



Lincoln University

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2020-2021 BENEFITS GUIDE

TABLE OF CONTENTS

WELCOME	3	UNIVERSITY PAID BENEFITS	18
OVERVIEW	4	<i>Basic Life Insurance and AD&D</i>	
<i>Eligible Dependents</i>		<i>Short-Term Disability</i>	
<i>Change-in-Status Events</i>		<i>Long-Term Disability</i>	
WHAT'S NEW FOR 2020-2021?.....	6	WHOLE LIFE INSURANCE.....	19
PAYCOR	6	VOLUNTARY ACCIDENT INSURANCE.....	20
HOW TO ENROLL	6	HEALTH SCREENING BENEFIT RIDER	20
NEW MEDICAL PLAN COMPARISON.....	7	EMPLOYEE ASSISTANCE PROGRAM (EAP).....	21
PROVIDER OPTIONS	8	AUTO / HOME INSURANCE	22
TELEMEDICINE.....	8	403(B) RETIREMENT PLAN.....	22
NEW TELE-BEHAVIORAL HEALTH	9	LINCOLN PERKS	23
PREVENTIVE CARE	9	EMPLOYEE CONTRIBUTIONS.....	24
PRESCRIPTION DRUG COVERAGE.....	10	NEXT STEPS	24
BLUE CROSS VALUE ADDED PROGRAMS.....	11	CONTACT INFORMATION.....	25
NEW <i>The College Tuition Benefit®</i>		PARTNER ADS	26
<i>Money Back Reimbursements</i>		COBRA	29
ONLINE EDUCATION & INFORMATION	12	LEGAL NOTICES.....	30
WELLNESS WORKS.....	13	NOTES.....	34
DENTAL INSURANCE	14		
VISION INSURANCE	15		
FLEXIBLE SPENDING ACCOUNTS (FSA)	16		
<i>Health Care FSA</i>			
<i>Dependent Care FSA</i>			
VOLUNTARY GROUP CRITICAL ILLNESS	17		
VOLUNTARY LIFE AND AD&D	18		



WELCOME

A Welcome Message from our HR Team

Lincoln University cares about your health and well-being, and we are dedicated to providing a comprehensive and competitive benefits package to you and your family. Our benefits programs account for a significant portion of your total compensation package. As an employee, you are eligible for a variety of valuable benefits such as medical, vision, and dental insurance, life and disability coverage, retirement programs, tuition reimbursement, flexible savings accounts, as well as additional services such as employee assistance programs, gym discount programs, and much more!

Over the past decade, as health care costs have continued to rise nationally, Lincoln University remains committed to offering a comprehensive benefits package that is affordable for you and your family.

Whether you are receiving this guide as a current employee, a new hire, or a prospective hire, Lincoln University is very proud to present this 2020-2021 Benefits Guide to you. We are confident that you will find it useful and insightful. This guide provides you with information that details the generous benefit package Lincoln University offers. Please take time to review this 2020-2021 Benefits Guide carefully. If you should have any questions regarding any of the information presented, or require additional information about Lincoln University's benefits and retirement programs, please contact Mary-Michael Rosling at 484-365-5189 or ext. 5189.

In the following pages, you will find a summary of our benefit plans for 2020-2021.

Please read this guidebook carefully as you prepare to make your elections for the upcoming plan year to ensure that you select the coverage that is right for you.

This summary briefly describes the highlights of Lincoln University's benefits programs. Please refer to the plan booklets for detailed information.

You should be aware that any and all elements of Lincoln University's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Lincoln University.

OVERVIEW

Open Enrollment is taking place from April 13 to May 29 for benefits effective July 1.

Plan Year:

July 1, 2020 – June 30, 2021

Lincoln University understands the importance of benefits to you and your family and the value that comes from having a high-quality benefits plan. The University Benefits Plan is competitive and comprehensive, offering you a full array of benefits that allow you to choose coverage that best meets the needs of you and your family.

All full-time employees working 30 hours or more per week are eligible for benefits. Your spouse and eligible dependent children (to age 26) may be eligible to enroll in benefits.

If you are a new hire, you are eligible for benefits on the first of the month coincident with or following your full-time date of hire.

This benefits brochure is a summary of the benefits provided by the University and does not provide all details regarding the benefits plans. For additional information, please refer to the Summary Plan Descriptions (SPDs) that can be accessed on the University website.

ELIGIBLE DEPENDENTS

The elections you make will remain in effect through June 30, 2021, unless you, your spouse, or your dependent child(ren) experience a qualified change-in-status event.

Spouse:

- A person to whom you are legally married. Such a person remains a spouse until a decree of divorce is issued. Coverage may be available for a Domestic Partner (including same sex partner) contingent upon proof of partnership. Please see your employee handbook for more details.

Disabled Dependent:

- A child who is dependent on you or your spouse as a result of mental or physical incapacity; or
- A child who is disabled prior to reaching the maximum age allowed under the plan.

Child:

- A child who is yours by birth or legal adoption;
- Your spouse's child by birth or legal adoption;
- One whose medical care is the legal obligation of you or your spouse as per a court order or court approved requirement;
- The subject of a child support order that recognizes the right of that person to receive benefits under your medical coverage, issued by a court or administrative agency of any US State or US Territory;
- Your grandchild in the court-ordered custody of you or your spouse;
- A child who is your dependent and who is in the guardianship of you or your spouse; or
- A legal dependent child under the age of 26. Coverage will cease at the end of the month in which the dependent reaches age 26.



CHANGE-IN-STATUS EVENTS

As you make your benefit elections, please keep in mind that these elections and the related payroll deductions generally cannot be cancelled or changed until your next open enrollment period. However, you may request to make a change in your coverage if (1) you, your spouse, or your dependent experience a change-in-status event and (2) the change-in-status event affects you, your spouse's or your dependent's eligibility for coverage under this plan or another employer's plan.

Allowable events are changes in:

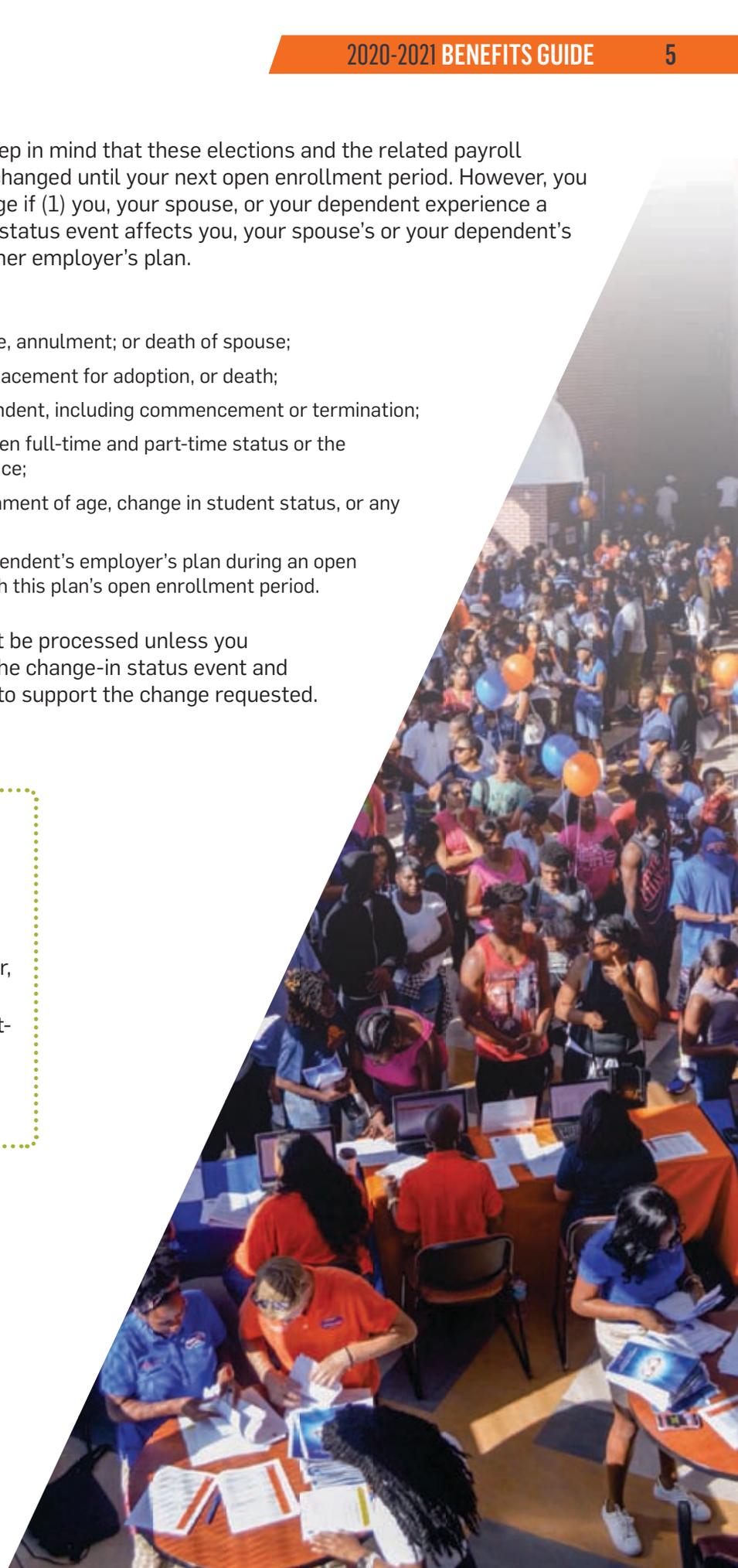
- Legal marital status, including marriage, divorce, annulment; or death of spouse;
- Number of dependents due to birth, adoption, placement for adoption, or death;
- Employment for you, your spouse, or your dependent, including commencement or termination;
- Hours of employment, including a switch between full-time and part-time status or the commencement or return from a leave of absence;
- Eligibility status of your dependent due to attainment of age, change in student status, or any similar circumstance; and
- An election or change under your spouse or dependent's employer's plan during an open enrollment period that does not correspond with this plan's open enrollment period.

A request for a benefit election change cannot be processed unless you contact Human Resources within 30 days of the change-in status event and provide the required documentation provided to support the change requested.

WHAT HAPPENS IF I DON'T ENROLL?

Our Open Enrollment this year is an **active enrollment**. You must go online to Paycor and make your elections.

If you fail to elect benefits online via Paycor, you will only be enrolled in the Basic Life, Accidental Death & Dismemberment, Short-Term and Long-Term Disability Plans. All other benefit elections will be considered waived.



WHAT'S NEW FOR 2020-2021?

- HMO Plan: New option for 2020-2021!
- Tele-behavioral Health
- College Tuition Benefit
- Flexible Account (FSA) IRS annual maximum increased to \$2,750.

HOW TO ENROLL IN YOUR BENEFITS WITH PAYCOR



Paycor is part of a secure web hosted system that you will access via your internet browser. Within the Employee Self Service system, employees are able to access their time cards, request leave, review benefits, and see their payroll information.

HOW TO ACCESS – www.paycor.com

To view your benefits, follow these steps:

- Step 1:** Log in to using your user name and password.
- Step 2:** Select the Benefits tab. A tab displays for each type of benefit that Lincoln University offers and shows benefits for the current year. Click each tab to view the different types of benefits and make your enrollment changes.

PAYCOR ENROLLMENT

Log in to Paycor and Navigate to Benefits Enrollment

The Paycor benefits website is your online resource to confirm your benefit coverage, review benefit plan details and obtain benefits claims forms. This functional online tool puts your benefits at your fingertips. With just a few clicks you can:

- Review benefits plan documents and resources;
- Enroll in your benefits during the designated enrollment period;
- Review current benefits elections for your entire family; and
- Update your life insurance beneficiaries.

UNUM VOLUNTARY BENEFITS

Now is your chance to sign up for voluntary life, accident, and critical illness coverage offered through Unum.

HOW TO ENROLL IN UNUM VOLUNTARY BENEFITS

Enroll Online: **April 13 - May 29**

- Go to www.plane.biz/Logons/LincolnUniversityoftheCommonwealthSystemofHigher-2020Re-Enrollment/default.htm.
- Your login information is the last 4 digits of your Social Security number, your last name, and your date of birth.

Enroll by Phone: **April 27 - May 8**

- Call Unum at 866-614-1829.
- Benefit counselors are available Monday through Friday from 8 a.m. to 8 p.m. ET.

PROVIDER OPTIONS

Other than your Primary Care Physician

	TELEMEDICINE / TELE-BEHAVIORAL HEALTH	RETAIL CLINIC	URGENT CARE	EMERGENCY ROOM
				
When should I use this facility?	<ul style="list-style-type: none"> • Cough • Cold • Flu • Bumps • Bruises • Bug Bites • Ear infections • Sinusitis • Allergies and rashes • Pink eye • Behavioral Health concerns 	<ul style="list-style-type: none"> • Cough • Cold • Strep • Flu • Vaccines • Sports physicals • Bumps • Bruises • Blisters • Bug bites 	<ul style="list-style-type: none"> • Non-life threatening injuries • Non-life threatening illnesses • Minor procedures • Simple bone fractures • Stitches • X-rays • Lab work 	<ul style="list-style-type: none"> • Life/limb threat • Chest pain • Diabetes complications • Head injuries • Seizures
Cost	\$15-\$20 copay to IBC members	\$15-\$20 copay to IBC members	\$50 copay to IBC members	\$100 copay to IBC members

TELEMEDICINE

MDLIVE

Mobile App Available!

(Only available for employees enrolled in the Medical Plan)

Telemedicine is the on-demand healthcare solution that gives you the medical care you need, when you need it. Through MDLIVE, you can talk to a licensed, U.S.-based physician 24/7/365 by phone at **877-764-6605** or through the mobile app.

Plus, when visiting a doctor's office or a retail clinic isn't possible, for non-emergency conditions it's more cost effective than visiting a hospital emergency room.

Fast and effective

Once a member is logged in to MDLIVE, they can access a physician within minutes. Members have three secure options for receiving care:

1. **Secure video chat**
2. **Telephone**
3. **Mobile app.**

During a session, providers can diagnose and prescribe medications for many common conditions. MDLIVE doctors can call in a prescription if you need one, and you can pick it up at your preferred local pharmacy. It's convenient, quality medical care for the cost of an office visit.

Visit www.mdlive.com/ibx for more information.



TELE-BEHAVIORAL HEALTH

Support for your emotional health

Use online tools to improve emotional well-being 24 hours a day, 7 days a week. Talk to a behavioral health provider by phone or video chat. You'll get a personalized list of recommended programs and resources that are most beneficial for you—and you can access them anytime. The guided programs use evidence-based cognitive behavioral therapy, helping you to learn and practice skills to overcome challenges such as:

- Alcohol or substance use
- Depression
- Anxiety, panic, or phobia
- Insomnia
- Chronic pain
- Obsessions or compulsions

Schedule a virtual visit

1. Log in at ibx.com
2. Select **Value Added Services** from the Health & Well-being menu
3. Then select **On To Better Health**
4. If this is your first visit, follow the prompts to complete the SmartScreener assessment.

How to Access:

Call **800-688-1911** to locate a licensed professional, or see if your current behavioral health provider offers virtual visits.

PREVENTIVE CARE

Taking care of ourselves is extremely important!

WHAT ARE PREVENTIVE SERVICES?

Preventive services typically include yearly check-ups, screenings, and immunizations that can help you and your family members stay healthy and avoid or delay health problems.

WHAT IS COVERED 100% AS PREVENTIVE CARE UNDER IBC?*

- Preventive Exams
- Cholesterol Testing
- Mammograms
- Immunizations
- Depression Screenings

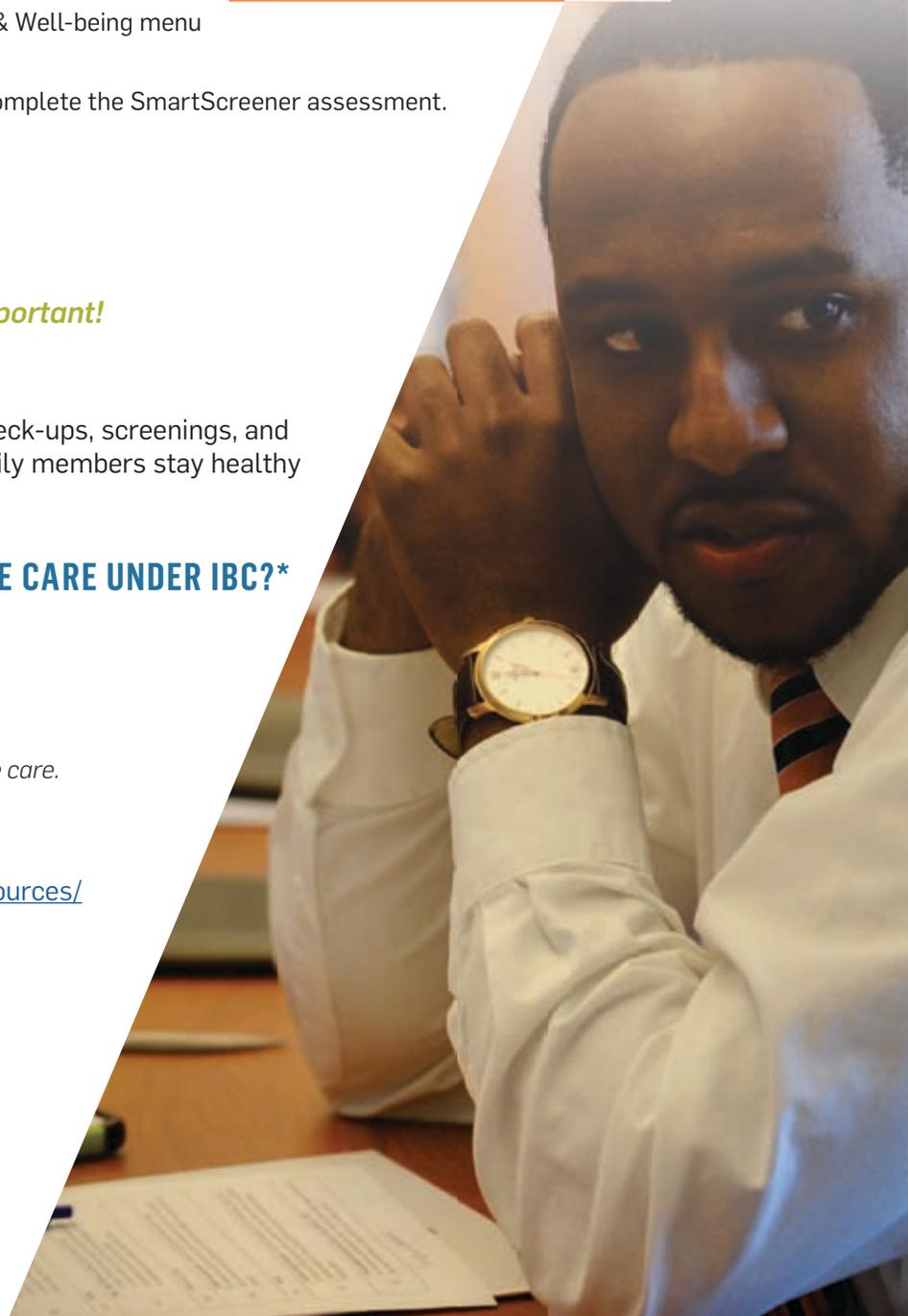
**Age and frequency schedules apply to all preventive care.*

For more information, please visit

https://www.ibx.com/individuals/member_resources/preventive_care/index.html

How to Access:

Access the Member Portal at www.ibxpress.com for more information.



PRESCRIPTION DRUG COVERAGE



RETAIL PRESCRIPTION DRUG STORES

You may have your prescriptions filled nationwide at any participating Futurescripts pharmacy. Quantities dispensed at the retail level will not exceed more than a 30-day supply of medicine per one retail copay.

Please note: Certain medications may require prior authorization or limitations per the terms of the plan.

PRESCRIPTION DRUG MAIL ORDER

The mail order program benefits individuals who are on long-term medication therapies, for those who have chronic conditions such as diabetes, asthma, or high blood pressure. By ordering prescriptions by mail, you will receive a three-month supply for only two times the retail cost. If you wish to take advantage of this benefit, it is recommended that you have your physician write out two prescriptions:

- One for a 30-day supply to be filled first at the pharmacy; and
- And a second prescription for a 90-day supply (or up to one year) to be used for mail order. Be sure to fill the 30-day supply before mailing the 90-day supply request to avoid fulfillment issues. This will ensure that you will not be without your prescription before you receive your order in the mail.

Complete the Mail Order Form with your first order only. Send the completed Mail Order Form plus the original prescription and the appropriate payment to Futurescripts. Your order will be processed and mailed to you within 10-14 days from the day you mailed your order, along with re-order instructions for future refills.

To obtain a mail order form log on to: www.Futurescripts.com

PRESCRIPTION DRUG SPECIALTY DRUGS – BriovaRx™ Pharmacy

Specialty pharmacy drugs are typically drugs that are administered by the patient. These may include, but are not limited to, drugs that are taken orally, by injection, or infusion. Specialty drugs meet certain criteria including, but not limited to:

- Drugs used to treat rare, complex, or chronic diseases;
- Drugs that have complex storage and/or shipping requirements; and
- Drugs that require comprehensive patient monitoring and education.

Members will be allowed to obtain the first prescription at a retail pharmacy; however, subsequent refills will need to be obtained at a BriovaRx pharmacy. For additional information about the Independence Mandatory Specialty Pharmacy benefit program, members should call the phone number on their ID card.

PRESCRIPTION DRUG COVERAGE	RETAIL (30-DAY SUPPLY)	MAIL ORDER (90-DAY SUPPLY)
Generic	\$10	\$20
Preferred Brand	\$45	\$90
Non-Formulary	\$60	\$120
Specialty	\$100	N/A



BLUE CROSS VALUE ADDED PROGRAMS



THE COLLEGE TUITION BENEFIT®



Helping Families Pay for College

As a subscriber of Independence Blue Cross (Independence) you will earn Tuition Rewards® that can be used at a SAGE Scholar's member college. This value-added benefit is being provided to you by your employer and The College Tuition Benefit®.

The program works much like a scholarship program, where the Tuition Rewards® are spread evenly over the four years of undergraduate education. The Tuition Rewards® can be used at one of approximately 400 participating colleges and universities nationwide, with 80% ranked among "America's Best" by U.S. News and World Report.

What to Expect:

- 2,000 Tuition Rewards® are awarded to each subscriber when they register.
- 500 Tuition Rewards® are given to each child registered. Student Tuition Rewards can only be used by the specific student.
- 2,000 additional Tuition Rewards® are given to the subscriber annually the month following the plan renewal.
- 2,500 bonus Tuition Rewards® are given to the subscriber the month following the plan's third renewal (4th year), for a total reward of 4,500 points for that year.
- Each Tuition Rewards Point is equal to a guaranteed minimum \$1 reduction off the published full tuition.

Important Deadlines

A child must be registered by **Aug. 24** of the year he or she enters 11th grade of high school.

The last day to allocate tuition rewards to a registered student is **Aug. 24** of the year he or she enters 12th grade of high school.

For more information

Visit www.ibx.CollegeTuitionBenefit.com

MONEY-BACK REIMBURSEMENTS

The Healthy Lifestyles Solutions reimbursements reward you for taking small steps that can add up to big changes in your health. We offer you up to \$150 back for completing 120 workouts at the gym; approved weight loss programs, including WeightWatchers online; and/or an approved program to help you quit tobacco. It's easy and convenient to participate—no enrollment is required. As soon as you meet eligibility requirements for a program, visit www.ibx.com/reimbursements to request reimbursement.

How the program works:

- Members do not need to enroll in advance; when members meet requirements (i.e., 120 workouts in a 365-day period), they can register and request reimbursement;
- Members are eligible for one reimbursement per program per calendar year; and
- Requirements do not need to be met during same calendar year as reimbursement.

Members will:

Visit ibx.com/reimbursements	Register or Login to Vendor Site	Submit for Reimbursements	Receive Payment	View Transactions
Read general info about reimbursement program	Register using email address Review program specifications & reimbursement instructions	Choice of direct deposit to bank account or a bank card (no longer a paper check)	Upload or fax receipts Can use facility-generated visit log; no phone-in required	Review status of current and past reimbursements Submit new requests for reimbursements as allowed

ONLINE EDUCATION & INFORMATION



Access the Member Portal at www.ibxpress.com for more information.

HEALTH MANAGEMENT CENTER

Centralized lifestyle resource areas that direct individuals to consolidated, consistently organized sets of applications, health content, and other resources.

MESSAGE BOARDS

Integrated online discussion groups that provide answers and support on health issues from both experts and peers.

VIDEOS

Over 3,000 videos covering emerging health trends and providing a review of various disease, condition and wellness areas.

RECIPES

A collection of over 600 healthy recipes that are presented by category and which include nutritional information, required ingredients, and preparation tips.

HEALTH TRACKERS

These tools provide graphs that track important health measurements over time. Members can create their own trackers or use one of the available templates, such as blood pressure or stress level.

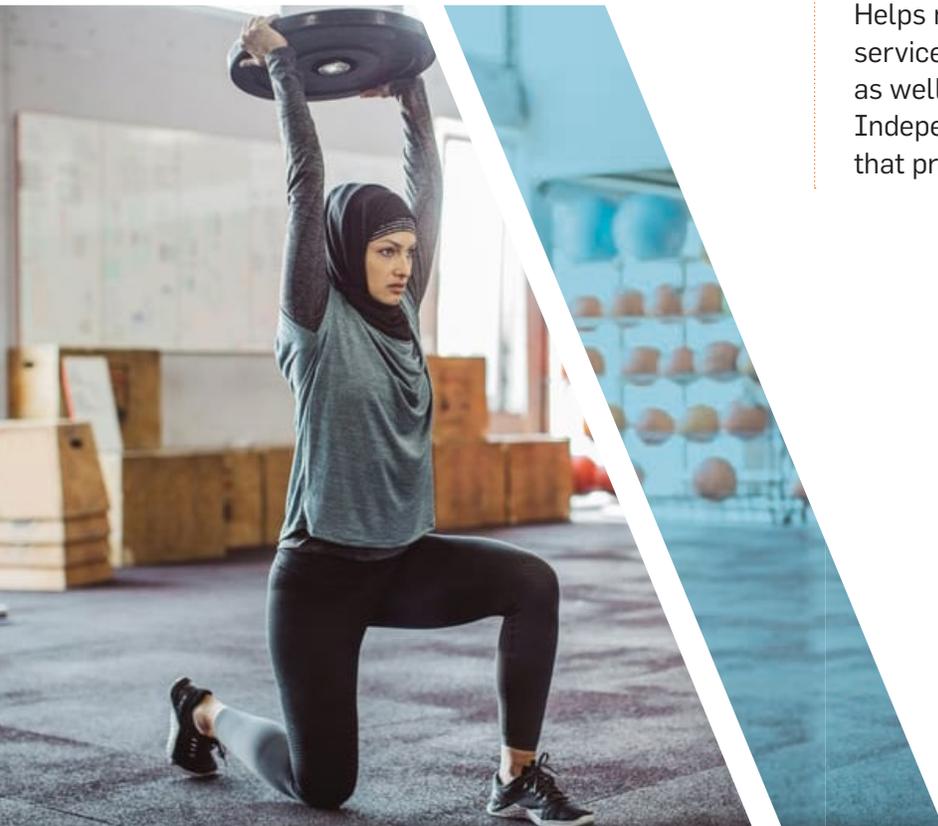
BLUE365®

Offers discounts on health and wellness products and services from nationally recognized brands. Helps members establish healthy behaviors through incentives and active participation. The program includes:

- Fitness Center memberships;
- Nutrition and weight management programs;
- Laser vision correction;
- Alternative medicine services;
- Parent and senior care; and
- Hearing aids.

BLUE INSIDER

Helps members save up to 60% on a wide range of services from national, regional, and local businesses, as well as attractions and events. Through CorCell®, Independence offers exclusive discounts for a program that preserves umbilical cord blood.



WELLNESS WORKS

Lincoln University Wellness Works program includes easy, fun activities you can participate in on a regular basis with your coworkers, family members and friends while taking care of your health!

Throughout the year the University will communicate upcoming activities, challenges or onsite seminars for you to take advantage of.

Examples of activities include:

- Weight loss challenge;
- Walking/Steps challenge;
- Stress management programs;
- Cooking demonstrations;
- Financial wellness programs; and
- Nutrition counseling.

These events are effective because you take time out of your day to do something for your health!

Keep an eye out for more exciting Wellness events as the Lincoln University HR Team promotes our mission to “Live Well and Be Well.”



DENTAL INSURANCE



Lincoln University offers dental insurance through Delta Dental. You may go to any dentist you choose. Your choice will impact your out-of-pocket costs for services:

- **PPO Network Providers:** Employee will have LESS out-of-pocket costs and no balance billing above copay amount
- **Premier Network Providers:** Employee will have MORE out-of-pocket costs than PPO network providers and no balance billing above copay amount
- **Out of Network Providers:** Non-Delta Dental dentists may balance bill for amounts above the usual, customary and reasonable payment from Delta Dental.

BENEFIT PROVISION	BASE PLAN		BUY-UP PLAN	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Plan Type	PPO Plus Premier		PPO Plus Premier	
Annual Deductible (waived for Preventive Services)	\$50 / \$200		\$50 / \$200	
Annual Maximum (per person)	\$1,000		\$2,500	
Orthodontia Lifetime Maximum (covers dependent children to age 19)	\$1,500		\$1,500	
Out of Network Reimbursement	MAC		MAC	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Preventive Services: Exams, cleanings, X-rays, sealants	100%	100%	100%	100%
Basic Services: Fillings, Denture repair, endodontics, periodontics, oral surgery	80%	80%	80%	80%
Major Services: Crowns, inlays, bridges, dentures, implants	50%	50%	60%	60%
Orthodontia: (Dependents to age 19)	50%	50%	50%	50%

VALUE ADDED BENEFITS

- Delta Dental on the go: www.deltadentalins.com
- SmileWay Wellness Program
- Grin Newsletter
- Enhanced dental benefits for pregnant women.

How to Access:

Access the Member Portal
at www.deltadentalins.com
for more information.



VISION INSURANCE



Comprehensive vision coverage for yourself and your dependents through VSP. If you plan to see a provider other than a VSP doctor, for details visit www.vsp.com.

Please note: Benefit frequency is based on the policy year, 7/1/20 – 6/30/21.

YOUR COVERAGE WITH A VSP DOCTOR	BASE PLAN	BUY-UP PLAN
WellVision Exam® focuses on your eye health and overall wellness	\$10 copay (every 12 months)	\$10 copay (every 12 months)
Prescription Glasses Lenses	\$25 copay (every 12 months) Single vision, lined bifocal, lined trifocal, polycarbonate for children	\$25 copay (every 12 months) Single vision, lined bifocal, lined trifocal, polycarbonate for children; scratch-resistant coating anti-reflective allowance
Frame	\$130 allowance; 20% off the amount over your allowance (every 24 months)	\$150 allowance; 20% off the amount over your allowance (every 24 months)
OR		
Contacts (Instead of glasses) If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.	Up to \$130 copay for your contact lens exam (fitting and evaluation) \$60 allowance for contacts (every 12 months)	Up to \$150 copay for your contact lens exam (fitting and evaluation) \$60 allowance for contacts (every 12 months)

Your Coverage with Other Providers	
Exam	Up to \$45
Single Vision Lenses	Up to \$30
Lined Bifocal Lenses	Up to \$50
Lined Trifocal Lenses	Up to \$65
Frame	Up to \$70
Contacts	Up to \$105

VALUE ADDED BENEFITS

- Average 20-25% savings on all non-covered lens options
- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam
- Average 15% off the regular price, or 5% off the promotional price, of laser vision correction services
- Discounts only available from contracted facilities
- Tru-Hearing discount hearing aid program.

How to Access:

Access the Member Portal at www.vsp.com for more information.



FLEXIBLE SPENDING ACCOUNTS (FSA)



HEALTHCARE FSA

Lincoln University provides you the opportunity to pay for out-of-pocket medical, dental, vision and some approved over-the-counter expenses with pre-tax dollars through a Health Care Flexible Spending Account (FSA). You must enroll/re-enroll in the plan to participate for the plan year July 1, 2020 to June 30, 2021. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA. Your actual savings will be based on your personal tax situation.

A Health Care FSA is used to reimburse out-of-pocket medical, dental, vision and approved over the counter expenses incurred by you and your dependents.

For a list of approved expenses go <https://www.discoverybenefits.com/employees/eligible-expenses>.

Contributions you make to your FSA come out of your paycheck before any taxes are taken. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your pay you contribute to your FSA. You should carefully estimate the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the money you contributed to the FSA, up to \$500 can be carried forward to the next plan year. Any dollar amount over the \$500 carry-over will be lost if not used by June 30. This is the "use-it-or-lose-it rule", as stipulated by the IRS.

The IRS maximum for a Health Care Flexible Spending account for 2020 is \$2,750.

DEPENDENT CARE FSA

If you pay for daycare or after school care, consider enrolling in the Dependent Care Account. A Dependent Care Flexible Spending Account allows you to be reimbursed on a pre-tax basis for child care for children under the age of 13 or adult dependent care expenses for qualified dependents that are necessary to allow you or your spouse to work, look for work, or attend school full-time.

It can also be used for children of any age who are physically or mentally incapable of self-care, as well as adult day care for senior citizen dependents who live with you, such as parents or grandparents, if the expenses for your dependents meet the IRS definition of dependent care expenses for income tax purposes.

The Dependent Care FSA maximum is capped at \$5,000 per year, per household per the IRS. Married spouses can each elect an FSA, but their total combined elections cannot exceed \$5,000. At tax time, all withdrawals in excess of \$5,000 are taxed.

USE IT OR LOSE IT

If you do not use your funds by the expiration of the plan year, you may run the risk of forfeiture. IRS regulations are very strict about this provision.

Please note: Our Healthcare FSA does permit up to a \$500 carry-over of unused funds into the next plan year, per IRS guidelines.

SAVINGS EXAMPLE: AN FSA PARTICIPANT WITH \$1,000 OF OUT-OF-POCKET EXPENSES

	Without FSA	With FSA
Gross pay	\$25,000	\$25,000
FSA Contribution	\$0	-\$1,000
Taxable Income	\$25,000	\$24,000
Taxes	-\$9,413	-\$9,036
Take Home Pay after Taxes	\$15,587	\$14,964
Healthcare Expenses	\$1,000	\$1,000
Available Income	\$14,587	\$13,964
Tax-free Reimbursement from FSA	\$0	\$1,000
Net Income	\$14,587	\$14,964

That's a savings of \$377 for the year!

For illustrative purposes only. Actual dollar amounts and savings may vary.



VOLUNTARY GROUP CRITICAL ILLNESS



Critical Illness provides enrollees a lump-sum benefit at the time of the diagnosis of a covered illness*. You may choose a lump-sum benefit from \$5,000 to \$50,000; you may then use that benefit any way you see fit.

You can use the coverage more than once. If you receive the full benefit for a covered illness, your coverage can be continued for remaining conditions. The diagnosis of new conditions must occur at least 90 days after the most recent diagnosis. Each condition is payable once per lifetime.

WHAT TYPE OF COVERAGE IS AVAILABLE?	
Employee	\$5,000 to \$50,000 in \$1,000 increments
Dependent Children (newborn until 26th birthday, regardless of marital status or student status)	Automatically covered at 25% of the employee amount (no additional cost)
Spouse (ages 17-64 with purchase of employee coverage)	\$5,000 to \$30,000 in \$1,000 increments

COVERED CONDITIONS	OPTIONAL CANCER COVERAGE	SPECIFIC CHILDHOOD CONDITIONS
<ul style="list-style-type: none"> • Blindness • Stroke • Coma • Heart attack • Occupational HIV • Benign brain tumor • Major organ failure • End-stage renal (kidney) failure • Coronary artery bypass surgery (25%) 	<ul style="list-style-type: none"> • Cancer • Carcinoma in situ (25%) 	<ul style="list-style-type: none"> • Cerebral palsy • Cleft lip or palate • Cystic Fibrosis • Down syndrome • Spina bifida

**Pre-existing Condition Limitation: This means a sickness or physical condition that existed within 3 months before the coverage effective date. The Condition would be pre-existing if (1) Symptoms existed that would cause a person to seek advice or treatment from a doctor; or (2) You were treated, received advice from a doctor, or took prescribed medicine. This limitation means that the critical illness benefit will not be paid during the first 12 months the policy is in force for a pre-existing condition.*

Enroll Online: April 13 - May 29

- Go to www.plane.biz/Logons/LincolnUniversityoftheCommonwealthSystemofHigher-2020Re-Enrollment/default.htm.
- Your login information is the last 4 digits of your Social Security number, your last name, and your date of birth.

Enroll by Phone: April 27 - May 8

- Call Unum at 866-614-1829.
- Benefit counselors are available Monday through Friday from 8 a.m. to 8 p.m. ET.



VOLUNTARY LIFE INSURANCE AND AD&D



Lincoln University offers a Voluntary Life/AD&D insurance benefit through UNUM which provides you with the opportunity to purchase additional life insurance for yourself, your spouse, and your dependent children at group rates via a payroll deduction (with post-tax dollars).

	BENEFITS PURCHASED IN INCREMENTS	MAXIMUM BENEFIT*	GUARANTEE ISSUE (NO MEDICAL QUESTION)**
Employee	\$10,000 Increments	Not to exceed 5x salary or \$500,000	\$100,000
Spouse	\$5,000 Increments	Not to exceed 50% of EE election and approved to \$250,000	\$30,000
Children	\$2,000 Increments	\$10,000	\$10,000

Guarantee issue applies to employee, spouse and child(ren), when the employee is first eligible from date of hire.

*Same Age Reduction schedule used for the Basic Life applies to the Voluntary Life coverage.

**Each Open Enrollment, an employee that is already enrolled in the voluntary coverage may elect up to the guarantee issue without medical questions.

UNIVERSITY PAID BENEFITS



Lincoln University provides, at no cost to you, a Life and Accidental Death Benefit, as well as short- and long-term disability coverage.

BASIC LIFE INSURANCE AND AD&D

1 times your annual base earnings, rounded to the next higher \$1,000, to a maximum of \$200,000*. You name a primary and secondary beneficiary within Paycor and may change that designation at any time. You should review your beneficiary each year.

*REDUCTION AT AGE 70	*REDUCTION AT AGE 75
65% of the amount of life insurance you had prior to age 70.	50% of the amount of life insurance you had prior to your first reduction.
65% of the amount of life insurance shown above if you become insured on or after age 70 but before age 75.	50% of the amount of life insurance shown above if you become insured on or after age 75.

*Same Age Reduction schedule used for the Basic Life applies to the Voluntary Life coverage.

Disability insurance can provide a sense of security, knowing that if the unexpected should happen, you can still provide for yourself and your family.

SHORT-TERM DISABILITY

If you are disabled due to an illness or accident that occurred off the job, you may receive benefits through the Short-Term Disability Plan. Benefits begin on the 31st day of a disability due to an illness or accident. The maximum benefit duration is 9 weeks. The plan provides 60% of your pre-disability earnings up to a \$1,000 weekly maximum.

LONG-TERM DISABILITY

If you are disabled for longer than 90 days, you may receive benefits through the Long-Term Disability Plan, which provides a monthly benefit of 60% of pre-disability earnings, to a maximum of \$5,000 per month.

WHOLE LIFE INSURANCE



VALUABLE FEATURES

- Policy builds cash value
- Accidental Death Benefit Rider (optional)
- Long Term Care (LTC) Rider*
- Living Benefit Option—automatically included
- Portable—you own the policy.

AVAILABLE FAMILY COVERAGE	
Individual Employee Coverage (Ages 15-80)	You can purchase coverage for as low as \$3 a week.
Individual Spouse Coverage (Ages 15-80)	Coverage is available for as low as \$3 a week. Spouse coverage amount can not exceed the employee base coverage amount.
Individual Child Coverage No employee or spouse purchase needed. Available to eligible children, stepchildren, legally adopted children, and grandchildren (14 days until 26th birthday).	You can purchase coverage for as low as \$1 a week.
Child Term Life Benefit With purchase of employee or spouse policy, available to eligible children, legally adopted children, and step-children (14 days until their 25th birthday).	\$1,000 to \$10,000—One rider covers all children.

*Long Term Care (LTC) Rider allows access to death benefit after receiving long term care for 90 days. Pays a monthly benefit for a period of long term care. Benefit amount and duration based on the type of care you receive.

Enroll Online: April 13 - May 29

- Go to www.plane.biz/Logons/LincolnUniversityoftheCommonwealthSystemofHigher-2020Re-Enrollment/default.htm.
- Your login information is the last 4 digits of your Social Security number, your last name, and your date of birth.

Enroll by Phone: April 27 - May 8

- Call Unum at 866-614-1829.
- Benefit counselors are available Monday through Friday from 8 a.m. to 8 p.m. ET.

PLEASE NOTE

Remember to review and update your dependents and beneficiary designations via Paycor.



VOLUNTARY ACCIDENT INSURANCE



Accident Insurance provides a lump-sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need.

COVERAGE AVAILABLE FOR

- **Employee**
- **Spouse:** Ages 17 to 64
- **Children:** Dependent children newborn until their 26th birthday, regardless of marital or student status.

SOME COVERED INJURIES INCLUDE:	SOME COVERED EXPENSES INCLUDE:
<ul style="list-style-type: none"> • Broken bones • Torn ligaments • Cuts repaired by stitches • Coma due to a covered injury • Eye injuries • Ruptured discs • Concussion • Burns 	<ul style="list-style-type: none"> • Emergency room visit • Outpatient surgery facility • Doctor office visit • Chiropractic visit • Occupational therapy • Speech therapy • Physical therapy • Hospitalization

Enroll Online: April 13 - May 29

- Go to www.plane.biz/Logons/LincolnUniversityoftheCommonwealthSystemofHigher-2020Re-Enrollment/default.htm.
- Your login information is the last 4 digits of your Social Security number, your last name, and your date of birth.

Enroll by Phone: April 27 - May 8

- Call Unum at 866-614-1829.
- Benefit counselors are available Monday through Friday from 8 a.m. to 8 p.m. ET.



HEALTH SCREENING BENEFIT RIDER



Available to all members covered under the Accident and/or Critical Illness Insurance. Each covered insured individual will automatically receive The Health Screening Benefit Rider*, which can pay \$50 per calendar year per insured individual if a covered health screening test¹ is performed. Screening tests include, but are not limited to:

- Colonoscopy
- PSA (blood test for prostate cancer)
- Mammography
- Serum cholesterol test to determine LDL and HDL levels
- Pap smear
- Stress test on a bicycle or treadmill.
- Skin cancer biopsy

*The Health screening benefit rider is not available in NH.

¹ Insured individuals are eligible for benefits 30 days after the effective date of coverage.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

HealthAdvocate
Always at your side

When you call Health Advocate, you will be connected to an EAP professional who will confidentially help you with your concerns and issues such as counseling, parenting, caregiving, legal and financial issues, substance abuse, stress, anxiety, and depression.

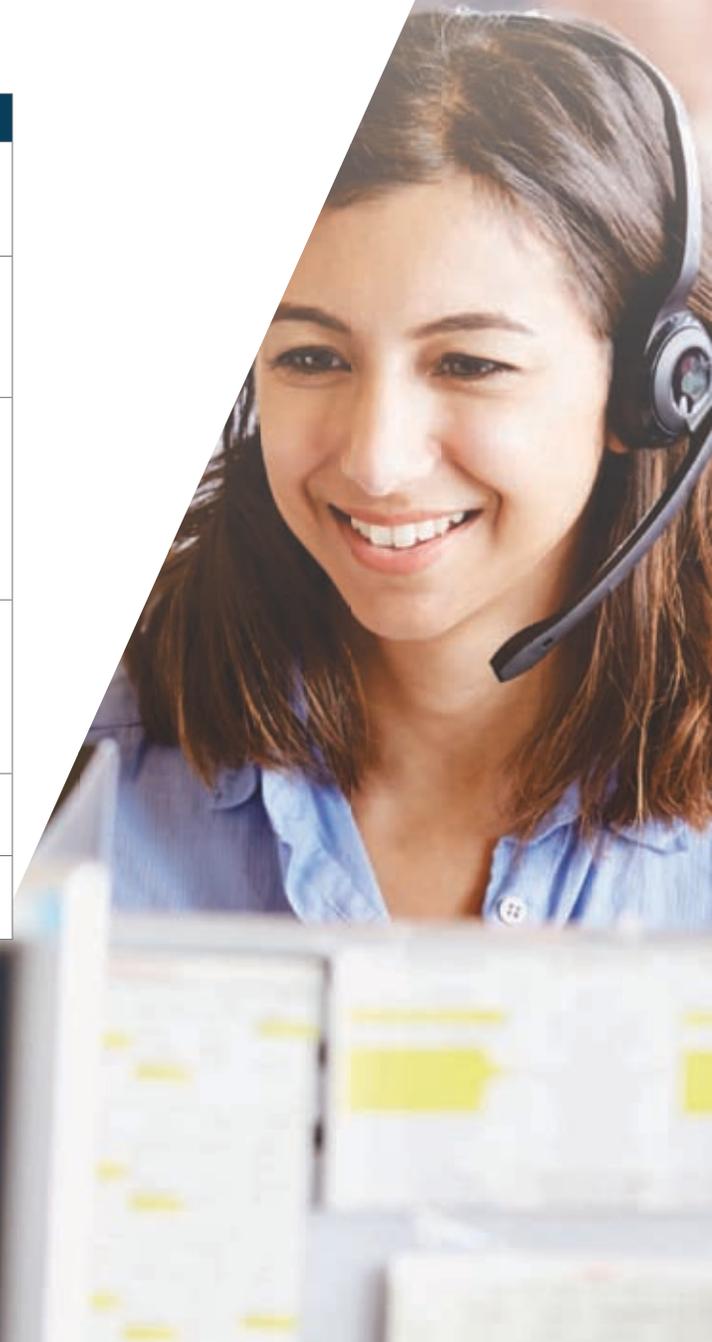
SERVICES AVAILABLE TO YOU

- Professional evaluation for the nature and scope of employee personal problems, (1-3 sessions) and referral, if needed, to appropriate professional counseling or other necessary care. This service is available for employees referred by Lincoln University; for employees recognizing their own problems and wanting help to solve them; and for eligible dependents of Lincoln University employees.
- Legal services such as wills, living trusts, power of attorney, landlord/tenant agreement, name change, and much more. You have unlimited access to state specific self-help legal forms, educational content, and a legal library.
- Case management for inpatient and outpatient medical treatment.
- 24-hour emergency hotline **877-240-6863**.

WORK / LIFE SERVICES	
Child Care	<ul style="list-style-type: none"> • Child care centers • Family child care homes • Community resources
Elder Care	<ul style="list-style-type: none"> • Nursing homes • Assisted living facilities • Independent living facilities • Community services and resources
Legal	<ul style="list-style-type: none"> • Family law issues • Real estate • Criminal matters • Estate planning • Motor vehicle • Elder law
Financial	<ul style="list-style-type: none"> • Debt management • Budgeting • College funding • Retirement strategies • Life insurance needs
Identity Theft Assistance	Information through online resources, and consultation with a fraud recovery specialist.
Individual Health Risk Assessment	Online information and tools for employees wanting to develop an accurate assessment of health and fitness.

CONTACT HEALTH ADVOCATE

For more details, questions or concerns, call **877-240-6863** or visit www.healthadvocate.com.



AUTO / HOME INSURANCE



Receive home, auto, and renters insurance discounts through Liberty Mutual Insurance.

HERE'S HOW

- Get exclusive group savings.
- Extra savings on your home insurance when you insure both your car and home.
- Obtain additional discounts based on your driving experience, car, home safety features, and more.

CONTACT

Megan Armillay, Liberty Mutual Insurance

Office: 215-840-4028

Email: megan.armillay@libertymutual.com

SERVICE AND SUPPORT

- Service convenient for you by phone, at a local sales office, online, or with one of our on-site representatives.
- Your choice of payment options, including direct billing, electronic withdrawal, or online payment.

403(B) RETIREMENT PLAN



Lincoln University offers a Defined Contribution Retirement Plan through TIAA.

- **Eligible employees:** All employees, with the exception of employees who normally work less than 20 hours per week and student employees
- **Plan entry:** The first of the month following employment
- **Contribution schedule:** Lincoln contributes 5% of your salary even if you do not contribute. Lincoln will match dollar for dollar the first 5% of your salary that you contribute.
- **Vesting:** Immediate
- **Loans:** Loans are permitted
- You may change your contribution any time during the year
- Forms are available on the Lincoln website under Human Resources/forms and notices
- Please update your beneficiaries at www.tiaa-cref.org/lincoln.



LINCOLN PERKS

Below are some additional benefits available to you through Lincoln University:

WELLNESS CENTER

Lincoln University employees have access to the on-campus fitness center, which features a weight room, indoor track, rock climbing wall, cardio equipment, and fitness classes.

BOOKSTORE DISCOUNT

As a member of the Lincoln University team, you will receive a 10% discount in the campus bookstore.

EMPLOYEE MEAL PLANS & LION CASH ENROLLMENT FORM

Employee Meal Plans are created specifically to give you a better dining value when you use your meal card instead of paying cash to eat. The meal plans are valid for one semester and designed to save you money. You also have the option to add flex dollars to select meal plans. You may pay for the employee meal plans with cash, credit card, or payroll deductions.

To sign up, go to:

<https://www.lincoln.edu/fermployee-meal-plan-lion-cash-enrollment-form>

For additional information or questions:

Email Lynn Powell at lpowell@lincoln.edu.

BANKING

All Lincoln employees are given easy access to Sun East Credit Union and PNC Bank.

YMCA OF GREATER BRANDYWINE



You are an important component of our success, which is why we invested to make membership at the YMCA of Greater Brandywine easier and more affordable for you and your family. Some of the great benefits of your YMCA corporate membership include:

- No join fee—a savings of \$99;
- Hundreds of group exercise classes, including yoga, pilates, cycling and more;
- Special rates on most Y programs, including swim lessons, youth sports leagues and camp; and
- Child Watch babysitting services led by trained and caring staff while you work out.

Become a member:

- Bring proof of your employment to any YMCA of Greater Brandywine branch.
- Sign up for your reduced-rate membership.
- Jump in and have fun!
- Visit ymcagbw.org to learn more.

VERIZON WIRELESS DISCOUNT



Go to www.verizonwireless.com to sign up under corporate discounts to receive:

- 18% on mobile plans excluding unlimited plans; and
- 25% off accessories ordered online.

DELL COMPUTER EMPLOYEE PURCHASE PROGRAM (EPP)



Make the most of your work perks. The Dell Employee Purchase Program (EPP) allows you to purchase monthly specials with a lot of great features at a member-only price. Customize a system and save an additional 7% on top of the generally advertised Dell Home and Home Office promotional prices. Saving is as easy as 1, 2, 3.

Here's how it works:

Step 1: Visit: www.dell.com/eppbuy

Enter Member ID: KS125342

Call: 1-800-695-8133

Step 2: Choose from the monthly specials which are preloaded with many excellent features. These systems offer additional savings, providing you with the best value on a Dell Home PC.

Step 3: Or, customize your system and get an additional 7% discount on top of the generally advertised Dell Home and Home Office promotional prices on systems, electronics, and accessories.

TICKETS AT WORK



This cost-free benefit provides you access to thousands of exclusive travel and entertainment discounts, so you can make the most of your time away from work. Take advantage of great savings on:

Hotels, Theme Parks, Concerts, Sporting Events, Movie Tickets, Retail, Restaurants, Spas, Sightseeing Tours, Activities, Rental Cars, Gift Cards, Broadway Shows, Vegas Shows & More!

Become a member:

- Visit ticketsatwork.com and click "Become a Member."
- Use your company code **LUTix1** or work email to create an account.
- Or, use your phone camera or QR scanning app to access the site.

Need help?

Call: 800-331-6483

Email: customerservice@ticketsatwork.com



EMPLOYEE CONTRIBUTIONS

For Medical/Rx insurance, Lincoln covers 90% of employee-only coverage and 65% of employee-plus-dependent coverage.

EMPLOYEE CONTRIBUTIONS – MEDICAL (IBX)						
		Monthly	LU Pays	Monthly	Bi-Weekly*	9-Month
Single	HMO	\$839.85	\$755.87	\$83.98	\$41.99	\$111.98
Employee/Children	HMO	\$1,495.85	\$972.30	\$523.55	\$261.78	\$698.06
Employee/Spouse	HMO	\$1,930.43	\$1,254.78	\$675.65	\$337.83	\$900.87
Employee/Family	HMO	\$2,461.48	\$1,599.96	\$861.52	\$430.76	\$1,148.69
Single	BASE EPO	\$899.06	\$809.15	\$89.91	\$44.96	\$119.87
Employee/Children	BASE EPO	\$1,603.03	\$1,041.97	\$561.06	\$280.53	\$748.08
Employee/Spouse	BASE EPO	\$2,068.74	\$1,344.68	\$724.06	\$362.03	\$965.41
Employee/Family	BASE EPO	\$2,637.84	\$1,714.60	\$923.24	\$461.62	\$1,230.99
Single	BUY-UP EPO	\$916.87	\$825.18	\$91.69	\$45.85	\$122.25
Employee/Children	BUY-UP EPO	\$1,634.79	\$1,062.61	\$572.18	\$286.09	\$762.90
Employee/Spouse	BUY-UP EPO	\$2,109.72	\$1,371.32	\$738.40	\$369.20	\$984.54
Employee/Family	BUY-UP EPO	\$2,690.09	\$1,748.56	\$941.53	\$470.77	\$1,255.38
EMPLOYEE CONTRIBUTIONS – DENTAL (DELTA DENTAL)						
		Monthly	LU Pays	Monthly	Bi-Weekly*	9-Month
Single	BASE	\$30.09	\$25.58	\$4.51	\$2.26	\$6.01
Employee/Family	BASE	\$75.03	\$25.58	\$49.45	\$24.73	\$65.93
Single	BUY-UP	\$35.07	\$25.58	\$9.49	\$4.75	\$12.65
Employee/Family	BUY-UP	\$87.45	\$25.58	\$61.87	\$30.94	\$82.49
EMPLOYEE CONTRIBUTIONS – VISION (VSP)						
		Monthly	LU Pays	Monthly	Bi-Weekly*	9-Month
Single	BASE	\$5.42	\$0.00	\$5.42	\$2.71	\$7.23
Employee/Family	BASE	\$11.66	\$0.00	\$11.66	\$5.83	\$15.55
Single	BUY-UP	\$7.53	\$0.00	\$7.53	\$3.77	\$10.04
Employee/Family	BUY-UP	\$16.20	\$0.00	\$16.20	\$8.10	\$21.60

*Contributions will be deducted from 24 of the 26 paychecks for the year.

The University's "Medical Opt-Out Provision" as detailed in the Summary Plan Description ("SPD") entitles you to receive a lump-sum payment of taxable compensation if you choose to waive your participation in the University's group health insurance plan. To receive such payment for the waived coverage year, you must:

1) provide the University with proof of coverage from another plan (such as from a spouse's coverage); AND

2) complete and submit to the Office of Human Resources a University Benefit form indicating the selection to waive participation in the University's group health insurance plan for the annual upcoming enrollment period.

NEXT STEPS

Changes that can be made effective July 1, 2020:

- Update your personal information and make any necessary changes;
- Review your beneficiaries online and update, if needed; and
- Enroll or terminate individual and/or dependent coverage in the medical/dental/vision/flexible spending accounts/voluntary plans.

Make your enrollment changes online using www.paycor.com

- Open Enrollment will run from April 13 to May 29
- Questions or log-in issues, please contact Human Resources: Mary-Michael Rosling at 484-365-5189 or mrosling@lincoln.edu.

CONTACT INFORMATION

BENEFIT	CARRIER / NAME	PHONE	WEBSITE / E-MAIL	POLICY #
Internal HR	Mary-Michael Rosling	484-365-5189	mrosling@lincoln.edu	N/A
Medical Insurance	Independence Blue Cross	800-275-2583	www.ibx.com	EPO Base: #10206288 EPO Buy-Up: #10206287 HMO: #10514834
Prescription Drug	Futurescripts	800-275-2583	www.futurescripts.com	N/A
Dental Insurance	Delta Dental	800-932-0783	www.deltadentalins.com	#00551
Vision Insurance	VSP	800-877-7195	www.vsp.com	#30033701
Group & Voluntary Life and AD&D	Unum	866-679-3054	www.unum.com	Basic #420317 Voluntary #420318
Disability	Unum	866-679-3054	www.unum.com	#420317
Accident, Critical Illness & Whole Life Insurance	Unum	866-679-3054	www.unum.com	#R0245852
Employee Assistance Program (EAP)	Health Advocate	877-240-6863	www.healthadvocate.com	N/A
Flexible Spending Accounts	Discovery Benefits	866-451-3399	www.discoverybenefits.com	#14879
403(b) Retirement Plan	TIAA	800-842-2252	www.tiaa.org	N/A



PARTNER ADS

Take charge of your health

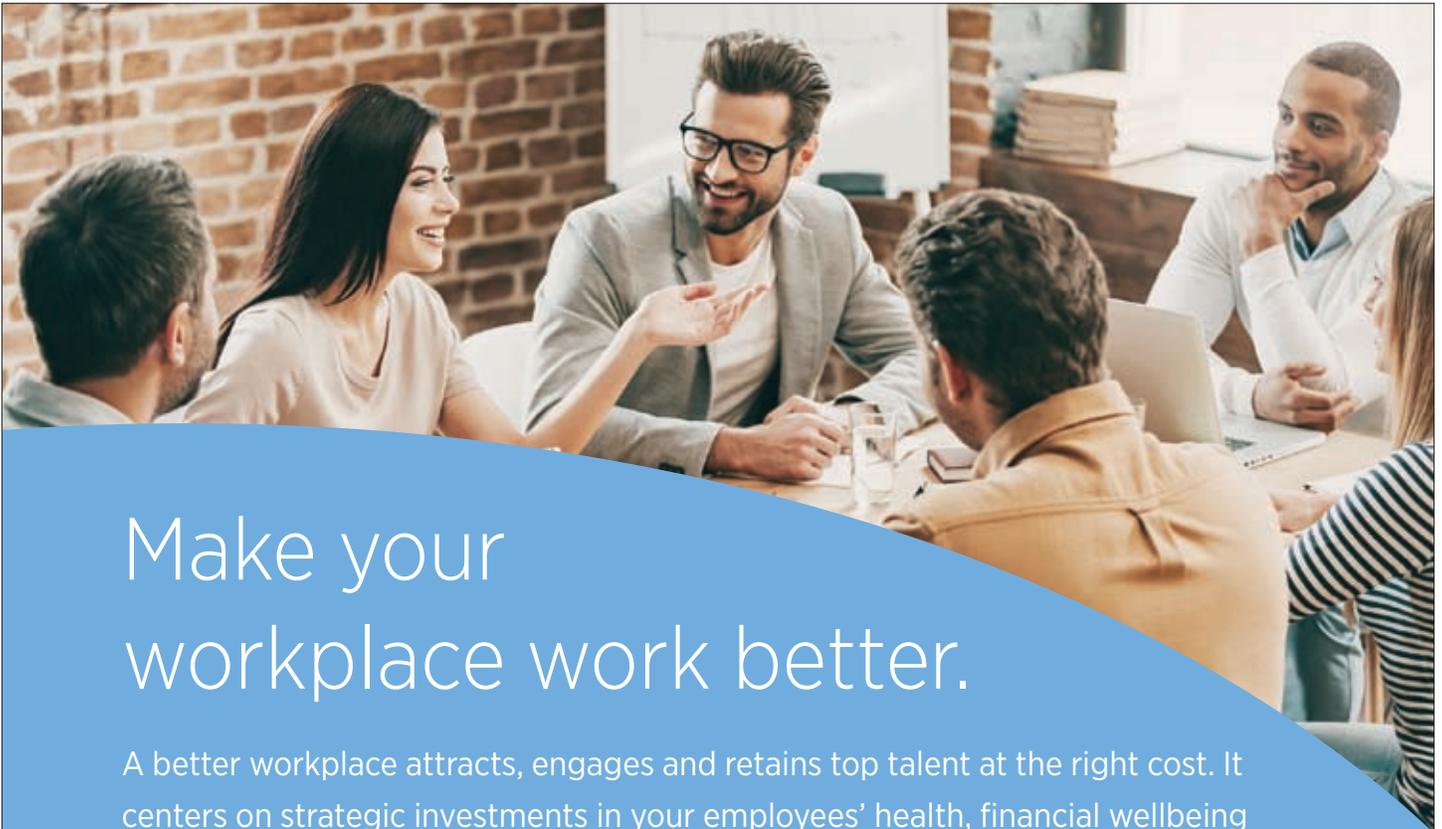
**With the health plan that's been there for
its members and the community for more
than 80 years**

Independence Blue Cross gives you the security of knowing you have access to the largest network of doctors and hospitals. You also get access to Achieve Well-being, online tools to help keep you on track and motivated so you can reach your health and wellness goals.

Learn more at [ibx.com](https://www.ibx.com)

Independence 

PARTNER ADS



Make your workplace work better.

A better workplace attracts, engages and retains top talent at the right cost. It centers on strategic investments in your employees' health, financial wellbeing and career growth. And it utilizes data, helping gather insights and apply best practices that promote productivity, growth and an exceptional culture.

With **Gallagher Better WorksSM**, you'll optimize your annual talent investment and mitigate organizational risk to maximize profitability. Because while your best is finite, your better is never finished.

To learn more, contact Gallagher today.

Marty Haitz
Senior Consultant
Atlantic Region
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ajg.com

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Learn more at www.DiscoveryBenefits.com

COBRA

Model General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA **

Introduction

Note: This does not replace the COBRA notification letter from your employer.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage are required to pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events: The end of employment or reduction of hours of employment; Death of the employee; or the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

LEGAL NOTICES

Important Notice from Lincoln University About Your Prescription Drug Coverage and Medicare

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Lincoln University has determined that the prescription drug coverage offered through the company-sponsored medical plans 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 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-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 Lincoln University coverage will not be affected. You can keep this coverage even if you elect Part D; the plan will coordinate with Part D coverage. If you are an active associate and decide to join a Medicare drug plan and drop your current Lincoln University coverage, be aware that you and your dependents will be able to get this coverage back, provided you are still eligible to participate in the Lincoln University Medical Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Lincoln University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 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 below for further information.

Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lincoln University changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit www.medicare.gov.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1.800.772.1213 (TTY 1.800.325.0778).

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

Date:	March 2020
Name of Entity/Sender:	Lincoln University
Contact:	Mary-Michael Rosling
Address:	1570 Baltimore Pike Lincoln University, PA 19352
Phone Number:	484-365-5189

LEGAL NOTICES

Health Insurance Marketplace Coverage Options and Your Health Coverage

Dear Lincoln University Associate:

Key parts of the Affordable Care Act, also known as the healthcare reform law, that went into effect January 1, 2014. As of this date, the healthcare reform law will require almost all Americans to have healthcare coverage or be subject to a penalty tax. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace for buying health insurance and about health coverage at Lincoln University.

If you are eligible for health coverage through Lincoln University, your coverage will likely be more affordable through Lincoln University health plans, or if applicable and available, through your spouse's or your parent's employer plan (if you are under the age of 26).

If you are not eligible for Lincoln University health plans, you should consider other options available to you, such as coverage through your spouse's employer plan, your parent's employer plan (if you are under the age of 26), Medicaid, Medicare or your state's Marketplace. Enrollment in the Marketplace will begin in October. You may be eligible for a federal subsidy (in the form of a tax credit) in order to make buying insurance through the Marketplace more affordable. The subsidy you may be eligible for depends on your household income. If you are eligible for health coverage from Lincoln University you will not be eligible for the subsidy (tax credit) through the Marketplace. Therefore, you may wish to enroll in Lincoln University health plan.

If you decide to enroll through the Marketplace, you should be prepared to provide the Marketplace with the following information about Lincoln University and our plans:

Employer Name:	Mary-Michael Rosling, Benefits Administrator, Lincoln University
Employer Identification Number (EIN):	23-1352655
Employer Address:	1570 Baltimore Pike, Lincoln University, PA 19352
Employer Telephone Number:	484-365-5189
Name of contact for employee health coverage:	Mary-Michael Rosling

What Is The Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. It offers "one-stop shopping" to find and compare private health insurance options. All U.S. citizens and legal residents will have access to individual health insurance policies through their state's Marketplace.

Open enrollment for health insurance coverage through the Marketplace begins November 1, 2019 through December 15, 2019 for coverage starting January 1, 2020. To find out more about the Marketplace in the state where you live, visit www.healthcare.gov.

Can You Save Money On Health Insurance Premiums In The Marketplace?

If you are not eligible for benefits at Lincoln University, you may be eligible for a federal subsidy (in the form of a tax credit) that lowers your monthly premium for coverage purchased through the Marketplace.

Are There Situations When I Can Qualify For A Tax Credit Even Though I Am Eligible For Coverage Through My Or My Spouse/Parent's Employer's Health Plan?

Under the healthcare reform law, some people may be eligible for a tax credit that lowers their monthly premiums or deductibles if their employer does not offer coverage at all or does not offer coverage that meets certain standards. You may be eligible for a federal subsidy if the cost of a plan from an employer for employee-only coverage is more than 9.56% of your household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the healthcare reform law.

Lincoln University health coverage will meet the requirements (cost and "minimum value") of the healthcare reform law.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Lincoln University, then you won't be eligible for Lincoln University contribution to the Company-offered coverage. Also, this Company contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

Why Are You Sending This Information?

Most U.S. employers are required to send this notice to employees to raise awareness of the new Marketplace and to help them understand how having access to their employer's healthcare plan may limit their eligibility for a subsidy in the Marketplace.

How Can I Get More Information?

Visit www.healthcare.gov.

Sincerely,
Lincoln University

LEGAL NOTICES

Protecting Your Health Information Privacy Rights

Lincoln University is committed to the privacy of your health information. The administrators of the your benefits use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

Women's Health and Cancer Rights Act (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; Applicable 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. Therefore, deductibles and coinsurance apply. If you would like more information on WHCRA benefits, call your plan administrator or contact your HR Department.

Notice Regarding the Newborns' Act

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). If you would like more information, please visit www.dol.gov/EBSA.

HIPAA Special Enrollment Rights Notice

If you are declining enrollment for yourself or any of 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 30 days after the marriage, birth, adoption, or placement for adoption. You also may be able to enroll if you or a dependent lose eligibility for coverage under a State Medicaid or CHIP program, or become eligible for State premium assistance under a Medicaid or CHIP program.

However, you must request enrollment within 60 days after losing eligibility for Medicaid or CHIP, or becoming eligible for premium assistance.

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

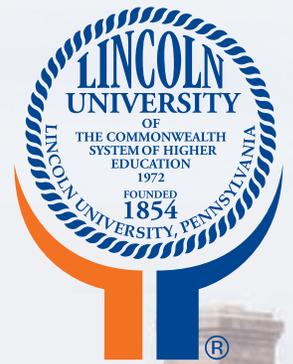
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the next page, 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). 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 on the following page is current as of January 31, 2019. Contact your State for more information on eligibility –

LEGAL NOTICES

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	GEORGIA – Medicaid Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid- Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563	KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
KENTUCKY – Medicaid Website: https://chfs.ky.gov Phone: 1-800-635-2570	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/oij/hipp.htm Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofc/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	OREGON – Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medcalassistance/healthinsurancepremiumaymenthippprogram/index.htm Phone: 1-800-692-7462
NEVADA – Medicaid Medicaid Website: http://dhcfcv.nv.gov Medicaid Phone: 1-800-992-0900	RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531



This is a Summary of Benefits & Coverages from Lincoln University. The information herein is a guide; please contact an HR representative for a full list of covered benefits and services. In the case of discrepancy, the plan documents prevail.