



2023-2024

# Pathways

The Villanova University Benefits Guide



VILLANOVA  
UNIVERSITY



## A letter from the Assistant Vice President

The Villanova University Benefits Program is a key component of the NOVArewards! total compensation strategy. It is designed to meet the needs of faculty and staff and to become an employer of choice.

Villanova believes at the core of every successful benefit program lies a culture of health and wellness. We hope to forge a partnership with you for healthy living.

In order to assist faculty and staff with securing financial health, the University offers programs to address your financial needs today and in the future.

Work/life balance is a key component of our community. It is for this reason that we offer programs that provide the opportunity for faculty and staff to enjoy time away from the University.

Please take the time to evaluate your needs and learn about the benefits available to you.

If you have any questions regarding your benefits or how to enroll in the Villanova University Benefits Program, please visit the [Human Resources website](#) or email [benefitssupport@villanova.edu](mailto:benefitssupport@villanova.edu).

Sincerely,

Michele Mocarsky  
Assistant Vice President, Human Resources

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## Who Is Eligible

### Employees:

- Full-time employees in benefit-eligible positions are entitled to enroll in the Villanova University benefits program. Benefits become effective the first of the month following date of hire.

### Dependents:

 Your eligible dependents include:

- Your legal spouse (The term “legal spouse” used throughout this Section means a spouse recognized under Pennsylvania law.)
- Your children born to, under legal guardianship of, or legally adopted by you and/or your legal spouse who are:
  - Age 26 or younger (Medical, Dental, Prescription and Dependent Life).

**Please note:** If your child has a disability and is older than the above ages, please contact the carrier to determine if benefit coverage is available. For Dependent Life coverage, your dependent must be unmarried in addition to meeting the age requirement.

## Your Choices Are In Effect For The Full Plan Year (June 1 – May 31)

It is important to note that the open enrollment period is the only time you can enroll, cancel coverage, add or remove dependents, or change supplemental and dependent life insurance coverage with the exception of a qualified life status change.

## Qualified Life Status Change

Any benefit change must be consistent with a life status change. You must notify Human Resources within 31 days of the life status change to be eligible to make changes to your benefit elections. After this grace period, you will not be able to make any changes in your coverage until the next annual open enrollment period in accordance with IRS regulations.

### The Internal Revenue Service defines a Qualified Life Status Change as a change in coverage due to the following:

- Marriage or divorce
- Change in full-time student status of your dependent child (applies to dependent life only)
- Birth or adoption of a child
- Death of a spouse or child
- Judgment, decree or order
- Change in employment/benefit status of you or your spouse
- Medicare entitlement
- Termination of Medicaid or CHIP coverage (notification must be made within 60 days)
- Eligibility for Premium Assistance under Medicaid or CHIP (*notification must be made within 60 days*)

### Eligibility

All full-time staff and faculty are eligible for coverage under the University’s medical, dental and life insurance plans beginning on the first day of the month following the first day of work or the change from part-time to full-time status.

## Loss of Dependent Status

When a dependent is no longer eligible for benefits, it is the employee’s responsibility to contact Human Resources for continuation of coverage for dependents under COBRA provisions. Dependents are covered until the end of the month in which they turn age 26.



## How to Enroll

Villanova University offers three enrollment portals that faculty and staff will use to enroll in University benefits.

[Benefits Portal](#) will be used to enroll in health & welfare and voluntary benefits, and to make changes due to life events. Please ensure that the Social Security Numbers for yourself and your dependents are listed correctly. This will be required annually when the University completes the Form 1095-C documents for your tax returns.

[NOVAfit! Portal](#) provides access to the wellness program.

[TIAA CREF/Villanova Microsite](#) is used to enroll, designate a beneficiary, and make changes to investments and salary deferrals in the Villanova University 403(b) Retirement Savings Plan.

## Accidental Death and Dismemberment (AD&D) Coverage

### Administered through MetLife

If your death is the result of a covered accident, your beneficiary will receive an additional accidental death benefit equal to the amount of your Basic Life Insurance benefit. If you suffer the loss of a limb or the loss of eyesight as a result of a covered accident, you will receive 100% or 50% of the AD&D benefit, depending on the extent of the loss. There is no cost to you for this benefit.

## Auto and Home Insurance

### Administered through Liberty Mutual

Employees receive a group discount on auto and home insurance with Liberty Mutual. To learn more, please contact **John Mullarkey**, by phone at 610-205-5984. For further details, refer to the HR website.

## Banking Options

Villanova University has partnered with American Heritage Credit Union and JPMorgan Chase to provide convenient banking options to our employees. For further details, refer to the [HR website](#).

## Business Travel Accident Insurance

Employees are automatically covered in the event of death or serious injury that occurs while traveling on University business. The amount of coverage is ten times your annual salary, up to a maximum of \$1,000,000 with a minimum of \$500,000. Coverage is reduced to a maximum of \$250,000 for faculty and staff who are actively employed beyond age 70.

## Child Care Assistance Program

Two child care options are offered to all full-time permanent faculty and staff. These programs include the Back Up Reimbursement Plan and Child Care Subsidy Plan.



**Back Up Reimbursement Plan**, administered through HealthAdvocate, provides a reimbursement of \$75 per day up to 10 days per year (maximum of \$750 annually). This is available for eligible dependents in the event that emergency back up care is needed.

**The Child Care Subsidy Plan**, administered by Wage Works, is an employer-funded pre-tax plan *which requires an annual election*. The University provides an annual contribution of \$1,000 pro-rated over each pay period, which can be used for qualifying childcare expenses for eligible tax dependent children up to the earlier of age 6 or the start of kindergarten. The \$1,000 is contributed directly into the Dependent Care FSA and reduces the \$5,000 maximum contribution.

## Commuter Benefit Plan

### Administered through Wage Works

The Commuter Benefit Plan allows you to pay for eligible transit expenses through pre-tax payroll deductions. The monthly maximum is set annually by the IRS and is subject to change. If you ride public transportation to work, this plan can save you both money and time. Commuting to work by public transportation is also beneficial to the environment. We hope that this benefit plan will provide our employees with an additional incentive to consider using public transportation. In order to enroll in this plan, please contact WageWorks directly at 1-877-924-3967 or [www.wageworks.com](http://www.wageworks.com).

# Benefits Programs

## Dental Benefits

### Administered through Delta Dental

The University's dental plan focuses on the importance of regular and preventative dental care. It is administered through Delta Dental. The plan offers dental coverage through a network of participating dentists both locally and nationwide.

Delta Dental covers a percentage of most dental services. Preventive services are covered at 100%; other eligible dental services are paid at 80%, 60% and 50%, depending on the service, after you pay a plan year deductible of \$50 per person (maximum 3 per family). You may choose a dentist from the Premier Network or the PPO Network. The maximum benefit amount per person for services

other than orthodontic work is \$1,500 per plan year for the Premier Network or \$1,750 per plan year for the PPO Network. The lifetime maximum benefit paid for a child's orthodontic care is \$1,500 under both the Premier and PPO Plans.

Delta Dental payments to dentists or reimbursements to subscribers are based on the Delta Dental network allowance. If you use a dentist who is not a member of the Delta Dental network, you may be subject to a balance bill in addition to any deductible and co-payments required. When you utilize a participating dentist, your out-of-pocket costs are reduced and no claim forms are necessary.

The group number for the Villanova Dental Plan is 2257.

Diagnostic and Preventive services are not subject to the annual maximum.

## Summary of Delta Dental Plan

Preventive Care 100% No Deductible	Basic Restorative 80% After Deductible	Major Restorative 60% After Deductible	Orthodontia 50% No Deductible
Oral Exams (2 per 12 months)  Cleanings* (2 per plan year)  Periodontal Cleanings (2 per plan year)  Bitewing x-rays  Full mouth x-rays (1 every 3 years)  Fluoride for Children under age 19 (1 per 6 month period)  * 1 additional cleaning for pregnant women	Fillings Extractions Oral Surgery Emergency treatment of pain Anesthesia Periodontia Root Canal Endodontia Repair of dentures Specialist consultants	Full/partial dentures Bridgework Crowns Pontics Inlays Onlays Gold restorations Implants	Diagnosis & treatment (only covers children to age 19)  \$1,500 lifetime maximum per patient

## Disability Insurance

### Administered through Lincoln Financial

#### Short Term Disability (STD)

The University provides short-term disability insurance equal to 70% of regular salary when a personal illness or injury requires absence from work in excess of ten (10) days up to a maximum of one hundred eighty (180) days. Sick and vacation time, if available, can be used to offset the other 30% of salary. After this period, long-term disability becomes available, if you qualify.

#### Long Term Disability (LTD)

The University provides long-term disability insurance, for those who qualify, equal to 60% of regular salary when a personal illness or injury requires absence from work in excess of one hundred eighty (180) days. The monthly maximum on this policy is \$11,500. Should your monthly maximum exceed \$11,500, you will be contacted directly to secure individual coverage that is paid by the University to provide income protection up to 60% of your salary.

If an employee is approved as disabled under the University's long-term disability plan, continued coverage for medical and dental is available for up to 29 months under COBRA. Under the group life insurance policy, the employee may be eligible for waiver of premium.

#### Voluntary Individual Disability Insurance Administered through Unum

The University provides an annual opportunity for individuals earning \$60,000 a year or more to purchase up to an additional 15% of individual disability coverage on top of the 60% group Long Term Disability coverage that is currently offered. These premiums are rate-locked until you turn 65 and the policy belongs to you even if you should leave Villanova University. If you are eligible for this program, Unum will contact you during the annual enrollment period with the opportunity to enroll.



#### What if you are absent from work on the date your coverage would normally begin?

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.



# Benefits Programs

## Employee Discount Programs

Villanova University provides a number of discount programs for faculty and staff. Visit the Employee Discount section of the [HR website](#) for further details.

## BenefitHub Discount Marketplace

[BenefitHub](#) is a members-only discount marketplace that provides you with access to hundreds of brand name retailers and local merchants — all in one on-line marketplace.

You'll find exclusive discounts and offers not available anywhere else on movie tickets, electronics, apparel, vacations, car rentals and more.

First time users should link on the [BenefitHub link](#) then follow these directions to create their account:

- COMPLETE: "CREATE AN ACCOUNT"
- ENTER REFERRAL CODE: 7K8N4A
- ENTER: Your Email Address
- CLICK ON: Create Account
- COMPLETE: Account Registration

**Questions?** Contact BenefitHub at 1-866-664-4621 or email [customercare@benefithub.com](mailto:customercare@benefithub.com)

## Cell Phones

Villanova University currently provides discounts on cell phone services. Visit the Employee Discount section of the [HR website](#) for further details.

## Ford College Partner Recognition Program

Villanova University has partnered with Ford Motor Company to provide discounts on automobile purchases. Participating in College Partner Recognition is easy. Faculty and staff members interested in taking advantage of this opportunity, log on to [www.fordpartner.com](http://www.fordpartner.com) to obtain a Personal Identification Number (PIN) and visit a participating dealer. To enter the Ford Partner website, you must use the Villanova University access code, VILLA. It's that simple.

## Discounted Gym Memberships

Villanova University currently offers a discount through [Global Fit Gym Network](#).

## Other Employee Discount/Convenience Services include:

- Villanova Alumni Association Benefits: Life and Disability Insurance, Credit Card, Travel
- Employee Personal Computer Purchase
- Microsoft@Home-discounted Office Suite software for home use
- Payroll deductions for United Way donations
- University shop discount (must present your Wildcard)
- Use of Wildcard as a debit card at many on and off campus locations
- Discounts on Villanova theater tickets
- Discounts at Great Wolf Lodge
- Access to Athletic Facilities: fitness centers, exercise classes, tracks, pools

## Health and Wellness Perks through Independence Blue Cross.

Click [here](#) for for a variety of discount programs offered through IBC.

## Gradfin

Through the University's partnership with Independence, Gradfin, a student debt refinance & forgiveness program, is available to all members of the Independence Blue Cross plans at no additional cost.

Benefits of the program include:

- Save time and money! Leverage the knowledge and time of a consultant to better guide you through the process.
- Free access to a student loan expert consultant who can provide the best financial guidance.

## Flexible Spending Accounts

### Administered through Wage Works

Villanova offers two types of flexible spending accounts — a healthcare flexible spending account and a dependent care flexible spending account. These accounts require an annual election and allow you to set aside pre-tax dollars to pay for certain out-of-pocket healthcare or dependent care expenses.

#### How Flexible Spending Accounts Work:

- Each year you decide how much to set aside for healthcare and/or dependent care expenses.
- The minimum annual contribution under the Healthcare and Dependent care FSA plans is \$200.00.
- Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the plan year (June 1 through May 31).
- As you incur healthcare or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account.
- You will also receive a healthcare debit card that can be used (at the point of sale) to pay for medical co-pays and eligible prescription drug expenses.

**Please Note:** When using the healthcare debit card, you will not be paying out of pocket, so there’s no need to fill out a claim form and wait for reimbursement. However, receipts may be required to demonstrate proof of purchase and medical necessity.

*Please note: The Healthcare FSA plan is not available to individuals that enroll in the CDHP medical plan. Those individuals may enroll in an HSA and a limited purpose FSA. For further details, please see the HSA information located on page 10.*

**Note: The Child Care Subsidy Plan** is an employer-funded pre-tax plan *which requires an annual election.* The University provides an annual contribution of up to \$1,000 pro-rated over each pay period, which can be used for qualifying child care expenses for eligible tax dependent children up to the earlier of age 6 or the start of kindergarten. The \$1,000 is contributed directly into the Dependent Care FSA and reduces the \$5,000 maximum contribution.

Please remember that all FSA claims must be incurred by August 15th and submitted by October 31st following the end of the plan year. If you do not have enough eligible expenses during the FSA plan year, **you will lose this money.** This is an IRS regulation known as the “Use it or Lose it” rule.

Plan	Annual Maximum Contribution	Examples of Covered Expenses
Healthcare Flexible Spending Account	\$3,050	Co-pays, deductibles, orthodontia
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns) Amount will be reduced to 4000 if you enroll in the childcare subsidy	Day care, nursery school, elder care expenses

Visit [www.wageworks.com](http://www.wageworks.com) for a complete list of covered expenses.

# Benefits Programs

## Health Advocate

Health Advocate, the nations' leading healthcare advocacy and assistance company, offers two valuable services. The Healthcare Help service features personalized help to resolve clinical and insurance-related issues, and the Employee Assistance Plan (EAP) + Work/Life program offers short-term counseling and support for personal, family and work issues. Health Advocate is available 24/7, and ensures that all personal information is kept confidential and private.

### Feature 1: Healthcare Help

You have unlimited access to a highly trained Personal Health Advocate, who can help you navigate the healthcare and insurance systems, efficiently and dependably. The Personal Health Advocate can assist you with finding the right providers, negotiate fees on uncovered medical bills, locate second opinions, provide cost comparisons for medical procedures and much more.

### Feature 2: EAP + Work/Life

A licensed EAP professional can provide short-term counseling by phone or email, to help you better cope with personal, family and work issues. The Work/Life specialists can assist you with locating the right support services, from childcare and eldercare to legal help.

## Who is Eligible?

The Health Advocate services cover full-time, benefits eligible faculty and staff along with their spouses, dependent children, parents and parents-in-law.

### Getting Started

You can reach Health Advocate's Healthcare Help and EAP + Work/Life services by visiting <https://members.healthadvocate.com/> or calling the toll free number 866-799-2728.

## Health Savings Account

### Administered by Wage Works

#### Features of a Health Savings Account (HSA)

An HSA provides you with flexibility in how you pay for medical services today and in the future. New enrollments require account activation as outlined in mailed instructions from Wage Works.

- **Tax Advantages:** Your contributions to your HSA come out of your paycheck before taxes are withheld, so every dollar that goes toward your HSA reduces your taxable income. Participants can also make contributions to the HSA with after-tax dollars. (Because this is a tax-favored account, there are IRS limits on annual contributions; see chart below for details.)
- **Use It Today:** Pay for regular health care expenses, including deductibles, coinsurance, copayments, and prescription drugs, with an easy-to-use debit card.

- **Save for Tomorrow:** If you save more money than you spend on health care expenses in the plan year, you can use that money in the future. Any money remaining in this account at the end of the plan year rolls over into the next year—and, even if you leave Villanova, the money remains yours.
- **Invest for Your Future...Tax-Free:** Once the balance in your HSA reaches \$1,000, your funds will be automatically directed into the investment you select—helping you build savings for your future. When used to pay for qualified medical expenses, distributions from your HSA are tax-free.
- **Catch-up Contributions:** Employees 55 years of age or older can contribute additional dollars to their HSA. See the chart below for details.
- BNY Mellon will charge a \$2 per month fee for any individual that has an account balance of less than \$5,000.

Coverage Level	HSA Contribution	HSA Contribution for Age 55+
Individual*	\$3,850 (Total includes: \$3,250 employee contribution plus \$600 Villanova contribution)	\$4,850 (Total includes: \$4,250 employee contribution plus \$1,000 age 55+ catch-up contribution plus \$600 Villanova contribution)
Family*	\$7,750 (Total includes: \$6,550 employee contribution plus \$1,200 Villanova contribution)	\$8,750 (Total includes: \$6,550 employee contribution plus \$1,000 age 55+ catch-up contribution plus \$1,200 Villanova contribution)

\*For illustrative purposes, the chart assumes that an individual did not participate in the annual NOVAfit! program. If you participated, HSA contributions could increase to \$750 individual and \$1,425 family. Please note that this will reduce the amount of employee contributions accordingly. You are permitted to make changes to your HSA account throughout the year. You must do so in the benefits enrollment system. For IRS calendar year limits, please [click](#) here.

## Identity Theft Plan

### Administered through ID Theft Assist

ID Theft Assist is a full service plan that will not only prevent but also handle all aspects of restoring and recovering the credit and identity of a victim of ID Theft. Employees receive a group discount and payments can be taken through payroll deductions. For further details, refer to the [HR website](#).

## Legal Services

### Administered through MetLife Legal Plans

Through MetLife Legal Plans, you will be able to select from a network of qualified attorneys to assist with a range of services including wills and estate planning, real estate matters, and adoption. Benefits also include Identity Management Services and 4 hours of attorney services for non-covered matters that aren't excluded under the plan. Employees receive a group discount and payments can be taken through payroll deductions. For further details, refer to the [HR website](#).

**Please note:** If you are enrolled in Supplemental Life Insurance through MetLife, you will already have coverage for will and estate planning without enrolling separately in the Legal Plan.

## Life Insurance

### Administered through MetLife

Villanova University provides the greater of a basic life insurance amount of \$50,000 or 1 x salary up to a maximum guarantee issue amount of \$250,000 at no cost and provides you the opportunity to add more coverage, helping you to tailor a life insurance portfolio.

**Please note:** Imputed Income applies on any amount above \$50,000 and therefore, you have the opportunity to select a flat \$50,000 instead of 1 x salary to avoid paying imputed income.

### Life Insurance Plan Details

#### Basic Life

Villanova provides the greater of a basic life insurance amount of \$50,000 or 1 x salary up to a maximum guarantee issue amount of \$250,000 at no cost.

#### Supplemental Life

You may supplement your Villanova-paid benefit in multiples of salary up to the lesser of 7 x salary or the maximum amount of \$1,250,000. Please be aware that evidence of insurability (EOI) will be required on any amount above the lesser of 3 x salary or \$250,000 as a new hire.

### What is Imputed Income?

If the amount of basic life insurance is \$50,000, imputed income taxes do not apply. If this amount is greater than \$50,000, the IRS will assess imputed income taxes according to a sliding scale based on your age and income. The imputed income tax on basic life insurance is generally not a significant amount, but it does increase with your age and income.

The Basic Life coverage is reduced by 50% for faculty and staff who are actively employed at age 70.

If both husband and wife are actively employed by the University, the purchase of dependent life insurance is not permitted for the spouse.

Newly hired employees may purchase Supplemental Life Insurance up to the lesser of 3 x salary or \$250,000.

Increases in excess of the lesser of 3 x salary or \$250,000 will be subject to evidence of insurability and will require the completion of a medical questionnaire.

**Please note:** If you do not elect supplemental life as a new hire, you will be required to submit EOI in the future for any amount elected.

### Dependent Life

You may elect to cover your dependents as well. There are two tiers of benefit options:

- The spousal benefit is \$25,000; OR
- The spousal benefit is \$50,000
- The child(ren) benefit is \$10,000 per child. (Dependent life benefit amount for newborn children up to the age of 6 months is \$500. After 6 months, the benefit is increased to \$10,000.)
- If both husband and wife are employed by the University and eligible for benefits, dependent life coverage is not available for the spouse and only one benefit amount is payable for each child.

**Please note:** EOI will be required for a future spousal election if you do not select this benefit as a new hire.

As an employee enrolled in the Supplemental Life Insurance program with MetLife, you will have access to the same attorneys available through MetLaw, provided by Hyatt Legal Services, for services related to wills and estate planning. You do not need to enroll separately in the Legal Plan to receive these services. For any other covered legal related service, you will need to enroll separately in the Legal Plan.

# Benefits Programs

## Medical Benefits

### Administered through Independence Blue Cross

Villanova University understands that each person's healthcare needs are different. That's why we have partnered with Independence Blue Cross (IBC) to offer three different types of plans that allow you to choose the appropriate coverage for your personal needs.

Included with your enrollment in any of the below medical plan options is Prescription and Vision coverage. Prescription coverage is administered by Express Scripts and Vision coverage is administered through the Davis Vision Program.

**Your medical plan choices are: a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and a Consumer Driven Health Plan (CDHP).**

[Click here](#) for the medical and dental premium rates.

### Keystone Health Maintenance Organization (HMO)

(Davis Basic Vision and Express Scripts prescription drug coverage included)

An HMO is a managed care program that provides a wide range of healthcare services through an organized network of physicians and hospitals. You are required to select a primary care physician (PCP), from the Keystone network to guide your care. Referrals from the PCP are required for specialist visits.

Under the HMO plan, most services are paid at 100% with no deductibles or 100% after a small co-payment for physician visits. Referrals from the PCP are required for specialist visits.

For more details, please review the [Summary of Benefits Coverage for the HMO plan](#).

### Preferred Provider Organization (PPO)

(Davis Basic Vision and Express Scripts prescription drug coverage included)

The PPO plan provides you in and out of network benefits and allows you to select your own doctors and hospitals. You do not need to select a Primary Care Physician and referrals are not required. By staying in the Blue Cross network you will maximize your benefits. However, if you choose to see an out-of-network provider, you will incur higher out-of-pocket costs. Premium costs in the PPO plan will be higher than the HMO but network flexibility will be greater.

For more details, please review the [Summary of Benefits Coverage for the PPO plan](#).



#### **www.ibx.com**

Available 24/7 for instant access to your health benefit information.

#### **Customer Self Service**

Securely check a claim status, download forms, request a replacement ID card, or contact Customer Service at 1-800-ASK-BLUE (275-2583).

#### **Find a Doctor**

IBC's online provider directory is the most up-to-date resource for finding a healthcare professional or facility that participates in the IBC network.

ID Cards for the IBC Medical Plan that you choose will be mailed to you within two (2) weeks of enrollment. You will receive a separate Express Scripts Prescription ID Card.

#### **OB/GYN Preauthorization**

You do not need prior authorization from Independence Blue Cross or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Independence Blue Cross at the number found on the back of your ID card.

### Consumer Driven Health Plan (CDHP)

The CDHP plan is similar to the PPO plan in that it provides you in and out of network benefits and allows you to select your own doctors and hospitals. You do not need to select a Primary Care Physician and referrals are not required. By staying in the Blue Cross network you will maximize your benefits. However, if you choose to see an out-of-network provider, you will incur higher out-of-pocket costs. The CDHP with Health Savings Account (HSA) is a different approach to how you pay for today's health care and save for your future. It is a lower-premium, high-deductible health insurance plan, which means you pay less out of your paycheck for premiums and more out of pocket at the point of service—before the plan pays for services that are not considered preventive. Villanova's CDHP meets the minimum federal requirements that allow an enrollee to also qualify for a tax-advantaged HSA.

For more details, please review the [Summary of Benefits Coverage for the CDHP plan](#).



### Consumer Driven Health Plan (CDHP)

(Davis Basic Vision and Express Scripts prescription drug coverage included)

CDHP		
Benefits	In-Network	Out-of-Network
Deductible (Single/Family)	\$1,500 (individual) \$3,000 (family) For family coverage, the full family deductible must be met before plan (Villanova) coverage begins.	\$5,000 (individual) \$10,000 (family) For family coverage, the full family deductible must be met before plan (Villanova) coverage begins.
Coinsurance (once deductible is met)	20% Coinsurance	50% Coinsurance
Out of Pocket Maximum (Includes deductible, coinsurance, copays (In-Network only), and prescription drug costs)	\$3,000 (individual) \$6,000 (family) For family coverage, the full family out-of-pocket maximum must be met before 100% plan (Villanova) coverage begins.	\$10,000 (individual) \$20,000 (family) For family coverage, the full family out-of-pocket maximum must be met before 100% plan (Villanova) coverage begins.
Preventive Visits	Covered 100%	50%, no deductible
Urgent Care & Telemedicine	Deductible, then 20% coinsurance	
Emergency Room	Deductible, then 20% coinsurance	
All other covered non-preventive care such as: –PCP/Specialist Office Visits –Hospital Admission –Outpatient Surgery –In-patient Surgery –Advanced Diagnostic Testing –Lab/X-Rays	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Prescription Drugs (Retail/Mail-Order)		
–Generic	Certain preventive drugs covered 100% ( <a href="#">see Preventive medication list</a> ) All other drugs, deductible then 20% coinsurance	
–Preferred Brand-Name		
–Non-Preferred Brand-Name		

## Keystone Health Maintenance Organization (HMO)

HMO	
Benefits	Coverage
Telemedicine	\$10
Office Visits (PCP)	\$20 co-pay
Routine Physicals/Well-Baby Care	Covered at 100%
Specialists Visit	\$40 co-pay (referral required)
Pediatric Immunizations	Covered at 100%
Maternity/Newborn Care	
Hospital	\$250 co-pay/admission
Physician	\$20 co-pay first visit
Inpatient Hospital Care	\$250 co-pay/admission
Outpatient Surgery	\$100 co-pay
Laboratory Services	Covered 100%
General Services	
Routine Radiology	\$20 co-pay
MRI/CT/PET Scans	\$40 co-pay
Chemotherapy & Radiation Therapy	Covered 100%
Urgent Care	\$50
Emergency Room	\$100 co-pay (waived if admitted)
Physical Therapy	\$40 co-pay (up to 30 visits per benefit period)
Hospice & Home Healthcare	Covered 100%
Routine Gynecological Exam and Pap Smear	Covered 100%
Mammography Screening	Covered 100%
Mental/ Serious Mental Illness	
-Outpatient	\$20 co-pay
-Inpatient	\$250 co-pay/admission
Substance Abuse Care	
-Inpatient detox	\$250 co-pay/admission
-Inpatient rehab	\$250 co-pay/admission
-Outpatient	\$20 co-pay
Annual Copayment Maximum	
Individual	\$1,500
Family	\$3,000
Vision Care: Davis Vision Program	
Exam	\$40 co-pay (participating provider)
Glasses/Contacts	Up to \$100, annually

Medical and prescription co-payments will apply to the Out of Pocket Maximum. This is required by the Affordable Care Act.

## Preferred Provider Organization (PPO)

IBC PC PPO		
Benefits	In-Network	Out-of-Network
Deductible (Single/Family)	\$300/\$900	\$1,500/\$4,500
Out of Pocket Maximum (Single/Family)	\$3,000/\$9,000	\$6,000/\$18,000
Telemedicine	\$10	
General Office Visits	\$30 copay, no deductible	30% after deductible
Routine Physicals/Well-Baby Care	100% covered	30%, no deductible
Specialists Visits	\$50 copay, no deductible	30% after deductible
Maternity/New Born Care (hospital)	10% after deductible	30% after deductible
Inpatient Hospital Care	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible
Laboratory	100% covered	30% after deductible
Routine Radiology	\$30 copay, no deductible	30% after deductible
MRI/CT/PET Scans	\$50 copay, no deductible	30% after deductible
Chemotherapy/Radiation Therapy	100% covered	30% after deductible
Urgent Care	\$50	
Emergency Room	\$100 copay, no deductible, copay waived if admitted	
Physical Therapy	\$50 copay, no deductible	30% after deductible
Hospice & Home Healthcare	10% after deductible	30% after deductible
Mammography Screening	100% covered	30%, no deductible
Routine Gynecological Exam and Pap Smear	100% covered	30%, no deductible
Mental/Serious Mental Illness		
–Inpatient	10% after deductible	30% after deductible
–Outpatient	\$30 copay, no deductible	30% after deductible
Substance Abuse Care		
–Inpatient detox	10% after deductible	30% after deductible
–Inpatient rehab	10% after deductible	30% after deductible
–Outpatient	\$30 copay, no deductible	30% after deductible
Vision Care		
Exam	\$0	reimbursement up to \$35 to member
Glasses	Davis Vision frames (fully covered) Participating Provider up to \$65 allowance	reimbursement up to \$100 to member
Contacts	\$100 allowance	reimbursement up to \$100 to member

In-network out-of-pocket maximum includes deductible, medical & Rx copays and coinsurance.

Out-of-network out-of-pocket maximum includes deductible and coinsurance.



# Benefits Programs

## Telemedicine

Administered by Independence Blue Cross through a partnership with [MD Live](#)

Villanova University realizes the importance of your time and therefore has implemented a telemedicine alternative for you that may be a more convenient way to address certain acute health conditions. This option is available 24/7. In order to get started, members are required to complete a medical history questionnaire either online, by phone, or by fax prior to consult request. A board-certified physician licensed in your state reviews your medical history and provides a consultation over the phone or through video. The physician recommends the treatment for the member's medical issue which may include a prescription (electronically sent to the member's pharmacy of choice). The physician documents the consultation in the member's history and information is made available to the member through an online archive (and if requested, to the member's PCP). The member cost for this service differs depending on if you are enrolled in the CDHP or the HMO/PPO plans. Please see the summary charts for information regarding costs.



### Below is a list of Targeted Telemedicine Diagnoses

Targeted Telemed Diagnoses*	
Bladder Disorders	Eye infections
Bursitis	GI infections
Croup	Gynecological infections
Dermatology	Mental health
ENT disorders	Musculoskeletal infections
Functional Digest Disord, NEC	Respiratory infections
Gastritis/Gastroenteritis	Urinary tract infections
Gastroint Disord, NEC	Infections (Non-specified)
Headache/Migraine	Injury (Non-specified)
Hemorrhoids	Ear infections
Skin infections	Respiratory Disorder
Infections — Body Sites, NEC	Signs/symptoms/other conditions (Non-specified)
ENT infections (excl. ear)	Rashes

\*Based on common usage lists from MDLive

## NOVAfit!

Villanova University has been recognized by both the American Heart Association and the Philadelphia Business Journal for our wellness efforts. As one of the healthiest employers in the Philadelphia area, the University is interested in all aspects of employee well-being. Statistically, having a healthier workforce results in increases in morale and productivity, decreases in absenteeism and ultimately, in reductions in overall costs of benefits and savings for both the employee and the University.

Our program includes access to a website with a variety of support tools and resources.

While participation is completely voluntary and your privacy is protected, we strongly encourage everyone to participate and take advantage of the benefits the program has to offer. Together, we can work towards making Villanova a healthier community.

## HEALTH COACH

Sometimes, you just need a quick answer to a health-related question that doesn't require immediate medical treatment or a physician visit. Health Coaches are registered nurses who are available 24/7 to answer your health-related questions and address your concerns.

Health Coaches can help you:

- Understand your diagnosis
- Educate yourself about your condition

- Learn to actively manage your health
  - Make lifestyle choices that can reduce your health risks
  - Learn self-care skills and how to follow your treatment plan
  - Prepare for visits and discussions with your doctor
- Address everyday health concerns  
To reach a Health Coach, call 1-800-ASK-BLUE (1-800-275-2583). This resource is free to IBC members.

### Know your numbers. Save.

Faculty and staff need to receive a biometric screening during the University's on-site event, or complete a physicians affidavit form in order to be eligible for the \$150 annual medical plan contribution. In addition, spouses that are enrolled in the University medical plans qualify for a \$75 annual medical plan contribution if they complete the physicians affidavit form as well. The total annual medical plan contribution can be \$225! If you are enrolled in either the HMO or PPO plans, this contribution will be applied as a premium discount. If you are enrolled in the CDHP plan, this contribution will be made into your HSA account.

**Did you know** that as an employee of Villanova University, you have the following resources available to you:

- Free fitness centers and classes (Davis Center, Stanford Hall, Farley Hall, Canon Hall and Arch Hall)
- Discounted rates on personal training and fitness classes
- Intramural activities
- Nutrition Education

**Did you know** that as a member of an IBC Medical Plan, you have the following resources available to you in addition to many others\*:

- Nutrition Counseling
- Fitness Reimbursements
- Smoking Cessation

\*Visit our [NOVAfit! page](#) to see all that IBC has to offer.



# Benefits Programs

## Paid Time Off

Villanova University understands the importance of balancing personal needs with the daily requirements of your position. This is why the University has established a generous vacation plan, sick leave plan, and holiday schedule. Available days differ by position and years of service. For further details, refer to the HR website under Paid Time Off.

## Prescription Plan

### Administered through Express Scripts

Whatever medical plan you choose, you are automatically enrolled in the Prescription Drug Program.

This program uses the formulary that parallels the following three-tier program used by Express Scripts. A formulary is a list of prescription drugs covered by a particular drug benefit plan.

- **GENERIC** Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs. Generic drugs are chemically identical to their brand-name counterparts.
- **BRAND FORMULARY** The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.
- **BRAND NON-FORMULARY** You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

### Prescription Co-Pays (HMO & PPO Plans)

#### Retail (30-day supply)

Generic \$10

Brand Formulary \$30

Brand Non-formulary \$50

#### Mail Order (90-day supply)

Generic \$25

Brand Formulary \$75

Brand Non-formulary \$125

Retail 90 day supply available at CVS and Walgreens

## Pet Insurance

### Administered through Nationwide

Nationwide is the oldest and largest pet insurance company in the United States. Employees receive a group discount and payments can be taken through payroll deductions. There are several policy options for dogs, cats and other pets as well. Premiums are developed based on species, age and plan type selected. Please be aware that certain pre-existing conditions apply. For further details, refer to the [HR website](#).

ID Cards for the Express Scripts Prescription Drug Plan will be mailed to you within two (2) weeks of enrollment. You will receive a separate IBC Medical ID Card. **Please note:** New ID cards are not mailed each year

### Incentivized Mail Order Program

Members that utilize maintenance medication (applies to the HMO and PPO plans) will receive a financial incentive to have their medication filled through Express Scripts Mail Order, CVS, or Walgreens.

### Preferred Drug Step Therapy (PDST)

Members will be required to try a generic drug before utilizing a brand name drug. In most cases, the generic alternative is chemically equivalent. In the event that you have tried the generic in the past and it does not work for you, the physician has the ability to contact Express Scripts with a prior authorization.

For more information, please feel free to contact Express Scripts at 1-800-711-0917 or [www.express-scripts.com](http://www.express-scripts.com)

### Prescription Cost (CDHP Plan) Retail (30-day supply)

Certain preventive drugs covered 100%

(see [Preventive medication list](#))

- Preferred Brand-Name. All other drugs, deductible then 20% coinsurance

#### Mail Order (90-day supply)

Certain preventive drugs covered 100%

(see [Preventive medication list](#))

- Preferred Brand-Name. All other drugs, deductible then 20% coinsurance
- Retail 90 day supply available at CVS and Walgreens

## Retirement Benefits

### Administered through TIAA CREF

Faculty and staff may contribute to the Villanova University 403(b) Retirement Savings Plan upon date of hire. Pre-tax and after-tax Roth contributions may be made to the plan. Enrollment is completed online at [www.tiaa.org/villanova](http://www.tiaa.org/villanova). After one year of full-time service and attainment of age 21, eligible full time faculty and staff may receive University contributions. The University selected TIAA-CREF as the single record keeper for the plan. Investment funds are available with TIAA-CREF and/or The Vanguard Group. If the new employee was employed by a non-profit institution, university, or governmental employer for at least one year immediately prior to employment at Villanova University, and the new employee participated in an employer-funded retirement plan for all or a portion of this employment, the one year requirement will be waived upon providing satisfactory proof to the University of the prior employment and participation by completing the [Prior Employer Certification Form](#).

If you move from a part time to a full time position, HR will calculate an adjusted date of hire, where appropriate, that will be used for tuition, retirement eligibility and vacation entitlement. If you previously worked for Villanova and were rehired, previous service may be applied to retirement plan eligibility. Employees who are not eligible for University contributions may contribute to the plan at any time. Employee contributions that are not matched are considered “supplemental” contributions. If an employee makes supplemental contributions to the plan and then satisfies the service and age requirements, TIAA-CREF will automatically change the supplemental contributions to “basic” contributions so the employee receives the appropriate University base and matching contribution. Employees who are eligible to receive University base and matching contributions may contribute more than 5% to the plan. These contributions are considered “supplemental” contributions because they are not eligible for University base and matching contributions. Pre-tax contributions and earnings thereon are subject to federal tax upon distribution. Roth after-tax contributions and earnings thereon are not subject to federal tax if certain requirements are met.

The University increases the base university contribution to 5% after 10 years of service. Vesting is full and immediate for both employee and University contributions.

The University has designated the Vanguard® Target Retirement Fund as the default investment fund for the plan. If an eligible employee fails to submit investment instructions before the eligibility date, or the instructions given are inadequate, the employee will be enrolled in the Target Retirement Fund based on the employee’s projected retirement date (age 65).

### Loans

The minimum loan amount is \$1,000 and the maximum loan amount is the lesser of 50% of the employee’s account balance or \$50,000. New loans after November 10, 2022, are processed directly through TIAA. An employee may have 2 loans outstanding at any given time. To request a loan, participants may apply online at [www.tiaa-cref.org/villanova](http://www.tiaa-cref.org/villanova), or call 800-842-2776.

### Faculty Note:

The Office of Academic Affairs advises Human Resources as to the classification of a faculty member. Faculty members who are not eligible to receive University base and matching contributions include faculty on temporary status, visiting professors with less than three (3) consecutive years of full time service, and adjunct faculty members. Faculty members who are not eligible to receive University contributions may make supplemental contributions to the plan.

### University contributions are made based on the following schedule:

Employee Contribution	Base University Contribution	Matching Contributions	Total University Contribution
0%	3.5%	0%	3.5%
1%	3.5%	1%	4.5%
2%	3.5%	2%	5.5%
3%	3.5%	3%	6.5%
4%	3.5%	4%	7.5%
5%	3.5%	5%	8.5%

# Benefits Programs

## Summer Hours

At the discretion of the President, a decision will be made annually to provide an adjusted schedule for full time staff employees during the summer months. If the President approves Summer Hours, employees will be notified in advance of the schedule.

**In all cases, the needs of our students and internal and external campus communities must continue to be served in an exemplary fashion.**

### Office Coverage

Should operational requirements necessitate coverage, staff must provide coverage as directed by the supervisor. Those employees may be able to take off alternative hours, at a time designated by their supervisor. However, if operational demands require that the employee be present, there is no guarantee that alternative time will be offered.

For the University's 24/7 operations, such as Public Safety, Facilities and Conference Services, where summer hours may not be feasible relative to shift coverage or seasonal requirements, the summer hours, if not in conflict with operational needs, may be provided to the employee at another time within the calendar year.

Supervisors should arrange for coverage for their offices as necessary in a way that does not result in overtime expenses.

## Tuition Benefits

### Tuition Remission – Full Time Faculty and Staff

For the faculty and staff member's own attendance at Villanova University, tuition remission will be provided at the start of the semester or term following the completion of six (6) months of service. Faculty and staff members are limited to taking no more than six (6) graduate, or nine (9) undergraduate credits in a semester. Classes must be taken outside of normal working hours unless both the department head and the Associate Vice President of Human Resources approve an exception.

Tuition remission includes undergraduate, graduate, all non-credit programs, (campus and on-line) and programs supported with the assistance of Bisk. The Executive MBA and any and all Study Abroad Courses are not covered under Tuition Remission.



## Tuition Remission for Spouses and Children of Full-Time Faculty & Staff Members

### Eligibility

An employee's spouse and biological or legally adopted children who are claimed as tax dependents are eligible for tuition remission. All students must meet normal admission requirements and filing deadlines. Tuition remission is available only for courses taken on the University's campus and for which tuition charges are billed by the Bursar. Non-credit Continuing Studies courses (with the exception of VU United Scholars and the Paralegal Program), study abroad, and other credit work at locations away from the main campus are not covered by the tuition remission program. Charges for the application fee, the general fee, the health and wellness fee, room & board, as well as other fees and costs associated with being a student at the University are not covered by the tuition remission program. Years of service at other institutions of higher education, immediately prior to employment with Villanova without a break in service will also count towards the three-year eligibility requirement. Please contact the Office of Human Resources for further information.

### Benefit

Effective with the Fall 2023 semester, eligible spouses and dependent children, following the completion of three years of full time service are provided full (100%) tuition remission for courses taken at Villanova University.

## Tuition Exchange

The University is a member of a national consortium of over 600 colleges and universities called the Tuition Exchange (TE). This program allows the dependent children of full-time employees to apply for scholarships not available to the general public at other member institutions. The value of these scholarships varies from institution to institution, but the consortium annually sets a minimum scholarship value. Member institutions whose tuition is greater than the minimum are required to offer at least that minimum for consortium membership; schools whose tuition is less than the set minimum generally offer full tuition, although some choose to include room and/or board as an incentive for students to apply. Years of service at other institutions of higher education, immediately prior to employment with Villanova University without a break in service, will also count towards the three-year eligibility requirement. Please contact the Office of Human Resources for more information.

Under this program applications are due by the October 1st prior to the September 1st of anticipated entry. Full details on the parameters of the program and the eligibility and application criteria are available from the office of Human Resources at extension 9-7900.

**Please note:** Part-time employees should visit the details on the Tuition Remission section of the [HR website](#) for eligibility. Part-time employees are not eligible for Tuition Exchange

# Benefits Programs

## Vision Insurance

Vision benefits are provided automatically in conjunction with the medical plan chosen. Details regarding the eyewear portion of your vision benefits can be found [here](#).

### Keystone Health Maintenance Organization (HMO)

Vision benefits under the Keystone HMO are administered by Davis Vision. Members are entitled to one routine eye examination and up to \$100 reimbursement toward the purchase of glasses or contacts annually. Members using a participating Davis Vision Provider pay \$30 for the eye exam. No referral is required. Members who use a non-participating provider for an eye exam are not eligible for reimbursement. Information on participating providers, eligibility, and claim forms can be obtained by accessing the [Davis Vision](#) web site.

### Preferred Provider Organization (PPO)

Vision benefits under the PPO plan are administered by Davis Vision. Under the Davis Vision Program, members using a participating Davis Vision Provider are entitled to one routine eye examination and up to \$100 reimbursement toward the purchase of glasses or contacts annually. Members who use a non-participating provider are entitled to a \$35 reimbursement toward the cost of the eye exam. Information on participating providers, eligibility, and claim forms can be obtained by accessing the [Davis Vision](#) web site.

### Consumer Driven Health Plan (CDHP)

Vision benefits under the CDHP plan are administered by Davis Vision. Under the Davis Vision Program, members using a participating Davis Vision Provider are entitled to one routine eye examination and up to \$100 reimbursement toward the purchase of glasses or contacts annually. Members who use a non-participating provider are entitled to a \$35 reimbursement toward the cost of the eye exam. Information on participating providers, eligibility, and claim forms can be obtained by accessing the [Davis Vision](#) web site.

### Visionworks

Visionworks is a preferred participating provider. Members have the following allowances and options for using other Participating & Non-participating providers:

#### Frames:

- Choose from participating provider's own frame collection and member receives allowance of \$65
- Choose from the Davis Collection of Frames that is available at most participating providers and frames are covered in full.
- If the provider is Non-participating the Eyeglasses (spectacle lenses and frames) are available up to a \$100 reimbursement to member

#### Contact Lenses:

Contact lenses (in lieu of eyeglasses) including standard, specialty and disposable lenses and evaluation and fitting:

- Participating providers Member receives allowance up to \$100
- Non-participating providers Up to \$100 reimbursement to member

## Voluntary Enhanced Vision Plan

If you wish to purchase additional vision coverage, you may be interested in the Voluntary Enhanced Vision Plan. The Voluntary Enhanced Vision Plan is for employees and their families who need more comprehensive vision benefits. The current vision program through your medical coverage will continue to be offered without changes, however the voluntary enhanced plan provides more robust benefits (see chart). Keep in mind, you can maximize your benefits and reduce your out-of-pocket costs when you receive care from a Davis Vision network provider.

Voluntary Enhanced Davis Vision Plan		
Premium Vision Benefits	In-Network	Out of Network
Exam (Once every 12 months)	\$0	\$45
Lenses (Once every 12 months) Single Vision Lined Bifocal Lined Trifocal Lenticular	\$20 copay	Reimbursement for: Single Vision: \$40 Lined Bifocal: \$60 Lined Trifocal: \$80 Lenticular: \$100
Frames (Once every 12 months)	\$270 allowance on carrier select frames 20% off balance over \$270 \$0 copay on provider select frames	\$70
Lens Enhancements (Once every 12 months)	Standard progressive lenses: \$0 copay Premium progressive lenses: \$40 copay	Progressive Lenses: \$60 Reimbursement
Contact Lenses (Once every 12 months, in lieu of glasses)	\$250 allowance for contacts; 15% discount on above Medically necessary contact lenses covered with prior approval	Reimbursement for: Elective contact lenses: Up to \$105 Medically necessary lenses: Up to \$225

FIND A NETWORK PROVIDER: [davisvision.com](http://davisvision.com)

## Notices

### CHIP/Medicaid Notice

#### Premium assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://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, 2022. Contact your State for more information on eligibility.

<b>ALABAMA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
<b>CALIFORNIA – Medicaid</b>
Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO-Health First Colorado (Colorado’s Medicaid Program) &amp; Child HealthPlan Plus (CHP+)</b>
Health First Colorado Webs Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
<b>FLORIDA – Medicaid</b>
Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>
A HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2



# Benefits Programs

<b>INDIANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>
<b>LOUISIANA – Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740. TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840
<b>MINNESOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005

<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 / Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> Phone: 1-800-701-0710
<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924 Email: HIPPcustomerservice@dmas.virginia.gov
<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

**Health Insurance Portability and Accountability Act Special Enrollment Rights Notice**

As you know, if you have declined enrollment in Villanova University’s health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Villanova University will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state’s premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Villanova University group health plan. Note that this 60-day extension doesn’t apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

**Health Insurance Portability and Accountability Act Privacy Notice Reminder**

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Villanova University Health & Welfare Plan (the “Plan”) to periodically send a reminder to participants about the availability of the Plan’s Privacy Notice and how to obtain that notice. The Privacy Notice explains participants’ rights and the Plan’s legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice, contact Rose Clinton, Benefits Analyst at 610-519-4598. You may also view the Privacy Notice under State and Federal Notices and Employment Posters on the Faculty and Staff

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Service Centers for Medicare & Medicaid  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# Benefits Programs

Resources section of the Human Resources website <http://www1.villanova.edu/villanova/hr/resources/posters.html>.

You may also contact the Plan's Privacy Official, Michele Mocarisky at 610-519-5136, [michele.mocarisky@villanova.edu](mailto:michele.mocarisky@villanova.edu) for more information on the Plan's privacy policies or your rights under HIPAA.

## **Newborns' and Mothers' Health Protection Act Notice**

The Newborns' and Mothers' Health Protection Act (NMHPA) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth. Under the NMHPA, group and health insurance issuers generally may not 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 and 96 hours following delivery by 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 of up to 48 hours (or 96 hours).

## **Women's Health and Cancer Rights Act**

The Women's Health and Cancer Rights Act of 1998 (WHCRA) requires group health plans to make certain benefits available to participants who have undergone a mastectomy. For individuals receiving Mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please contact your plan vendor directly.

## **Important Notice from Villanova University About Your Prescription Drug Coverage and Medicare**

We are required by the Centers for Medicare and Medicaid Services (CMS) to provide this notice to all Medicare Part D eligible employees and dependents who are covered under the University's Medical Plans. If you or your dependents are not eligible for Medicare, this notice does not pertain to you.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Villanova 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. Villanova University has determined that the prescription drug coverage offered by the University's 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 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, you and your eligible dependents will still be able to receive benefits under the Villanova University medical plan. The prescription drug benefits you receive through the Medicare prescription drug plan will be coordinated with the prescription drug coverage you have with the Villanova University medical plan according to federal law.

If you do decide to join a Medicare drug plan and drop your current Villanova University medical coverage, be aware that you and your dependents may not be able to get this coverage back until the next Villanova University annual open enrollment period. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

**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 Villanova 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 nineteen 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 or call Human Resources at 610-519-7900. 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 Villanova 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/](http://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](http://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 8, 2023

Name of Entity/Sender: Villanova University

Contact-Position/Office: Michele Mocarisky,  
Assistant Vice President, HR

Address: 800 Lancaster Avenue,  
Villanova, PA 19085

Phone Number: 610-519-7900

# Benefits Programs

## Genetic Information Non-Discrimination Act (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information", which broadly is defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.

## No Surprises Act Notice

### Your Rights and Protections Against Surprise Medical Bills

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

### What is "balance billing" (sometimes called "surprise billing")?

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

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

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

### You are protected from balance billing for:

#### Emergency services

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

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

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



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

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

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

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

**If you believe you've been wrongly billed,** you may contact the Pennsylvania Insurance Department at <https://www.insurance.pa.gov/Coverage/health-insurance/no-surprises-act/Pages/default.aspx> or by phone at 1-877-881-6388 or TTY/TTD: 717-783-3898.

Visit <https://www.insurance.pa.gov/Coverage/health-insurance/no-surprises-act/Pages/default.aspx> for more information about your rights under federal law and state law. You may also visit <https://www.insurance.pa.gov/Coverage/health-insurance/no-surprises-act/Pages/default.aspx> for information from the federal government.

### **Provider-Choice Rights Notice**

The Villanova University Keystone HMO generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Keystone HMO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Independence Blue Cross at 1-800-275-2583, or online at [www.ibx.com](http://www.ibx.com).

# Benefits Programs

## SUMMARY ANNUAL REPORT

### **Villanova University Health and Welfare Plan**

This is a summary of the annual report of the Villanova University Health and Welfare Plan, Employer Identification Number 23-1352688, Plan Number 501, for the plan year June 1, 2021 through May 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### **Uninsured Components**

Villanova University has committed itself to pay all medical, dental, short-term disability and employee assistance program claims and all flexible spending account expenses incurred under the terms of the plan.

### **Insurance Information**

The plan has contracts with Lincoln National Life Insurance Company to pay long-term disability claims, Life Insurance Company of North America to pay business travel accident claims and Metropolitan Life Insurance Company to pay life insurance and accidental death and dismemberment claims incurred under the terms of the plan. The total amount of premium paid for the plan year ending May 31, 2022 was \$1,638,023.

### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, upon request. The insurance information, including sales commissions paid by insurance carriers, is included in that report.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Villanova University at 800 East Lancaster Avenue, Villanova, PA 19085-1603 (610) 519- 7900. The charge to cover copying costs will be the actual reproduction cost but, in no event, more than 25 cents per page.

You also have the legally protected right to examine the annual report at the main office of the plan (Villanova University, 800 East Lancaster Avenue, Villanova, PA 19085-1603), at the U.S. Department of Labor in Washington, D.C., or you may obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



## NOTICE REGARDING NOVAfit! WELLNESS PROGRAM

NOVAfit! is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

The wellness program is completely voluntary. However, employees who choose to participate in the biometric on campus screenings or have a physician complete the physician affidavit form, will receive a \$150.00 medical premium discount annually. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Patrick Valentine at [patrick.valentine@villanova.edu](mailto:patrick.valentine@villanova.edu)

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Villanova University may use aggregate information it collects to design a program based on identified health risks in the workplace, NOVAfit! will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Michele Mocarsky at [michele.mocarsky@villanova.edu](mailto:michele.mocarsky@villanova.edu).





# Contacts

## Human Resources Benefits Staff

### **Michele Mocarsky**

**Assistant Vice President, Human Resources**

**9-5136**

**michele.mocarsky@villanova.edu**

Management of Employee Benefit and Wellness Programs

### **Patti McHugh**

**Benefits Manager**

**9-7954**

**p.mchugh@villanova.edu**

Retirement/403(b)

### **Rose Clinton, M.S., PHR, SHRM-CP**

**Senior Benefits Analyst**

**9-4598**

**rose.clinton@villanova.edu**

Voluntary Benefit Programs

(Auto & Home, Legal, ID Theft, Pet Insurance)

Medical and Dental Plan Enrollment;

Health Advocate; Eligibility and Health Plan

Continuation (COBRA);

Tuition Remission and Tuition Exchange

### **Annette Lucidi, M.S., PHR, SHRM-CP**

**Senior Benefits Analyst**

**9-4239**

**annette.lucidi@villanova.edu**

Leave Administration including;

Family and Medical Leave Act (FMLA);

Disability; Workers' Compensation;

Flexible Spending Accounts;

Child Care Assistance; Commuter Plan;

Life Insurance; Workplace Accommodations

Parental Leave

### **Patrick Valentine**

**Well-Being Program Specialist**

**9-6823**

**Patrick.Valentine@villanova.edu**

NOVAfit!

Annual campus biometric screenings

Wellness Fair

Walk@Lunch

Physician Affidavit form

**HR Main Number 9-7900**

**Human Resources Fax 9-6667**

**Benefits Help Line 9-6666**

**Email**

**[benefitssupport@villanova.edu](mailto:benefitssupport@villanova.edu)**

**Human Resources on the Internet:**

**<http://www1.villanova.edu/villanova/hr.html>**

## Service Providers

Are you aware of the many valuable resources available to assist with your benefit and claim inquiries? We thought it would be helpful to provide you with a contact list. While you are always welcome to contact the Human Resources Department with your general benefits questions, at ext. 9-7900. The following is a list of key benefit contacts, by plan, for specific benefit information.

### 403(b) Plan Information

TIAA CREF

1-800-842-2776

[www.tiaa-cref.org/villanova](http://www.tiaa-cref.org/villanova)

### Accidental Death & Dismemberment & Life Insurance

MetLife

Life Claims and Statement of Health Questions:

1-800-638-6420

### Auto & Home Insurance

John Mullarkey, Liberty Mutual:

610-205-5984

[john.mullarkey@libertymutual.com](mailto:john.mullarkey@libertymutual.com)

### Dental

Delta Dental

1-800-932-0783

[deltadental.com](http://deltadental.com)

### Flexible Spending Accounts, Health Savings Account, Child Care Subsidy Plan, and Commuter Plan

WageWorks

1-877-924-3967

[www.wageworks.com](http://www.wageworks.com)

### Disability: Short-Term & Long-Term

Lincoln Financial

1-800-713-7384

[www.myLincolnPortal.com](http://www.myLincolnPortal.com)

### Disability: Voluntary Individual Disability

Unum

For enrollment support during the enrollment period in April/May, please call 1-866-498-8252.

### Ford College Partner Recognition Program

[www.fordpartner.com](http://www.fordpartner.com)

### American Heritage Federal Credit Union

215-435-7910

### ID Theft Plan

ID Theft Assist

1-866-262-5844

### Legal Services

Administered by MetLife Legal Plans

1-800- 821-6400

[www.legalplans.com](http://www.legalplans.com)

### Health Advocate and Back Up Reimbursement

1-866-799-2728

[www.HealthAdvocate.com/villanovastaff](http://www.HealthAdvocate.com/villanovastaff)

### Medical

Independence Blue Cross

HMO, PPO, and CDHP

1-800-ASK-BLUE (275-2583)

[www.ibx.com](http://www.ibx.com)

### Prescription Drugs

Express Scripts

1-800-711-0917

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

### Nationwide Pet Insurance

1-800-540-2016

### Vision

Davis Vision

1-888-393-2583

[www.davisvision.com](http://www.davisvision.com)



## About this Brochure

This brochure is only a summary of the benefit programs offered at Villanova University and is not meant to be a controlling legal document or a contract of employment between you and the University. If any questions should arise, the legal plan documents, contracts and insurance policies will always govern.

Villanova University expects to continue these plans, but reserves the right to terminate, suspend, withdraw, amend or modify any benefit plan at any time.