult.org)



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### MetLife Insurance Company

Group Life and AD&D, Short-Term Disability,

Long-Term Disability, Group Voluntary Life, Accident and Critical Illness

(800) 275-4638

Website: [www.metlife.com](http://www.metlife.com)



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### TIAA

Retirement Plan

Customer Service: (800) 842-2252

[www.tiaa.org/gardnerwebb](http://www.tiaa.org/gardnerwebb)

