



Benefits Guide

Full-Time Employees

2026





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Your University Benefits

We understand the important role that benefits play in the lives of you and your family. As a new hire and then annually during open enrollment, you have an opportunity to make changes to your benefits package to ensure you and your family have the right coverage.

This benefits guide can help to familiarize you with Aurora University's benefit options. It also provides useful tips, tools and resources to help you think through your options and make decisions that are right for you and your family. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year. For example, is your family financially protected if you can't work due to an accident or illness?
- Consider other available coverage.
- Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.



Your Benefit Choices

Your benefits are a partnership between you and the University. The table outlines how you and Aurora University share costs for benefits. The tax treatment shows whether your contribution is taken from your paycheck before or after taxes.

Benefit	Premium Tax Treatment	Who Pays
Medical and Pharmacy*	Pretax	Aurora University & You
Dental*	Pretax	You
Vision*	Pretax	You
Health Savings Accounts*	Pretax	Aurora University & You**
Flexible Spending Accounts*	Pretax	You
Employer-Paid Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	N/A	Aurora University
Employee-Paid Voluntary Life and AD&D Insurance*	After-tax	You
Long-Term Disability: Plan A	Pretax	Aurora University
Long-Term Disability: Plan B	After-tax	Aurora University
Accident Insurance*	After-tax	You
Critical Illness Insurance*	After-tax	You
Hospital Indemnity Insurance*	After-tax	You
Identity Theft Protection	After-tax	You
Legal Services	After-tax	You
Pet Insurance	After-tax	You
Employee Assistance Program (EAP)	N/A	Aurora University

*Deductions are taken over 24 pay periods

**Employer HSA contribution offered one time only during your initial election year.

Eligibility

Who's eligible?

Employees

Full-time, regular employees who work at least 30 hours per week are eligible for the benefits described in this guide. For new hires, rehires, or newly eligible employees, coverage is effective on the 1st of the month following your date of hire or the date you first become eligible. For employees who participated in the Annual Open Enrollment, coverage is effective on January 1st of each year.

Dependents

- Your legal spouse
- Your domestic partner
- Your civil union partner
- A child of yours, your spouse, your domestic partner, or your civil union partner who is under the age of 26 (including natural child, stepchild, a legally adopted child, a child placed for adoption, or a child for whom you, your spouse, your domestic partner, or your civil union partner are the legal guardians and claim on tax forms.
- An unmarried child age 26 or over who is disabled and dependent upon you

Enrolling dependents? Items to have ready

When you add dependents to your coverage, you must provide the following information:

- Legal name
- Date of birth
- Social Security number

If you do not provide the required information, your dependents may not be enrolled in coverage.

Making changes to your benefits

Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by you or your dependent
- Change in employment status for you, your spouse, your domestic partner, or your civil union partner
- Change in your place of residence
- Eligibility for Medicare or Medicaid

You have 30 days from the qualified life event to make changes to your coverage.

- Depending on the type of event, you may need to provide proof of the event.
- If you do not make the changes within 30 days of the qualified event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualified life event).

How to Enroll

Complete your New Hire Enrollment, 2026 Open Enrollment, or mid year life events changes electronically on Employee Navigator

Use the link below to log into Employee Navigator.

If you need to create an account, click on "Register as a new user." When prompted for the company identifier, enter: aurorauniv.

<https://www.employeenavigator.com/benefits/Account/Login>

Medical and Pharmacy Plan Overview

We offer the choice of five medical plans through BlueCross BlueShield of Illinois (BCBSIL). To select the plan that best suits your family, consider the key differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

Understanding how your plan works



1. Your deductible

- The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



2. Your coverage

- Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses. The plan will pay a percentage of each eligible expense, and you will pay the rest.



3. Your out-of-pocket maximum

- When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum.

Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.

Understanding your pharmacy coverage

- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the Mail Order Pharmacy to save on a 90-day supply.
- **Prescription categories:** Medications are categorized by cost, safety, and effectiveness. These tiers also affect coverage.
 - **Generic Preferred** – A drug that's equivalent to brand-name drugs in dose, strength, quality, and performance, but is not trademarked. It is considered "preferred" because it's usually less expensive than other generic options.
 - **Generic Non-Preferred** – A drug that's equivalent to brand-name drugs in use, dose, strength, quality, and performance, but is not trademarked.
 - **Brand Preferred** – A drug with a patent and trademark name that is considered "preferred" because it's safe, effective, and usually less expensive than other brand-name options.
 - **Brand Non-Preferred** – A drug with a patent and trademark name that is "not preferred" because it's usually more expensive than other generic and brand preferred options.
 - **Specialty Preferred** – A drug that requires special handling, administration, or monitoring and whose "preferred" option is typically less expensive than other specialty drugs. Most can only be filled by a specialty pharmacy and have additional required approvals.
 - **Specialty Non-Preferred** – A drug that requires special handling, administration, or monitoring that is "not preferred" because it's usually more expensive than other specialty drug options. Most can only be filled by a specialty pharmacy and have additional required approvals.

Medical Coverage

Medical Plan Provisions	HMO High Plan - Blue Advantage HMO	HMO Low Plan - Blue Advantage Value Choice HMO	High Deductible Health Plan with HSA	
	In-Network Only	In-Network Only	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	None	None	\$3,400/\$6,600	\$6,600/\$13,200
Out-of-Pocket Maximum (Includes Deductible)	\$1,500/\$3,000	\$3,000/\$6,000	\$5,000/\$10,000	\$10,000/\$20,000
Preventive Care/Screening/Immunization	Covered at 100%	Covered at 100%	Covered at 100%	Ded. Then 40%
Primary Care Provider Office Visit	\$30 Copay	\$45 Copay	Ded. Then 20%	Ded. Then 40%
Specialist Office Visit	\$50 Copay	\$70 Copay	Ded. Then 20%	Ded. Then 40%
Inpatient Hospital Services	\$150 Copay	\$350 Copay	Ded. Then 20%	Ded. Then 40%
Urgent Care	\$30 Copay	\$45 Copay	Ded. Then 20%	Ded. Then 40%
Emergency Room	\$150 Copay	\$350 Copay	Ded. Then 20%	Ded. Then 40%

Pharmacy Provisions	Blue Advantage HMO Plan	Blue Advantage Value Choice Plan	HDHP w/ HSA	
	In-Network Only	In-Network Only	In-Network	Out-of-Network
Prescription Drug Out-of-Pocket Maximum (Individual/Family)	\$1,000/\$2,000	Included in Medical	Included in Medical	
Retail Pharmacy (up to a 30-day supply)				
Generic Preferred	\$20 Copay	\$5 Copay	Ded. Then 20%	Ded. Then 40%
Generic Non-Preferred	\$20 Copay	\$15 Copay	Ded. Then 20%	Ded. Then 40%
Brand Preferred	\$40 Copay	\$45 Copay	Ded. Then 20%	Ded. Then 40%
Brand Non-Preferred	\$70 Copay	\$85 Copay	Ded. Then 20%	Ded. Then 40%
Specialty Preferred	\$70 Copay	\$250 Copay	Ded. Then 20%	Ded. Then 40%
Specialty Non-Preferred	\$70 Copay	\$350 Copay	Ded. Then 20%	Ded. Then 40%
Mail Order Pharmacy (up to a 90-day supply)				
Generic Preferred	\$40 Copay	\$10 Copay	Ded. Then 20%	Not Covered
Generic Non-Preferred	\$40 Copay	\$30 Copay	Ded. Then 20%	Not Covered
Brand Preferred	\$80 Copay	\$90 Copay	Ded. Then 20%	Not Covered
Brand Non-Preferred	\$140 Copay	\$170 Copay	Ded. Then 20%	Not Covered

Medical Coverage (continued)

Medical Plan Provisions	PPO High Plan		PPO Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$1,000/\$3,000	\$2,000/\$6,000	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Maximum (Includes Deductible)	\$2,000/\$6,000	\$6,000/\$18,000	\$4,000/\$8,000	\$8,000/\$16,000
Preventive Care/Screening/ Immunization	Covered at 100%	Ded. Then 40%	Covered at 100%	Ded. Then 40%
Primary Care Provider Office Visit	\$20 Copay	Ded. Then 40%	\$30 Copay	Ded. Then 40%
Specialist Office Visit	\$20 Copay	Ded. Then 40%	\$30 Copay	Ded. Then 40%
Inpatient Hospital Services	Ded. Then 10%	\$300 Ded. Then 40%	Ded. Then 20%	\$300 Ded. Then 40%
Urgent Care	Ded. Then 10%	Ded. Then 40%	Ded. Then 20%	Ded. Then 40%
Emergency Room	\$400 Copay	\$400 Copay	\$400 Copay	\$400 Copay

Pharmacy Provisions	PPO High Plan		PPO Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Out-of-Pocket Maximum	Included in Medical		Included in Medical	

Retail Pharmacy (up to a 30-day supply)				
	PPO High Plan		PPO Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic Preferred	None	None	None	None
Generic Non-Preferred	\$10 Copay	\$10 Copay Then 50%	\$10 Copay	\$10 Copay Then 50%
Brand Preferred	\$50 Copay	\$50 Copay Then 50%	\$50 Copay	\$50 Copay Then 50%
Brand Non-Preferred	\$100 Copay	\$100 Copay Then 50%	\$100 Copay	\$100 Copay Then 50%
Specialty Preferred	\$150 Copay	\$150 Copay Then 50%	\$150 Copay	\$150 Copay Then 50%
Specialty Non-Preferred	\$250 Copay	\$250 Copay Then 50%	\$250 Copay	\$250 Copay Then 50%
Mail Order Pharmacy (up to a 90-day supply)				
	PPO High Plan		PPO Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic Preferred	None	Not Covered	None	Not Covered
Specialty Preferred	\$20 Copay	Not Covered	\$20 Copay	Not Covered
Specialty Preferred	\$100 Copay	Not Covered	\$100 Copay	Not Covered
Brand Non-Preferred	\$200 Copay	Not Covered	\$200 Copay	Not Covered

Medical Coverage (continued)

Find a Doctor

- Go to www.bcbsil.com and click “Find Care”. Under Providers in your Network, choose your need.
- Click “Search as Guest”. Select the network from the drop-down list and enter the zip code for your search: **Blue Advantage HMO or Participating Provider Organization.**
- Type in the search bar for a specific name or specialty search.

Blue Access for Members

- Go to www.bcbsil.com and log in to Blue Access for Members via web or mobile. Click “Register Now” if you are a new user.
- To register, you will need your identification number located on the front of your insurance ID card or you can call the Customer Service number on the back of the card.

Premiums – Per Pay Period (24)

Coverage Level	HMO High Plan - Blue Advantage HMO	HMO Low Plan - Blue Advantage Value Choice HMO	High Deductible Health Plan with HSA	PPO High Plan	PPO Low Plan
Employee Only	\$88.00	\$54.00	\$112.00	\$147.00	\$95.00
Employee + 1	\$256.00	\$186.00	\$303.00	\$328.00	\$233.00
Family	\$435.00	\$319.00	\$528.00	\$554.00	\$402.00



Wellness & Health Management

As a medical plan participant, you will be eligible for wellness and health management benefits through your medical plan with BlueCross BlueShield of Illinois (BCBSIL).

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms, and immunizations. Through the plans offered by Aurora University, all covered individuals and family members are eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.

Covered Preventive Services

The U.S. Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers.

Below is a list of common services that are included in the plans offered this year.

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

Savings and Spending Accounts

Aurora University offers several accounts that enable you to pay for eligible expenses tax-free. The IRS provides a list of eligible expenses for each type of account at www.irs.gov.

Health Savings Account (HSA) Available to those enrolled in the HDHP medical plan. Use this account for eligible medical, dental, and vision expenses.	Health Care Flexible Spending Account (FSA) Use this account for eligible medical, dental, and vision expenses.	Dependent Care FSA Use for eligible childcare expenses for dependents under age 13 or elder care.
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Comparison of accounts

	HSA	FSA
Does the University contribute? <i>Amount for full-year 2026</i>	✓ Employee Only: \$500* Employee + 1: \$1,000* Family: \$1,500*	✗
Can I contribute my own savings?	✓	✓
Is there an IRS maximum annual contribution?	✓ Employee: \$4,400 Family: \$8,750 Those 55 and older can contribute an additional \$1,000 annually.	✓ Health Care FSA: \$3,400 Dependent Care FSA: \$7,500
Will my savings roll over each year?	✓ Unlimited	Up to \$680 for Health Care FSA; No roll over for Dependent Care FSA
Will I earn interest on my savings?	✓	✗
Are the savings tax-free? <i>In most states</i>	✓	✓
Do I keep the money if I leave the University?	✓	✗
Can I change contribution amounts throughout the year?	✓	✗

The Aurora University HSA contribution will be deposited into your account in one lump sum shortly after the first of the new plan year or as soon as administratively possible upon confirmation with the carrier if you are enrolling at another time in the year.

*Employer HSA contribution offered one time only during your initial election year.



Health Savings Account

The Health Savings Account (HSA) is a savings account paired with the High-Deductible Health Plan (HDHP) that belongs to you and helps meet your current healthcare needs while saving for future expenses. Contributions to your HSA account are pretax and any interest earned on the account is tax-free. For 2026, Aurora University is continuing with HSA Bank for our HSA Administration.



START IT

- Contributions to an HSA are tax-free for you – whether they come from you or the University. Aurora University will contribute to your HSA based on your level of enrollment in the medical plan (See page 9).
- You can contribute to your HSA by payroll deductions, online banking transfer or personal check.
- Visit www.hsabank.com or download the HSA Bank mobile app to create your account.



BUILD IT

- All of the money in your HSA is yours (including any contributions deposited by the University) even if you leave your job, change plans or retire.
- In 2026, the total of your contributions and the University's can be up to \$4,400 for individual coverage and \$8,750 for family coverage. If you are age 55 or older, you can contribute an additional \$1,000 per year.



USE IT

- Use your HSA Bank Health Benefits Debit Card to pay directly or pay out of pocket for reimbursement.
- You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on www.irs.gov).
- You can also save this money and hold onto it for future eligible health care expenses.



GROW IT

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it – tax-free.
- Visit www.hsabank.com to learn more.

Eligibility details

- You cannot have an HSA if you are enrolled in a non-HSA compatible health plan, like Medicare Parts A and B, and Tricare, or claimed as a dependent on someone else's tax return.
- You cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA. Your spouse/ domestic partner/civil union partner also cannot have a Health Care FSA.

Flexible Spending Accounts

A Flexible Spending Account (FSA) helps you pay for health care, dependent care, or commuting costs using tax-free dollars. Your contribution is deducted from your paycheck on a pretax basis and put into the FSA. When you incur expenses, you can access the funds in your account to pay for *eligible* expenses. For 2026, Aurora University is continuing with Flores for our FSA Administration.

This chart shows the eligible expenses for each type of FSA and how much you can contribute per year. Each of these options reduces your taxable income.

Account type	Eligible expenses	Annual contribution limits
Health Care FSA	Most medical, dental, and vision care expenses that are not covered by your health plan, such as copays, coinsurance, deductibles, eyeglasses, orthodontia, and prescriptions.	Maximum contribution is \$3,400 per year. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent care expenses including day care, after school programs for children under age 13 or elder care programs so you can work or attend school full-time.	Maximum contribution is \$7,500 per year (\$3,750 if married and filing separate tax returns).
Transportation Reimbursement Account	Expenses for commuting to and from work using public transit or paying parking fees at or near your workplace or at a commuter lot where you transfer to a vanpool or mass transit.	Maximum contribution is \$340 per month to your transit/vanpool account and up to \$340 per month to your parking account.

Important information about FSAs

- Your FSA elections are effective from January 1 through December 31.
- Claims for reimbursement must be submitted by March 15 of the following year.
- The Health Care FSA allows you to carry over \$680 in unused funds to the following plan year.
- Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.
- FSA elections do not automatically continue from year to year; you must actively enroll each year.
- You can only change your FSA contribution amount if you experience a qualified status change.
- The FSA plans are not interchangeable. You must enroll in each separately and funds are non-transferrable.

Example of how to save on your taxes with FSA

	With FSA	Without FSA
Taxable Income	\$50,000	\$50,000
Pretax Contribution to FSA	\$2,000	\$0
Federal and Social Security Taxes	\$11,701	\$12,355
After-tax Dollars Spent on Eligible Expenses	\$0	\$2,000
Spendable Income After Expenses	\$36,299	\$35,645
Tax Savings with FSA	\$654	\$0

Disclaimer: This is an example only and may not reflect your actual experience. It assumes a 25% federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary and are not included in this example. However, you will also save on any state and local taxes.



Dental Benefits

It's important to have regular dental exams and cleanings so problems are detected before they become painful – and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer two dental plans through BlueCross BlueShield of Illinois (BCBSIL).

Dental Plan Provisions	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150	None	None
Calendar Year Maximum	\$1,250	\$1,250	\$1,250	\$1,250
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered at 100%	90%	Covered at 100%	Covered at 100%
Basic and Restorative Services (e.g., extractions, fillings)	80%	70%	80%	80%
Major Services (e.g., dentures, crowns, bridges)	50%	40%	50%	50%
Orthodontia (children up to age 19)	Not Covered		50%, up to a Lifetime Maximum of \$1,000 per Individual	

Premiums – Per Pay Period (24)

Coverage Level	Low Plan	High Plan
Employee Only	\$23.43	\$37.49
Employee + 1	\$43.12	\$70.47
Family	\$69.61	\$111.63

Get the most from your dental plan

- **Stay in-network** – While you have the option of choosing any provider, you will save money when you use in-network dentists. When using an out-of-network dental provider, you will pay more because the provider has not agreed to charge you a negotiated rate.
- **To find an in-network dentist** – Visit www.bcbsil.com/find-care/find-a-dentist and select “BlueCare Dental PPO”.
- **Use your FSA or HSA funds** – Help pay for eligible out-of-pocket dental expenses.

Vision Benefits

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. We offer a vision plan through BCBSIL utilizing the EyeMed Select network.

Vision Plan Provisions	BCBSIL/EyeMed Vision Plan	
	In-Network	Out-of-Network
Exam	\$10 Copay	Up to \$30 Allowance
Frames	\$0 Copay; \$130 Allowance	Up to \$65 Allowance
Lenses		
• Single Vision	\$25 Copay	Up to \$25 Allowance
• Bifocal	\$25 Copay	Up to \$40 Allowance
• Trifocal	\$25 Copay	Up to \$55 Allowance
• Standard Progressive	\$90 Copay	Up to \$40 Allowance
Contact Lenses		
• Conventional	\$0 Copay; \$130 Allowance	Up to \$104 Allowance
• Disposable	\$0 Copay; \$130 Allowance	Up to \$104 Allowance
• Medically Necessary	Covered at 100%	Up to \$210 Allowance
Frequency		
• Exam	Once every 12 months	Once every 12 months
• Lenses	Once every 12 months	Once every 12 months
• Frames	Once every 24 months	Once every 24 months
• Contact Lenses	Once every 12 months	Once every 12 months

Additional Discounts (In-Network Only)

- **LASER Vision Correction:** 15% off on retail price; 5% off on promotional price
- **Additional Pairs:** 40% off upon purchase of a complete pair of eyeglasses; 15% off on conventional contact lenses once the funded benefit has been used
- **Amplifon Hearing Discount:** 40% off on hearing exams and low price guarantee on discounted hearing aids
- **Additional Discount:** 20% off on non-covered items with limitations

Premiums – Per Pay Period (24)

Coverage Level	BCBSIL/EyeMed Vision Plan
Employee Only	\$3.40
Employee + Spouse/DP/CUP	\$6.45
Employee + Child(ren)	\$6.79
Family	\$9.98

Get the most from your vision plan

- To find an in-network vision provider, visit www.eyemedvisioncare.com/bcbsilvision and select “BCBSIL Vision Plans”.
- Use your FSA or HSA to pay for your vision expenses such as exam copays and eyeglasses or contacts, tax-free.

Life and AD&D Insurance

Aurora University provides Basic Life and AD&D insurance for employees and offers voluntary insurance options for employees and their dependents through MetLife.

Employer-Paid Basic Life Insurance and AD&D

- Life insurance is an important part of your financial wellbeing, especially if others depend on you for support.
- Accidental Death & Dismemberment (AD&D) insurance is designed to furnish financial security in the event of an accident that causes death or loss of limb.
- The University provides basic life and AD&D insurance to all eligible employees at **no cost** equal to 1.5 times your base annual earnings, up to a maximum of \$400,000.
- Benefits are reduced by 35% at age 65 and by 50% at age 70.

Employee-Paid Voluntary Insurance and AD&D

- You may also choose to purchase additional life and AD&D coverage for yourself and your dependents. This is a type of death benefit that pays the heirs of the policyholder throughout a specified period of time.
- Rates are based on age and the coverage level chosen. Your insurance premiums last for as long as the term you select.

Coverage	Employee	Spouse/DP/CUP	Child(ren)
Voluntary Life	<ul style="list-style-type: none"> • Increments of \$10,000 up to 5x your base annual salary or \$500,000 • Guaranteed issue up to \$100,000 	<ul style="list-style-type: none"> • Increments of \$5,000 up to \$150,000 • Guaranteed issue up to \$50,000 	<ul style="list-style-type: none"> • 15 days to 6 months old: \$100 • 6 months old up to age 26: Options of \$5,000 or \$10,000 • Guaranteed issue up to \$10,000
Voluntary AD&D	<ul style="list-style-type: none"> • Increments of \$10,000 up to \$500,000 	<ul style="list-style-type: none"> • Up to 50% of employee's election if Spouse coverage only • Up to 40% of employee's election if Spouse + Child(ren) coverage 	<ul style="list-style-type: none"> • Up to 15% of employee's election if Child(ren) coverage only • Up to 10% of employee's election if Spouse + Child(ren) coverage

Note: Evidence of Insurability (EOI) is required for amounts above the guaranteed issue whether it's for a new hire or a current employee who adds or increases coverage during open enrollment or a change in family status. Your application will be reviewed and MetLife's approval is required before coverage takes effect.

Employee and Spouse Voluntary Life Premiums – Monthly

Employee Age*	29 and Under	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 and Above
Rate per \$1,000 of Coverage**	\$0.06	\$0.08	\$0.10	\$0.12	\$0.19	\$0.32	\$0.58	\$0.74	\$1.39	\$2.25

*Spouse age follows employee age. **Due to rounding, your actual payroll deduction amount may vary slightly.

Child Voluntary Life Premiums – Monthly

Child Age	Rates
15 Days to 6 Months	\$0.26
6 Months to Age 26 (\$5,000)	\$1.30
6 Months to Age 26 (\$10,000)	\$2.60

Voluntary AD&D Premiums – Monthly

Coverage Level	Rates
Employee Only	\$0.02
Family	\$0.03

Waiver of Premium: If an employee is under age 70 and becomes disabled continuously for 90 days, MetLife will waive the premiums due for the coverage 1 year from the date the premiums were first waived. Proof of disability must be submitted during the 90-day period that follows the 90th day of continuous disability.

Long-Term Disability Insurance

Long-Term Disability Insurance through MetLife provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. Aurora University provides long-term disability coverage and pays the premium for all eligible employees. The University also offers you a tax choice option to assist with maximizing your benefits:

- **Plan A:** You pay nothing now, but if you file a claim and are awarded benefits, those benefits would be taxable upon receipt.
- **Plan B:** You pay taxes now on the value of the premiums paid by AU, but if you file a claim and are awarded benefits, those benefits are received tax-free.

Plan Options	Premium Paid By	Benefit Amount	Maximum Benefit Amount	Benefit Duration	Waiting Period	Premium Taxability in Your Payroll	Benefit Taxability
Plan A	AU	60% of your monthly pay	\$10,000 per month	Up to age 65+	90 days	NOT taxed	Taxable at payment
Plan B	AU	60% of your monthly pay	\$10,000 per month	Up to age 65+	90 days	Taxed	NOT taxed at payment

An illustrative example of the impact of benefit is provided below.

Plan Provisions	Benefit
Pre-disability Income	\$60,000 annually/\$5,000 monthly
Premium	\$240 annually/\$20 monthly
Tax Bracket	22%
Benefit	60%

	Plan A		Plan B
Premium Paid to MetLife by AU	\$240	Premium Paid to MetLife by AU	\$240
Income Reported by Employer on Employee's W-2	\$60,000	Income Reported by Employer on Employee's W-2	\$60,240
Income after 22% taxes	\$46,800	Income after 22% taxes	\$46,747

Employee Becomes Disabled		Employee Becomes Disabled	
Employee's Monthly Disability Benefit	\$5,000 x 0.6 = \$3,000	Employee's Monthly Disability Benefit	\$5,020 x 0.6 = \$3,012
Tax Treatment	Premium was not taxed, benefit will be taxed	Tax Treatment	Premium was taxed, benefit will not be taxed
Employee's Benefit after 22% taxes	\$2,340	Employee's Take-Home Disability Benefit	\$3,012
Total Annual Pre-Disability Income after Taxes	\$46,800	Total Annual Pre-Disability Income after Taxes	\$46,747
Total Annual Disability Benefit	\$28,080 46% of pre-disability income	Total Annual Disability Benefit	\$36,144 60% of pre-disability income

Accident Insurance

This insurance provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have.

If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like. Visit www.metlife.com/mybenefits for more information.

Examples of covered injuries:

- Broken teeth
- Coma
- Concussions
- Cuts or lacerations
- Dislocations
- Eye injuries
- Fractures
- Occupational HIV and Hepatitis
- Organized Sports Rider
- Punctured wound
- Ruptured disc
- Second- and third-degree burns

Examples of covered services:

- Ambulance
- Emergency care
- Home modifications
- Inpatient surgery
- Medical testing (i.e., X-rays, MRIs, CT scans)
- Outpatient surgery
- Physician follow-up visits
- Therapy services (i.e., occupational and speech therapy)
- Transportation

Benefit Payment Example for Low and High Plan

Kathy's son, Travis, was riding his bike to school. On his way there, he fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Travis' face was very swollen. Travis was released to his primary care physician for follow-up treatment, and his dentist repaired his broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like copays and deductibles. MetLife's Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event	Low Plan	High Plan
Ambulance (Ground)	\$300	\$400
Emergency Care	\$150	\$250
Physician Follow-Up	\$75	\$200
Medical Testing	\$150	\$200
Concussion	\$250	\$500
Broken Tooth (Repaired by Crown)	\$200	\$300
Benefits Paid by MetLife's Accident Insurance	\$1,125	\$1,805

Accident Insurance Premiums – Monthly

Coverage Level	Low Plan	High Plan
Employee Only	\$9.02	\$11.68
Employee + Spouse/DP/CUP	\$17.84	\$19.34
Employee + Child(ren)	\$21.46	\$22.55
Family	\$25.34	\$35.36

Critical Illness Insurance

This insurance provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up – like rent, mortgage, car payments, etc. – while you are ill.

If you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits. Visit www.metlife.com/mybenefits for more information.

Coverage amounts:

Employee	Spouse/DP/CUP	Child(ren)
Options of \$10,000, \$20,000 or \$30,000	100% of employee's coverage amount	50% of employee's coverage amount

Examples of covered injuries:

- Alzheimer's Disease
- Kidney Failure
- Coronary Artery Bypass Graft
- Major Organ Transplant
- Full Benefit Cancer
- Partial Benefit Cancer
- Heart Attack
- Stroke

Note: Your plan pays a recurrence benefit if a medical condition occurs again for the following conditions: heart attack, stroke, coronary artery bypass graft, full benefit cancer and partial benefit cancer. A recurrence benefit is only available if the initial benefit of a covered condition has been paid.

Benefits and features:

- Convenient payment options
- You can take your coverage with you if you leave or retire from the University.
- Benefits are paid directly to the employee based on a flat schedule (not through reimbursement) and there is no coordination with other insurance coverage.
- MetLife will pay a health screening benefit of \$50 per covered person per calendar year for these covered tests: physical exam, biopsies for cancer, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, and more!

Critical Illness Insurance Premiums – Monthly (Uni-Tobacco Rate per \$1,000 of Coverage)

Employee Age	Employee Only	Employee + Spouse/DP/CUP	Employee + Child(ren)	Family
24 and Under	\$0.36	\$0.72	\$0.53	\$0.89
25 to 29	\$0.40	\$0.79	\$0.58	\$0.97
30 to 34	\$0.47	\$0.95	\$0.66	\$1.12
35 to 39	\$0.60	\$1.19	\$0.79	\$1.38
40 to 44	\$0.89	\$1.76	\$1.09	\$1.95
45 to 49	\$1.18	\$2.35	\$1.39	\$2.55
50 to 54	\$1.73	\$3.48	\$1.96	\$3.71
55 to 59	\$2.30	\$4.71	\$2.53	\$4.94
60 to 64	\$3.72	\$7.70	\$4.01	\$8.00
65 to 69	\$5.04	\$10.57	\$5.35	\$10.87
70 and Above	\$6.72	\$14.06	\$7.02	\$14.36

Note: The rates per \$1,000 are only applicable to the benefit amounts shown in this guide. Final implemented rates may vary slightly due to rounding.

Hospital Indemnity Insurance

This insurance provides a fixed lump-sum payment to help fill financial gaps caused by out-of-pocket expenses such as deductibles, copays, and other hospital expenses not covered by insurance while you, your spouse/domestic partner/civil union partner, and/or dependents are in the hospital.

Benefits and features:

- **24-hour coverage:** On- and off-the-job
- **Coverage Amount:** Benefits are paid directly to you for covered services that you may spend as you like.
- **Plan Options:** You can choose between a High Plan or a Low Plan on a guaranteed issue.
- **Pregnancy:** Complications of pregnancy and emergency Cesarean section are covered. (Routine, vaginal delivery of a child or children or delivery of a child or children by non-emergency Cesarean section, are not covered.)
- **Portability:** You can take your coverage with you if you leave or retire from the University.

Covered Services	Benefit Limit	Low Plan	High Plan
Hospital Admission	1 time per sickness or injury	\$500	\$1,000
ICU Admission	1 time per sickness or injury	\$500	\$1,000
Hospital Confinement	30 days per calendar year	\$100	\$200
ICU Confinement	30 days per calendar year	\$100	\$200
Newborn Nursery Care Confinement	2 days per confinement	\$25	\$50
Inpatient Rehabilitation	30 days per calendar year	\$50	\$50

Hospital Indemnity Insurance Premiums – Monthly

Coverage Level	Low Plan	High Plan
Employee Only	\$13.71	\$24.73
Employee + Spouse/DP/CUP	\$26.89	\$48.47
Employee + Child(ren)	\$20.89	\$37.72
Family	\$34.07	\$61.46

MetLife Additional Services and Discounts for All Eligible Employees

- **Healthcare Navigation Services:** You have access to education and support from personal consultants who can help you understand your health benefits, coordinate care, assess costs, find doctors, and review medical claims or bills.
- **Will Preparation Services:** An online service where you can create a binding will, living will or assign a power of attorney.
- **MetLife VisionAccess:** Get discounts on eye exams, glasses, frames, and laser vision correction when visiting a participating private practice.
- **Funeral Discount and Planning Services:** Get access to counselors and discounts on funeral services through the largest network of funeral homes and cemetery providers.

To access these benefits, visit www.metlife.com/mybenefits.

Voluntary Plans

Legal plan

The legal plan through MetLife provides legal representation for you, your spouse, your domestic partner, your civil union partner, and your dependents at a price that won't break your budget. You can receive legal advice and fully covered legal services for a wide range of personal legal matters from a network-participating plan attorney. Services provided through the plan include:

- Advice and Consultation
- Consumer Protection
- Debt Collection Defense
- Defense of Civil Lawsuits
- Document Review and Preparation
- Family Law
- Real Estate Matters
- Will and Estate Matters

When you use a plan attorney for covered services, there is no waiting period, limits on usage, deductibles or copays. The plan is available at a monthly fee of \$19.50, which you can pay through automatic payroll deductions.

Rate: \$19.50/month

Identity theft protection

Protecting your personal information has become a major concern. MetLife Identity & Fraud Protection powered by Aura is designed to protect your identity and assets through identity, financial, and privacy monitoring. The plan includes:

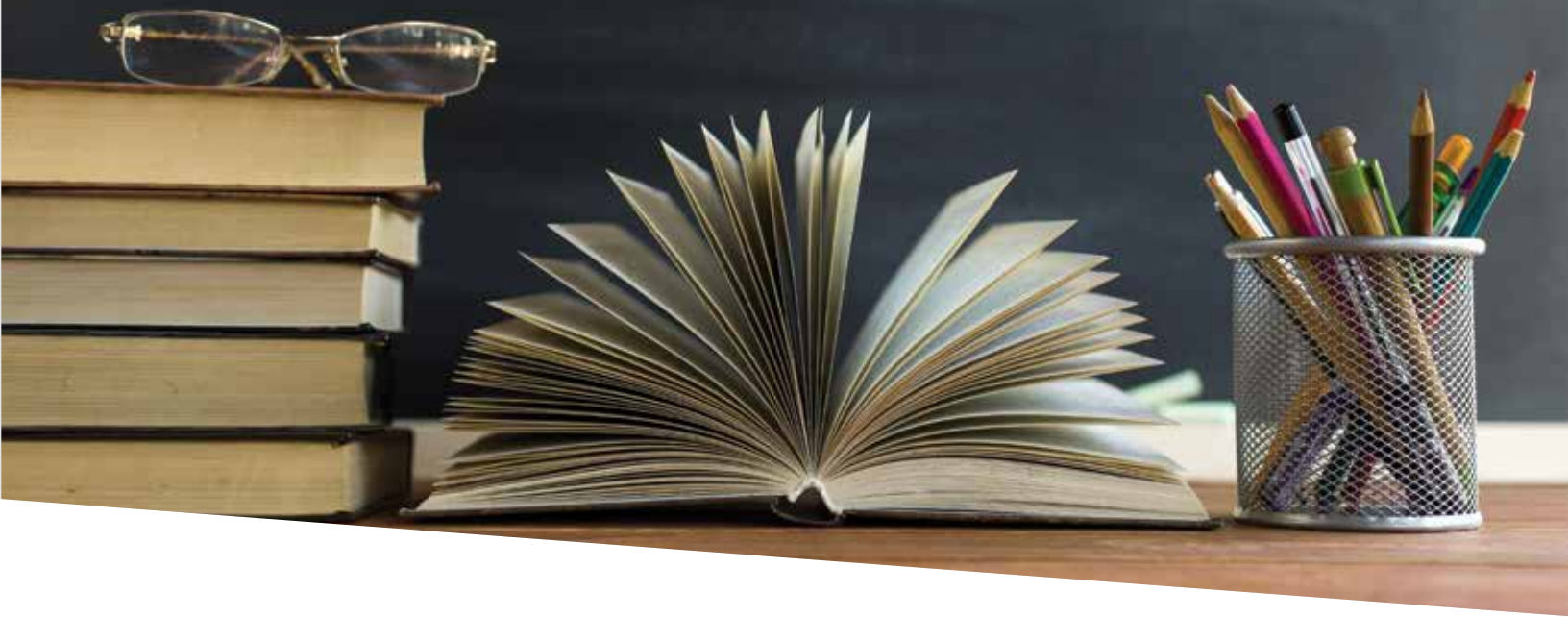
- Annual Credit Report and Monthly Credit Score Tracker
- Digital Wallet Storage and Monitoring
- Automated Online data Removal and Solicitation Reduction
- Dark Web monitoring for Personal Info and Account Credentials
- Safe Web Browsing and IP Address Monitoring
- Antivirus and VPN

Individual Monthly Rate Low/High Plan: \$6.95/\$9.95

Family Monthly Rate Low/High Plan: \$10.95/\$15.95

Pet insurance

Like a regular health insurance plan, a pet insurance policy can help you plan for your pet's health care and offset costs for routine care, unexpected illness, or injury. Administered through MetLife, you can purchase insurance for your pet and your premium is based on your pet's species, age, the benefits coverage you select, and where you live. For more information, to get a quote, or to enroll, visit www.metlife.com/getpetquote.



Employee Assistance Program

Whenever you or your immediate family members need help dealing with life's challenges, our Employee Assistance Program is here to help. Aurora University offers the TELUS Health EAP at no cost to you or your dependents. This EAP offers someone to talk to and resources to consult whenever and wherever you need them.

Confidential Emotional Support

You and your family members will get up to five (5) free sessions with highly trained clinicians who will listen to your concerns with any issues, including:

- Anxiety, depression, stress
- Grief, loss, and life adjustments
- Relationship/marital conflicts

Work-Life Solutions

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, pet care

Legal Guidance

Talk to attorneys for practical assistance with your most pressing legal issues, including divorce, adoption, family law, wills, trusts, and more.

Financial Resources

Financial experts can assist with a wide range of issues, such as:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy

Online Support

TELUS Health is your 24/7 link to vital information, tools, and support. Log on to access:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Confidential assistance is available at any time. Call 888-319-7819. Your toll-free number gives you direct, 24/7 access to a counselor who will answer your questions and, if needed, refer you to other resources such as articles, podcasts, videos and other helpful tools. You may also download the TELUS Health app or visit <https://one.telushealth.com>. Username: metlfeeap and Password: eap

Helpful Benefit Terms

- **Brand preferred drugs** – A drug with a patent and trademark name that is considered “preferred” because it’s safe and effective and usually less expensive than other brand-name options.
- **Brand non-preferred drugs** – A drug with a patent and trademark name that is “not preferred” because it’s usually more expensive than other generic and brand preferred options.
- **Calendar year maximum** – The maximum benefit amount paid each year for each family member enrolled in the dental plan.
- **Coinsurance** – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
- **Copay** – A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.
- **Deductible** – The amount you have to pay for covered services each year before your health plan begins to pay.
- **Elimination period** – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
- **Flexible Spending Accounts (FSA)** – FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the “use it or lose it” rule which means you must spend the money in the account before the end of the plan year.
- **Generic drugs** – A drug that’s equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.
- **Health Savings Accounts (HSA)** – An HSA is a personal savings account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care, and vision care. You can use the money now, or in the future, for your expenses and those of your dependents, even if they are not covered by the HDHP.
- **Health Maintenance Organization (HMO)** – A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won’t cover out-of-network care except in an emergency and may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.
- **High Deductible Health Plan (HDHP)** – A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.
- **In-network** – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the University.
- **Inpatient** – Services provided to an individual during an overnight hospital stay.
- **Mail order pharmacy** – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- **Out-of-network** – Providers that are not in the plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the University. Higher deductibles and coinsurance will apply.
- **Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- **Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.
- **Primary Care Provider (PCP)** – A doctor (generally a family or internal medicine practitioner or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- **Preferred Provider Organization (PPO)** – A network of medical care providers including hospitals, physicians, and pharmacies who agree to participate in a special program along with employers and covered persons.
- **Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).
- **Specialty drugs** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

Benefit acronyms

ACA – Affordable Care Act

AD&D – Accidental Death & Dismemberment

EAP – Employee Assistance Program

FSA – Flexible Spending Account

HDHP – High Deductible Health Plan

HSA – Health Savings Account

HMO – Health Maintenance Organization

LTD – Long-Term Disability

PPO – Preferred Provider Organization

Contact Information

Coverage	Carrier	Phone	Website/Email
Medical	BlueCross BlueShield of Illinois (BCBSIL)	800-828-3116	www.bcbsil.com
Pharmacy	Prime Therapeutics	800-423-1973	www.primetherapeutics.com
Telemedicine	MDLIVE through BCBSIL	888-676-4204	www.mdlive.com/bcbsil
Dental	BlueCross BlueShield of Illinois (BCBSIL)	800-367-6401	www.bcbsil.com
Vision	BlueCross BlueShield of Illinois (BCBSIL)/EyeMed	855-362-5539	www.eyemedvisioncare.com/bcbsilvis
Health Savings Accounts	HSA Bank	800-357-6246	www.hsabank.com
Flexible Spending Accounts	Flores	800-532-3327	www.flores247.com
Life and AD&D Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Disability Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Accident Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Critical Illness Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Hospital Indemnity Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Pet Insurance	MetLife	800-438-6388	www.metlife.com/getpetquote
Legal Plan	MetLife	800-821-6400	members.legalplans.com
Identity Theft Protection	Aura through MetLife	844-931-2872	my.aura.com/start
Employee Assistance Program (EAP)	TELUS Health through MetLife	888-319-7819	https://one.telushealth.com Username: metlifeeap Password: eap
Enrollment and Office of People & Culture	Office of People & Culture	877-662-7558 (Call Center) 630-844-3681 (OPC)	benefits@aurora.edu

Legal 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.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

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, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	FLORIDA – Medicaid Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

Legal Notices (continued)

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>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: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofl/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Legal Notices (continued)

<p style="text-align: center;">NEVADA – Medicaid</p>	<p style="text-align: center;">NEW HAMPSHIRE – Medicaid</p>
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll-free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p style="text-align: center;">NEW JERSEY – Medicaid and CHIP</p>	<p style="text-align: center;">NEW YORK – Medicaid</p>
<p>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</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p style="text-align: center;">NORTH CAROLINA – Medicaid</p>	<p style="text-align: center;">NORTH DAKOTA – Medicaid</p>
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p style="text-align: center;">OKLAHOMA – Medicaid and CHIP</p>	<p style="text-align: center;">OREGON – Medicaid</p>
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p style="text-align: center;">PENNSYLVANIA – Medicaid and CHIP</p>	<p style="text-align: center;">RHODE ISLAND – Medicaid and CHIP</p>
<p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)</p>
<p style="text-align: center;">SOUTH CAROLINA – Medicaid</p>	<p style="text-align: center;">SOUTH DAKOTA – Medicaid</p>
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p style="text-align: center;">TEXAS – Medicaid</p>	<p style="text-align: center;">UTAH – Medicaid and CHIP</p>
<p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p style="text-align: center;">VERMONT – Medicaid</p>	<p style="text-align: center;">VIRGINIA – Medicaid and CHIP</p>
<p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>

Legal Notices (continued)

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2027)



About this Guide

This benefit summary provides selected highlights of the Aurora University benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the University. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Aurora University reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.